

Elstow Lodge Residential Home

Elstow Lodge

Inspection report

Wilstead Road
Elstow
Bedford
Bedfordshire
MK42 9YD

Date of inspection visit:
25 October 2016

Date of publication:
16 November 2016

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

This inspection took place on 25 October 2016 and was unannounced.

Elstow Lodge provides residential accommodation and personal care for up to 10 people with learning disabilities and autism.

At the time of our inspection the provider confirmed they were providing care to eight people.

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.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and people had detailed risk assessments in place to enable them to be as independent as possible.

Staffing levels were adequate to meet people's current needs. The service had enough staff in place to cover all the shifts required.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Staff were able to identify and partake in areas of training that would benefit them and their work.

People told us that their medicines were administered safely and on time. Medication storage and administration systems were secure and accurate.

Staff were all well supported by the registered manager and administrator, and had regular one to one supervisions, as well as the opportunity to ask for support as and when required.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. Staff had a good knowledge of the Deprivation of Liberty Safeguards (DoLS)

People were able to choose the food and drink they wanted and staff supported people with this. Fresh food was available for people, and staff encouraged healthy lifestyles. People were supported to access health appointments when necessary, and their health needs were fully documented.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their

specific needs and wishes. Staff had excellent knowledge of the best way to communicate with individuals who had communication difficulties.

People and their families were involved in their own care planning and were able to contribute to the way in which they were supported. People had keyworker staff that would regularly seek input from them and update care plans accordingly .

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed. All areas of the service were regularly checked and monitored by the registered manager.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There was enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

Elstow 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 24 Oct 2016 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with three people who used the service, three support workers, the administrator and the registered manager. We reviewed five people's care records to ensure they were reflective of their needs, four staff files, and other documents relating to the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe within the service. One person said, "Yes I'm safe here. I've been here for a long time and it's safe." All the people we spoke with expressed that they felt safe and secure within the service.

Staff were aware of the signs of abuse and how to report it. One staff member said, "I would make sure the person was as safe as possible then report it. If it wasn't being addressed properly or if the problem was within management, I would contact the Care Quality Commission (CQC). I have never had any concerns at all though whilst working here, I think everyone is supported safely and well cared for." All the staff we spoke with during our inspection had a good understanding of the safeguarding and whistleblowing procedure and we saw that they had received training in these areas. There was a safeguarding policy in place to guide staff, and the service had notified CQC of any incidents as required.

Risk management plans were in place to address risks that were present to people. Each person had a detailed assessment of risks specific to them. We saw that hazards were identified and given a risk score, a control measure was then documented, which created a new lower risk score. We saw that this system was clear and easy for staff to follow, and showed how risks could be reduced whilst still allowing for positive risk taking. Risk assessments covered areas such as moving and handling, medication, finances, fire evacuation, personal care and eating and drinking. All the information we looked at was regularly reviewed and kept up to date by the management.

We saw that fire safety equipment was regularly checked and environmental risk assessments had been created where necessary. This included assessments for electronic equipment, trip hazards, kitchen equipment, garden area and vehicle use. All the assessments were kept up to date and reviewed.

Safe recruitment practices were followed by the service. All the staff we spoke with told us that they completed Disclosure and Barring Service checks (DBS) and sought two references before starting work within the service. These checks made sure that they were suitable and safe to work with people who lived at the home. The records we looked at showed that all necessary checks had been verified by the provider before each staff member began to work within the home.

People told us there were enough staff available to support them. One person said, "Yes there are plenty of staff always around." All the staff we spoke with told us they felt that staffing levels were good within the service and they never felt short staffed. One staff member said, "We do not use any agency staff here, we find cover within the team, and the registered manager and administrator are also trained and can help us out when required." During our inspection we saw that there were plenty of staff on shift and people's needs were being met. We also saw that the registered manager and the administrator had an excellent knowledge of people's needs, and were able to contribute to the care that people received and support their staff team. We saw staffing rotas which confirmed that a consistent staffing level was maintained.

Medication was stored and administered safely. One staff member said, "We have recently started using a new system, and we all really like it as it is very clear and easy to follow." We saw that medication was stored

within a locked trolley and temperature control measures were in place. Medication administration records (MAR) were present and accurate in all the files we saw. The individual medicines we checked were all in date, stored correctly, and an accurate amount of stock was present. Appropriate disposal procedures were in place. We saw that medicine audits had taken place regularly by management.

Is the service effective?

Our findings

People were supported by staff that were trained to understand their specific needs and communication. One person said, "The staff help me, they know what I need." The staff we spoke with all felt that the training they received enabled them to work effectively with the people using the service. One staff member said, "We are all equipped really well through the training we get, and the amount of time we have to just get to know people." Another staff member said, "I feel very comfortable and confident to do things like medication, because the training and support is good." During our inspection, we saw that staff were able to communicate and respond to each individual effectively. They took into consideration the different levels of communication that each person understood and used to express themselves. For example, one person was completely non-verbal, but was easily able to communicate with staff through both Makaton signing and gestures that the staff were familiar with.

