

Choices Housing Association Limited

The Lodge

Inspection report

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Date of inspection visit:
26 September 2019
27 September 2019

Date of publication:
05 November 2019

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Lodge is a residential care home providing personal and nursing care to 2 people with learning disabilities and autism at the time of the inspection. The service can support up to 4 people in one adapted building.

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 was a small home. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

Audits were not always effective to check the quality of the service. Some audit checks did not identify inconsistencies in documentation.

Systems in place ensured people were kept safe. Staff understood how to protect people from abuse. Risks were assessed and reviewed effectively and staff understood how to manage risk to people. People were supported by a sufficient number of safely recruited staff who were flexible to meet people's needs. Medicines were stored and administered safely and as required medicines were used appropriately as a last resort. People lived in a clean and tidy environment and staff understood how to promote infection control. Lessons were learned when things went wrong and action was taken to reduce the risk of reoccurrence.

People's needs and choices were holistically assessed and considered people's needs related to equality and diversity. Care was delivered in line with people's needs and choices. People were supported by staff who were appropriately trained and had the skills to meet their needs. People were supported to eat in line with their care plans and dietician advice. People were referred to healthcare professionals in a timely manner when needed. People lived in an environment that had been adapted to meet their personalised needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff who treated them with empathy. People were supported to

make decisions for themselves where possible. People were supported by staff who respected their privacy and dignity. People were encouraged to be independent.

People were involved in care planning and reviewing their needs to ensure they had as much control as possible over their care. People were supported by staff who knew how to meet their personalised needs. People were supported by staff who understood their communication needs and systems were in place to ensure compliance with the Accessible Information Standard. People were encouraged to engage in personalised activities of their choice and staff promoted family relationships. A complaints policy was in place and relatives were encouraged to use this when needed. People's end of life wishes were considered.

The registered manager was aware of their statutory responsibilities and submitted notifications to CQC where required. A person centred approach to care was encouraged and staff followed this to promote good outcomes for people. Staff and relatives found the registered manager to be approachable and were confident they would address any concerns. The provider encouraged an open environment in line with the duty of candour. Staff and relatives were encouraged to engage in the running of the service and were given opportunities to make suggestions to improve care for people. The provider encouraged continuous learning for staff and worked closely with health professionals to meet people's needs.

The service 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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement. As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 27 May 2015).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

The 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 team consisted of one inspector.

Service and service type

The 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.

Inspection activity started on 26 September 2019 and ended on 27 September 2019. We visited the office location on 26 September 2019.

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. 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 but due to their cognitive impairment and communication needs, we were only able to observe their body language.

We spoke with four members of staff including the registered manager and three support workers.

We reviewed a range of records. This included two people's care records and two people's medication records. We looked at one staff file in relation to recruitment and staff supervision. 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 further compliance documentation and the provider sent further evidence to us around medicines. We spoke with one professional who regularly visits the service and one relative.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives and health professionals working with the service told us people were safe. One relative told us, "[Person's name] is definitely safe there."
- Systems were in place to protect people from abuse and staff understood how to keep people safe. One staff member told us, "If someone was being hit, mistreated or in danger, or if anyone was stealing from them, I would raise it with the manager first and record it. I would also tell the safeguarding team and the social worker and if I didn't think the organisation would address it, I would ring CQC."
- Safeguarding referrals were made to the local authority when needed.

Assessing risk, safety monitoring and management

- People's risks were assessed and reviewed when needed. Risk assessments were in place and followed for risks such as falls, travelling, bathing and going out.
- Staff understood how to manage risks to people. A staff member told us, "We've worked with [Person's name] for such a long time, we have the triggers and signals and try to de-escalate their behaviour."
- Where people presented with behaviours that challenge, clear risk assessments were in place that guided staff how to respond in order to manage the behaviour safely.

Staffing and recruitment

- People were supported by a sufficient number of safely recruited staff. One staff member told us, "We've definitely got enough staff here to meet people's needs."
- People were supported by staff who were flexible and willing to adapt their working hours at short notice in order to meet people's needs and keep them safe.
- Safe recruitment practices were followed to ensure people were supported by suitable staff. Disclosure and Barring Service (DBS) checks were undertaken prior to staff commencing employment.

