

Anchor Trust

Leofric 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

Leofric Lodge is a 'housing with care' scheme. People live in their own flats and have tenancy agreements with Anchor Trust. The personal care and support people require is provided at prearranged times by a team of staff who work at the scheme. There were 46 people living at Leofric Lodge at the time of our inspection visit, 27 people received assistance with personal care.

At the last inspection in January 2015 the service was rated Good. At this inspection we found the service remained Good.

The inspection took place on, 9 and 10 August 2017 and was announced. We told the provider before the visit we were coming so they could arrange for us to visit people who lived at Leofric Lodge and so they could arrange to be there.

A requirement of the provider's registration is that they have a registered manager. There was a registered manager in post at the time of our inspection.

A registered manager is a person who has registered with the CQC 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. The registered manager had responsibility for managing three of the provider's 'housing with care' services in the Coventry area.

People continued to receive care which protected them from avoidable harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks. People who required assistance to take their medicines were supported by staff who had received training to do this safely.

There was enough staff to allocate all the visits people required and to meet people's needs safely. Recruitment checks were completed on new staff to ensure they were suitable to support people who used the service. Staff had regular checks on their practice to make sure they continued to support people safely.

People said staff arrived around the time arranged and stayed long enough to do everything that was needed without having to rush. People were visited by a team of regular staff that they knew and who they said were kind and caring. People said the support they received helped them to live independently in their own homes.

People were provided with care which continued to be effective in meeting their individual needs. Staff received regular training that provided them with the skills and knowledge to support people's needs. The registered manager and staff understood the principles of the Mental Capacity Act (MCA). Staff respected people's decisions and gained people's consent before they provided personal care. When needed, arrangements were in place to support people to have enough to eat and drink and remain in good health.

The service remained responsive to people's needs and wishes. People were provided with care and support which was individual to them. Staff respected people's privacy and dignity and promoted their independence which people appreciated. People's care and support needs were kept under review and staff responded when there were changes in these needs.

People were encouraged to raise concerns and were confident these would be responded to. The management team used feedback from people to assist them in making improvements to the service.

The managers and staff had a good understanding of people's individual needs and preferences. Staff understood their roles and responsibilities and had regular supervision and observations of their practice to make sure they carried these out safely.

Staff said they received good support from the management team. They said the service was well led and that senior staff were always available to give advice. Management and staff told us there was good team work and that all staff worked well together. Feedback from people was sought and used as an opportunity for improving the service people received. There continued to be effective and responsive processes for assessing and monitoring the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Leofric 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 checked 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 comprehensive inspection was carried out by one inspector over two days. We visited people who used the service on the 9 August 2017 and visited the office to speak with the registered manager and staff, and view paperwork on the 10 August 2017.

Prior to the inspection the provider had been asked to complete a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR was an accurate reflection of the service.

Prior to the office visit we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We reviewed the 'Share your experience' information people who used the service had sent us since the last inspection.

We contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services paid for by the local authority. We also contacted the local Healthwatch about information they held about the service. Healthwatch is an independent consumer organisation, which promotes the views and experiences of people who use health and social care services. Commissioners and Healthwatch had no information to share with us.

During our visits we spoke with nine people who used the service, three relatives, the registered manager, the provider's district manager, the care co-ordinator, two team leaders and three care staff. We reviewed four people's care records to see how their care and support was planned and delivered. We looked at four staff recruitment files, staff training records, records of complaints and records associated with the provider's quality checking systems.

Is the service safe?

Our findings

People told us they felt safe with the support they received from the service and with the staff who visited them. Comments from people included, "Yes I feel safe here, it's a secure building and staff are always here if you need them. I have a neck pendant for emergencies."

Staff knew how to keep people safe and protect them from avoidable harm and abuse. All staff had completed safeguarding training to make sure they knew how to recognise signs of abuse. Staff told us they would report any suspicions or concerns to the management team. They also knew they could refer safeguarding concerns to the local authority and to us (CQC). A staff member told us, "If I was concerned about anyone I would let the team leaders or the managers know. They would check it out and refer it to social services." Another told us, "I have no concerns about anyone living here, but if I did I would report it straight away. We know about whistle blowing and to report any concerns about staff practice. I would report anyone; even if it was the manager. We are here to keep people safe."

The registered manager understood their role and responsibilities in reporting and dealing with safeguarding concerns to make sure people remained safe. The registered manager had recently completed an update in safeguarding training. They told us the provider had amended the training since their last update. The training now included awareness of discrimination and abuse towards, Lesbian, Gay, Bisexual and Transgender (LGBT) community, domestic violence and modern slavery, so that people using services, and staff working in care were protected from abuse.

People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care. Plans were in place to provide staff with guidance about how to reduce identified risks to the care and support people required. For example, where people required help to move around, risk assessments detailed how they should be moved, the number of staff required to assist them, and the equipment to be used. Two people we visited required equipment to transfer from their bed to chairs. They told us staff were confident and competent in using equipment, and that they felt safe during transfers.