Staff went through an induction period before starting work within the service. The registered manager told us, "Most of our staff came to us with previous experience and qualifications, but new staff that aren't qualified; we put through the Care Certificate." The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The registered manager also told us that she would spend time observing new staff members, watching how they interact with people at the service and making sure they were communicating with people in a positive manner. One staff member said, "I started by completing mandatory training courses, and spending time shadowing other staff to get to know people and how things work. We also regularly take part in new and refresher training sessions to keep up to date with everything" All the staff we spoke with confirmed that they had been through this process and were able to regularly access training that was both mandatory and specialist to the needs of the people within the service. We saw certificates that confirmed training had taken place and a training matrix had been compiled to monitor when training needed updating.

Staff received regular supervision and told us that they felt well supported within their roles. One staff member said "I receive regular supervision which I value a lot. I can speak with the manager about anything." Another staff member said, "I can approach the manager at any point, and they are always around for support if I need it." During our inspection we saw that both the registered manager and the administrator were available for staff to speak with as they required. We saw that supervision meetings had been recorded and stored with staff files.

Consent was gained from people before any care was carried out. One person said "Yes the staff ask me first." Staff that we spoke with told us that they always check with people first. During our inspection we saw that staff communicated clearly with people and asked them for permission before carrying out any care. People had consent forms within their files that they had signed.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and the staff we spoke with all had an understanding MCA and DoLS. We saw that DoLS had been applied for and put in place for several people and we saw evidence that best interests meetings had taken place with a variety of professionals to make those decisions in line with the MCA.

People were supported to maintain a healthy and balanced diet and could make choices about what they wanted to eat. One person said "The food is very nice here, I eat what I want." The staff told us that they knew what people's likes and dislikes were, and would cater accordingly. We saw that a variety of fresh food was available and people were able to have snacks as and when they wished. For example, one person came home after a day out, and asked for tea and biscuits, which was provided for them promptly. We saw that people's care plans clearly documented what people's likes and dislikes were. One care plan stated that a person does not usually enjoy rice, although sometimes likes short grain rice if it is soft and cooked with tomatoes. We saw that people's dietary needs were monitored where appropriate, and specialist diets were catered for as people's health needs dictated.

People had the support they needed to access health services. One person said, "Yes my doctor is not far from here, I go with the staff when I need to." All the staff at the service had an excellent knowledge about people's health needs and they were able to describe the specific input they had with people. We saw that the service arranged for various health professionals to have input with people as and when they required. For example, a speech and language therapist had input into one person's on-going health needs. We saw that each person had a separate detailed file containing information on their health and any on-going support that they required.

Is the service caring?

Our findings

People told us they felt cared for by the staff within the service. One person said, "I get on well with the staff, they are good to me. My mum was right; she said I won't find anywhere to live that's as good as Elstow." All the staff we spoke with told us that they cared for the people they were supporting. One staff member said, "A lot of us have worked here for a long time. We wouldn't have stayed here for so long if we didn't care for the people that live here." During our inspection, we observed that the staff, the registered manager and the administrator all interacted with people in a very warm and caring manner. For example, when people returned home from their day out, they were greeted warmly and enthusiastically by staff. We also saw that staff took the time to talk to people who were non-verbal, who clearly enjoyed the caring approach and interaction from the staff.

The staff, the registered manager and the administrator all had an excellent knowledge of people's likes, dislikes and preferences. For example, a staff member noticed that one person's nail polish was chipped, so immediately offered to clean it off for them and re-apply new nail polish as they knew that the person would like this. They were able to spend the time supporting the person with their nails and having a chat. We saw that people had care plans with their picture on the front, and that focused on them as individuals. This meant that people felt well cared for and were being supported by people that knew them well.

People were able to be involved in their own care planning. One person said, "I feel involved, I have a keyworker and we go over things." The staff that we spoke with told us that they had a keyworker system which meant staff would be assigned to an individual, and regularly review their care and routines, making sure that any changes were documented as required. We saw that people had records of more formal reviews with the support of social workers, in which their care was reviewed and their input was recorded.

People felt their privacy and dignity was respected by staff. One person said "I have my privacy. I have my own room and I like it. I can go there whenever I want." We saw care plans in which staff were reminded to respect the privacy of people and their individual choices. The registered manager explained that detailed support was in place for an individual to enable them to express their sexuality and personal choices around their self-image. We saw that the person's care plan enabled and encouraged privacy and dignity within this area of their life, and made sure they were in a safe environment. All the staff we spoke with respected the person's choices and supported their on-going privacy and dignity.