Using medicines safely

- Medicines were stored and administered safely.
- People were given time to take their medicines and staff completed Medicine Administration Records (MARs) to show when medicines had been administered.
- Body maps were completed to ensure topical creams were administered safely and as prescribed.
- Clear and personalised protocols were in place to guide staff when to administer 'as required' medicines (PRN). PRN medicines were administered appropriately. A staff member told us, "I would only administer PRN medicine when a person's behaviour becomes problematic to them and others around them and there is a high chance of injury to themselves or others. I would always try the de-escalation process first as PRN is

a last resort."

Preventing and controlling infection

- People lived in a clean and tidy environment.
- People were protected from the risk of infection and cross contamination.
- Staff understood infection control procedures. One staff member told us, "We always wear an apron and gloves for personal care. We also wear an apron and gloves in the kitchen and use different colour chopping boards and knives such as one for cooked meat, one for fish, one for raw meat and one for vegetables."

Learning lessons when things go wrong

- Where medicine errors were made, this was immediately addressed and staff were retrained in medicine competencies to ensure they supported people safely going forward.

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 and choices were assessed in a holistic way. For example, people's spiritual and sexual needs were considered as part of the assessment process.
- Care plans were reviewed as people's needs changed.
- Care was delivered in line with the assessment of people's needs and choices. For example, we saw that one person's care was adapted on a daily basis dependent upon their presentation on that day.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained and had the skills to provide effective support. One staff member told us, "There are lots of opportunities for training here, staff can always progress."
- Staff told us they had completed a lot of training specific to meeting the needs of people with autism and learning disabilities.
- Training records were in place which identified training that had been undertaken by staff. We saw that all staff were up to date with their training other than one member of staff who had been on a long-term absence from work.

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

- People were given a choice of what to eat and drink.
- People were supported to maintain a balanced diet. One staff member told us, "We try to offer healthy choices because of [Person's name]'s weight." We saw that a dietician had promoted a healthy diet and this was reflected in the person's care plan.
- People were supported to eat in line with their care plans. For example, staff told us about one person's care plan that gave clear guidance on food they were unable to eat to reduce the risk of choking.

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

- Staff worked closely with other agencies to ensure that people received care they required.
- People were supported by staff who made healthcare referrals when needed.
- A health professional told us, "Staff have got in touch with me when needed and have challenged barriers to getting what people need. They have generally followed any treatment plans we have set in clinic."

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

- People lived in a home which was adapted to promote their independence by ensuring there were no obvious signs that this was a care home.
- People's bedrooms had been personalised to ensure their likes and preferences were reflected.
- People's needs had been considered in the adaptation of their bedrooms. For example, one person sometimes presented with behaviours that challenge so their bedroom was decorated in a personalised way that made it safe for them.

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 understood the principles of the MCA and knew how this applied to supporting people. One staff member told us, "The MCA tells us to always assume capacity, let the person make their own decisions where they can, people are able to make an unwise decision. Then see if people can understand information and feed it back to you. We always act in the best interests of the person if we make the decision."
- Decision specific mental capacity assessments had been completed detailing which decisions people were able to make for themselves. Where people were unable to make decisions for themselves, best interests decisions had been made in the least restrictive way possible.
- Staff asked people for their consent before they supported them.
- DoLS applications had been made where needed.

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 remained 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 were supported by kind and caring staff. We saw positive interactions between staff and one person they were supporting. One staff member told us, "We are always focused on the people."
- Staff were considerate of people's needs and understood how to support them with empathy.

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

- People were supported to express their views and make decisions about their care where possible. One staff member told us, "We're not really restrictive, we give people freedom which is good."
- One staff member told us, "[Person's name] helps to assist to pick out his clothes. Another person likes to look smart so they wear a nice shirt, braces, tie and flat cap."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who promoted their independence. For example, one relative told us, "[Person's name] is far more independent since they have been there, they have definitely changed for the better." A staff member told us, "We offer choice to promote independence."
- People were supported by staff who respected their privacy. For example, staff respected that one person preferred to spend significant time in their room due to their care needs.
- Staff supported people in a way that promoted their dignity. One staff member told us, "When doing personal care, I always make sure the door is closed behind us and always talk the person through what I'm doing."