Accident and incident records were completed and monitored by the registered manager and the provider to identify patterns and to manage emerging risks. For example where people had fallen, a falls risk assessment was completed. If needed, people were referred to the GP, and occupational therapist for an assessment.

The provider's recruitment process continued to ensure risks to people's safety were minimised. Checks were carried out prior to employment, to ensure staff were suitable to work with people who needed care and support. Records confirmed, Disclosure and Barring Service (DBS) checks and references were in place before staff started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

The registered manager and all staff spoken with told us there was enough staff to provide the care and support people required. There was a regular team of staff that visited people; they knew people's needs and how to support them. One person said, "They [staff] know me well and I know them too," and, "They do everything they have to for me, I never feel rushed." One person did say, "It would be good if staff had more time to sit and chat," but knew staff were only allocated a specified amount of time to provide their care.

People who required support to take their medicines received these as prescribed. This included medicines prescribed as and when people required such as pain relief, and the application of prescribed creams. Staff had received training to administer medicines safely and had been assessed as competent to support people with their medicines. Staff signed a medicine administration record (MAR) sheet and recorded in people's records that medicines had been given to confirm this. MAR's were checked in people's homes on a weekly basis and audited when they were returned to the office. This was to ensure they were completed accurately and any discrepancies identified in a timely way.

Is the service effective?

Our findings

Staff had the same level of skill, experience and support to effectively meet people's needs as they had at the previous inspection. People continued to make their own decisions and were supported by staff who understood how to protect their rights. The rating continues to be Good.

People said staff knew what care and support they needed to meet their needs and maintain their welfare. One person said, "The staff know what I need help with, they know how to look after me."

New staff completed an induction that was based on the Care Certificate and worked alongside more experienced staff to gain the practical skills they needed to support people. Staff said the training they received was good quality. They told us it prepared them for their role and provided the skills they needed to meet people's health and welfare needs. For example how to use equipment to move people safely.

A training programme was in place that included courses that were relevant to the needs of people using the service. The provider considered some training as mandatory for staff working in care, this included moving and handling people, safeguarding adults from abuse, and medication awareness. To ensure training was updated promptly senior staff had completed 'Train the Trainer' training to deliver training to staff, for example, in moving and handling people. Staff also completed training in other areas related to people's individual needs, like pressure area management.

Once staff had completed the Care Certificate the provider supported staff to complete Qualification and Credit Framework (QCF) training in health and social care to increase their knowledge and improve their practice. Senior members of the management team had completed assessor training to support staff through the Care Certificate and QCF qualifications.

Staff told us their knowledge and learning was monitored through supervision meetings with their manager and observations of their practice. The registered manager told us observations of practice was carried out to make sure staff worked to the provider's policies and procedures and put their training into practice.

The management team and care staff understood the principles of the Mental Capacity Act. They understood their responsibilities to protect people's rights and what to do when someone might not have the capacity to make their own decisions, so these were made in people's best interests. There was no one using the service at the time of our inspection that lacked capacity to make daily decisions about their care and support. People's consent to care continued to be sought and people's rights with regards to consent and making decisions were respected by staff.

People and relatives told us they made their own health appointments, but staff would support them with this if they needed it. Staff told us they liaised with district nurses or doctors on behalf of people to arrange appointments or seek advice when needed.

Most people we spoke with made their own meals. People had the option of purchasing a lunch from Leofric

Lodge every day, if they preferred not to cook a main meal. Where required, staff supported people to prepare meals and made sure people had sufficient to eat and drink. Everyone we spoke with said staff made sure they were left with a drink before they left. Arrangements were in place to assess and monitor people's dietary needs if this was required.

Is the service caring?

Our findings

At this inspection, we found people continued to have their privacy and dignity upheld by staff who were kind and caring. The rating continues to be Good.

People were positive about the standard of care they received and said staff treated them with respect. One person told us, "Staff are very good to me, very patient. They are very kind, and co-operate with me." Another said, "All the staff are lovely, you can't fault them for anything."

People lived in their own homes so we were unable to observe people's care directly, but people told us their privacy and dignity was maintained. One person told us, "They always make sure they ring the bell before they enter, they never just walk in. Another said, "They make sure when they give me a wash or a bath that everything is done in private." Staff said they had sufficient time allocated to people's care calls and did not have to rush.

From conversations we had with staff it was clear they were fond of people who lived at Leofric Lodge. One staff member told us they treated people who lived there like 'grandparents' another said they liked to spend time with people having a laugh and a joke.

Staff knew about people's preferences, for example who preferred a wash to a bath or shower, what people liked to eat and drink, and about things which were important to people, like their family. People were satisfied with how staff provided their care, one person told us, "They know how I like things done. If I wanted anything they would do it. They are good to us."

People told us there were male and female care staff and they had been asked for their preference of gender of staff to provide their care. One person told us, "At first I only wanted female carers but after I had been in hospital where there were male nurses, I don't mind. I often have [male care staff] now who is great."

People were complimentary about the care staff, one person told us, "I am glad to see them come, they make my day." We asked people if there was anything they would change about their care and support. People's responses included, "There is nothing I would change, I love it."