People were able to have visitors as and when they wanted. "One person said "My family do come here sometimes, they can come whenever they want, I usually go and stay with them though. The staff help me make arrangements." We saw that staff members had a good knowledge of people's family relationships and they encouraged visits for people to maintain good family relationships. Staff told us that as part of their key working responsibility, they would be a main point of contact for a person's family and regularly make sure that relationships were maintained. We saw that visitors had the option of spending time within people's rooms or within any of the communal areas within the home.

Is the service responsive?

Our findings

People had their needs assessed before moving into the home. The registered manager said, "People have always settled really well here. The moving in process is down to whatever is best for the individual." We saw that people had received an assessment from the registered manager to make sure that the service could meet their needs. The service would usually work in partnership with the local social work team to make sure that the placement was suited to the person's needs. People were then able to have trial visits to the service and overnight stays to enable them to make decisions about moving in wherever possible.

People received personalised care that met their needs. The staff we spoke with were able to describe the specific ways in which they supported people with communication difficulties, and how to tell what each person was feeling and communicating. We saw staff approach people and respond to body language, signing and gesture in a clearly successful way as people were visibly pleased to have been understood and have their needs met efficiently. The care plans we looked at fully documented the individual needs of people, which enabled staff to support everyone in an individualised way. Within one person's care plan, we saw that information was recorded to explain the different ways in which they reacted to both voice and touch, enabling staff to understand their communication fully.

The care plans reflected people's likes, dislikes, preferences, personal history, aims and goals. We saw that personalised care plans had been developed for everyone which contained detailed information about their wants and needs. This included information about social and emotional support, and people's behavioural support needs. For example, one person's religious beliefs were documented, so information about things that were of cultural significance to them, such as having the correct diet, was recorded for staff to understand. The registered manager and the staff that we spoke with all had an excellent knowledge on people's background, likes and dislikes and were able to engage with people in the subjects that they knew they would like and respond to.

People's needs were regularly reviewed and updated as required. One staff member said, "We regularly record things and we can have an input in to people's care plans and risk assessments." The administrator at the service regularly reviewed and updated all documentation within people's files, and was led by information provided to them by the staff team and people themselves. We saw that all documentation had been regularly updated.

People were able to express any thoughts or concerns within resident meetings. We saw minutes of these meetings that showed a variety of subjects were discussed and prompted, to encourage people to have input into the service. For example, food, activities, outings and general updates were discussed and recorded within the resident meetings file.

The service listened to people's concerns and complaints. People we spoke with were aware of the formal complaints procedure in the home. A person said "Yes I can complain if I need to. I would speak to the staff." We saw that the service complaints procedure enabled the recording of the actual complaint, the action taken, and the manager's response. At the time of inspection, no recent complaints had been made.

Is the service well-led?

Our findings

People were able to approach and speak with the registered manager as and when they wished. We saw that the people using the service all knew who the registered manager was and were very comfortable in communicating and interacting with them. We saw that the registered manager and administrator were both involved in people's care and were able to cover and support the staff team as required. They had an excellent knowledge of all of the people in the service and the strengths of the staff team.

The staff felt positive about the support that they received. One staff member told us, "The manager and administrator are very good; they help us out when we need it. Many of us have worked here for a long time and we have always been well supported." All the staff we spoke with made similar positive comments about the support they received. During our inspection, we saw that the registered manager was supportive of the staff team and interacted regularly with everyone.

The service was organised well and staff were able to respond to people's needs in a proactive and planned way. The staff we spoke with were aware of the visions and values of the service and felt positive about continuing to improve. We observed staff working well as a team, providing care in an organised and calm manner. None of the staff we spoke with had any issues with the running of the service or the support they received.

Accident and incident information was recorded appropriately by staff. All the staff we spoke with were aware of the correct procedures in dealing with and recording any accidents or incidents. We saw that the information was recorded accurately. We saw that where trends had occurred within incidents of challenging behaviour, risk assessments and care plans had been reviewed and updated as required. Audits were carried out so that management could monitor anything recorded.

Staff were given the time they needed to communicate all relevant matters and handover information as required. We saw that handover time was allotted to allow staff coming on and off shift to communicate. We saw that staff meetings were held as well as staff written briefings. We saw minutes of staff meetings that showed various topics had been discussed such as resident updates, general updates, training and medications. Staff were also sent written briefings on any updates and information to make sure they were fully informed and up to date about the service.

Staff members were able to raise concerns and have their voice heard. One staff member said, "I think this is a very good place to work, everyone is open with each other and we can get problems sorted out quickly. Everyone wants the best for the people that live here and we all work towards that together." The staff were knowledgeable of the safeguarding and whistleblowing procedures and were confident in using them if required.

Quality assurance feedback had been gathered by the service to monitor quality. We read quotes that had been written by family members of people that included '[Name of person] is very well cared for and understood.' And '[Name of person] loves the home; they could not receive any better care'. We saw that

both people using the service and family members had been sent questionnaires to enable them to express their opinion and make comments. Picture format questionnaires had been formulated to make the process more accessible to all people using the service.