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 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 and their relatives were involved in care planning and attended meetings with staff to review their needs. Where people were unable to verbally communicate, staff used knowledge of the person and their body language to consider their preferences.
- People were supported by staff who knew them well and who provided personalised care to meet their specific needs. One staff member told us, "We have to take a personalised approach with [person's name]. The same approach by each staff member does not always work for everyone so we adapt."

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.

- The provider complied with the Accessible Information Standard. For example, we saw the complaints policy was on display in easy read pictorial form to support people to understand it.
- People's care plans were also written in pictorial easy read format to meet people's communication needs.

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 were supported to follow their interests where possible. For example, one person enjoyed meals out so they were supported by staff to eat out in the local community. One relative told us, "[Person's name] goes out and about a lot and does activities. It's really nice for them to get out, they get out most days."
- People were supported to go on different day trips dependent upon what they liked to do. For example, one person liked trains and transport and so a trip to a tram museum had been arranged.
- Activity timetables were amended where needed in order to respond to people's changing needs.
- People were encouraged to maintain relationships with their families. Families were invited to regular events at the home and staff took people on day trips to visit their families. People were supported by staff to develop positive relationships with family members they had lost contact with.

Improving care quality in response to complaints or concerns

- A complaints policy was in place but the registered manager told us they had not received any complaints. The relative and professional we spoke with also told us they had not made any complaints.
- A pictorial complaints policy was clearly visible in the kitchen at the home which showed people who they

should complain to. The picture in the complaints policy was of the previous registered manager but this was immediately updated by the current registered manager when this was pointed out on inspection.

End of life care and support

- People's end of life wishes including funeral plans and service wishes had been discussed with their families and was clearly documented so their preferences were known at this stage of their life.

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audit systems in place to check the quality of the service were not always effective.
- Some checks were not adequate to ensure documentation was kept up to date. For example, we saw documentation in one person's care file that indicated the person was high risk of falls and other documentation that indicated they were at low risk of falls. Another person's care plan stated they liked to go to church. We asked the registered manager about this and they told us the person was no longer enjoying going to church so this information was incorrect and the plan required updating. We also saw documented evidence from the person's May 2019 keyworker review that confirmed staff did not think the person enjoyed attending church anymore. However, despite the registered manager being aware of this, the documentation had not been updated and this had not been identified by any audit check.
- The registered manager told us there was no specific audit tool in place for care files other than the 12 weekly review of the care plan which did not look at the whole content of the care file. Following the inspection, the registered manager clarified there were additional reviews and evaluations that were undertaken of care files. However, having reviewed this evidence, these did not check the quality and consistency of the information contained within the care files.
- Some audits were effective and identified where actions needed to be taken to improve the service. For example, systems in place to audit accidents and incidents were robust and identified trends so action could be taken when needed.
- The registered manager showed us a new online system the provider had put in place which enabled staff to report accidents and incidents. This also ensured two levels of audit check was undertaken by both the registered manager and more senior management to ensure appropriate action was taken in response to any concerns.
- The registered manager was aware of their statutory responsibilities in relation to submitting notifications to CQC. The last inspection rating was clearly visible on display at the home.

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

- The provider and registered manager encouraged a person centred approach to people's care which staff understood and followed.
- Staff told us the home was a positive environment and there was a good team ethos. One staff member told us, "The registered manager is really approachable. I would be confident they would address any issues

that arose but I haven't had to raise anything with them."

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

- The provider complied with the duty of candour and promoted an environment where staff were comfortable to be open and honest when something went wrong. For example, one staff member told us following an incident that had required intervention, they had spoken to the registered manager to inform them that upon reflection they felt they could have managed the situation differently to reduce the risk of the behaviour.

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

- The provider continually sought to engage people and relatives in the service. For example, we saw letters the registered manager had sent out requesting feedback but relatives had chosen not to respond.
- Staff were encouraged to provide feedback regarding the service. One staff member told us, "They send out forms from head office every so often to ask how you feel about the company, how the company's performing and if you have any concerns."
- Staff are also encouraged to make suggestions about improving the service during team meetings and supervisions.

Continuous learning and improving care

- The provider encouraged staff to engage in additional learning opportunities to improve care given to people.
- The provider sought to share learning between their homes through the use of online trend analysis to improve care provided to people.

Working in partnership with others

- The service worked proactively with other agencies such as healthcare professionals to meet people's needs.