People told us they were involved in their care and how they would like to receive this. This was evidenced within people's care plans, and through reviews of their care.

Staff understood the importance of maintaining confidentiality, they said they were mindful of talking in corridors and made sure the office door was closed when discussing people's care. Care records in the office were kept safe and secure.

Is the service responsive?

Our findings

We found management and staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People we spoke with told us they received care and support based on what they needed and in the way they liked. When we asked people if they thought they received good care they told us, "Oh yes certainly," and, "Yes the care is very good." People told us they had regular care staff who they were able to get to know. One person told us, "They are like family; it's the same team of staff that visit."

People and their relatives told us that prior to moving into Leofric Lodge, senior staff had spent time discussing their care and support needs and how they wanted to be supported. People's care was then planned from the assessment, and a care plan completed that informed staff what support people required. The nine people we visited had a care plan in their home for staff to follow.

A copy of the person's care plan was kept in the office. We reviewed four people's care records. All contained an assessment of needs and a care plan that included how any identified risks were to be managed. Care plans were focused on the person, their choices, likes and preferences. They included how people liked their care provided and some life history so staff knew a little about the person and could use this to start conversations. Staff told us care plans were up to date and easy to follow. Plans we looked at had been regularly reviewed and updated when people's needs had changed.

We looked at staff rotas and 'care cards' (times for care to be provided), to see how people's care calls were scheduled. These confirmed there was a regular team of staff that provided consistent calls to people at prearranged times.

People had access to a call alarm system, so they could get urgent assistance from staff between scheduled call times if they needed. People confirmed staff responded to call bells. One person said, "I have only had to use it once, they came very quickly."

People and relatives told us they were happy to raise any concerns with the registered manager or any staff member and were confident they would be listened to. One person we visited said they had made a complaint. They told us, "I did make a complaint a long while ago; the manager looked into it, and resolved it for me. Everything has been fine since."

We looked at the complaints records; this showed there had been six complaints since our last inspection in January 2015. Complaints received had been recorded and responded to in a timely manner. Following our visit we received a complaint from a relative about their family members care. We referred this to the provider to investigate.

Is the service well-led?

Our findings

At this inspection, we found the service continued to be well led by an experienced management team who were committed to providing a good quality service. The rating continues to be Good.

People were complimentary about the service they received. Comments from people included, "I would recommend living here, it's really good," and "I like it here I would give it 10 out of 10."

Staff we spoke with told us they enjoyed working at Leofric Lodge. Comments included, "We are a good team; we all work well together." Staff said they would recommend living at Leofric Lodge to family and to friends if they needed care. They also said the provider was an organisation they would recommend working for.

The registered manager told us care staff at Leofric Lodge had won the 2016 British Care Award. This is a national award where people nominate care staff. The registered manager told us this was a great achievement of which they were extremely proud. They said the staff team had been nominated again for the 2017 awards.

The registered manager had been in post since May 2015, and had provided consistent leadership for the service. They had management responsibility for three of the providers housing with care services within the area, and spent time each week at the different schemes. The registered manager had been proactive in developing guidance for the provider's home care services in regards to some policies and procedures. These included a role profile for care staff, care plans for home care services and a procedure for medication audits, as these had been devised for care homes and were not always relevant for home care services.

The registered manager was supported by a management team that consisted of a care co-ordinator, who deputised in their absence, and four team leaders. The registered manager said they received good support from the provider. This included regular management meetings and visits by the district manager, who made themselves available during our visit. Staff spoke highly of the registered manager, a senior staff member told us, "To know her is to love her. She is a stickler for the rules but she is the most supportive manager I have ever worked for. I wouldn't be in this position if it wasn't for her; she encourages my personal and professional development."

There were regular meetings for the management team and staff. Staff told us they were well supported to carry out their roles through regular training, one to one meetings with their line manager, and regular staff meetings. There was a handover meeting at the start of each shift to make sure any changes in people's care and information about the service was passed over and recorded.

Staff were available to support people 24 hours a day and staff said there was a member of management team available at all times. One staff member told us, "Any concerns I go straight to the office and speak with the team leaders or manager, they always listen and help if they can." Another said, "The support here is really good, you only have to ask and they [management team] will sort it."

People's views were gathered through a number of routes, which included a quality assurance survey and review meetings with people. There were regular tenants meetings to update people with any changes about the service and for them to discuss any issues. People also received a Newsletter to inform them of any up and coming events.

The management team made regular checks of the quality of the service. For example, checks were made on people's daily records to make sure the care they received matched their care plans. Medicine administration records (MARs) were checked to ensure they had been completed accurately and medicines had been given as prescribed. The registered manager, care co-ordinator and the provider completed a range of other checks and audits to make sure they continued to learn and make improvements to the service. We were told, "We are constantly evaluating and changing things to improve the service and make it run smoothly. We recently changed the 'care cards' schedules of calls as these were not working well and revised the staff supervision matrix as it was confusing and its now easy to understand."

The provider and registered manager understood their responsibilities and the requirements of their registration. For example, they understood what statutory notifications were required to be sent to us and the ratings from the last inspection were displayed prominently in the scheme and on the providers' website.