

Sunderland City Council

Villette Lodge Assessment and Re-enablement Service

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

Villette Lodge Assessment and Re-enablement Service provides care and support for up to six people who have learning disabilities or autistic spectrum disorders. At the time of our visit six people were using the service.

Villette Lodge has been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning and physical disabilities using the service can live as ordinary a life as any citizen.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People who lived at the service felt safe. Relatives we spoken with also told us that they felt their loved ones were safe.

Staff had received training in safeguarding procedures and knew how to identify forms of abuse. The provider had a robust recruitment process and pre-employment checks in place, for any new members of staff. People's medicines were managed safely including the receipt, storage administration and disposal of medicines. Staff had been suitably trained and were confident in handling medicines. Regular premises and equipment checks were carried out.

Staff received regular training to support them with the necessary skills to care for people. Staff confirmed they received regular supervision sessions with their line manager.

People were supported to have a healthy and balanced diet. They told us that they enjoyed their meals and were involved with menu planning and could if they wished, have a choice of meals.

People had access to various healthcare professionals including visits to their GP, dentist and opticians. In addition, people were also supported to attend any hospital or specialist appointments.

People and their relatives were involved in the creation of care plans. Care plans were detailed and included information that supported staff to care for people in the way they wished to be cared for.

Activities were meaningful, not only in terms of social activities, but life-skills activities as well. People were encouraged to enhance these life skill activities both inside and outside of the service.

Staff told us that they enjoyed working at the service and they felt supported by the registered manager. Relatives we spoke with were complimentary about the home, the staff and the level of care their loved ones received.

The registered manager continually reviewed the quality of service provided and this included via quality assurance audits and obtaining feedback via questionnaires.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Villette Lodge Assessment and Re-enablement Service

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 17 and 20 December 2018, and was announced. The provider was given 48 hours' notice. This was because the service was a small care home for adults who are often out during the day. People living at the home undergo assessments to determine if they are able to return home, move to a new home or live independently. Assessments included increasing personal abilities and daily living skills not only within the home but out and about in the community. We therefore needed to be sure that there would be people at the home on the day of inspection.

The inspection was carried out by one inspector. This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the CQC. We contacted professionals involved in caring for people who used the service, including commissioners and local authority safeguarding teams. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services.

We used information the provider sent us in the Provider Information Return. This is information we require

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with the registered manager, two care staff, two relatives and one person living at the service. We looked at care records for two people and three staff personnel files. We also looked at safety records as well as various quality assurance documents.

Is the service safe?

Our findings

People we spoke with told us that they felt safe living at Villette Lodge. One person we spoke with told us, "I like living here, I settled straight in. The atmosphere was good. Normally it takes me a few weeks to settle, but it was straight away here – it feels like home!"

The provider had safeguarding and whistleblowing procedures in place. Staff we spoke with told us they received regular safeguarding training and a review of training records confirmed this. Staff were confident in their ability to identify any signs of abuse and how they would report any safeguarding issues.

Prior to admission to the service a pre-assessment was carried out for each person by their social work team. Risk assessments were then carried out by staff and included details regarding how staff should support people to keep safe whilst ensuring people's freedom was respected. For example, one person who was at risk of epileptic seizures, had a detailed risk assessment and care plan in place. One relative we spoke with told us, "[Person] has one to one support but they have said the support they have is always very subtle."

The provider had a robust recruitment process in place. This included suitable pre-employment checks and obtaining an enhanced Disclosure and Barring Service (DBS) disclosure certificate. DBS checks ensure only suitable staff are employed to work with vulnerable people. A review of staffing levels showed there were enough staff to support people with safe care. Staffing levels were monitored and changed as and when people's needs changed. People and relatives we spoke with told us there were enough staff to support them.

The provider had a robust process in place for the safe handling of medicines in line with best practice. Staff received regular training and their competencies were assessed by either the registered manager or deputy manager. Daily audits were carried out at each staff handover. We viewed a random sample of medicine records and those viewed showed all entries to be complete and correct. Information recorded was legible and easy to understand. Medicines which were given 'when required' were recorded correctly. Any reasons for non-administration were recorded appropriately.

The premises were well maintained and clean throughout. Cleaning rotas were in place for staff to follow and staff had access to adequate cleaning materials. A review of the laundry room showed infection control processes were in place and adhered to. People living at the service also contributed to maintaining a clean and tidy environment and some people had agreed allocated daily cleaning tasks which they enjoyed doing. Checks on the premises and equipment were routinely completed to maintain a safe environment. Each person had an up-to-date personal emergency evacuation plan in place (PEEPs) to support emergency services if an evacuation from the service was required.

Accidents and incidents were recorded and analysed by the deputy manager and the provider's dedicated health and safety team, to determine if any actions were required to prevent reoccurrence.

Is the service effective?

Our findings

People and their families had been involved in the creation of care plans. Care plans were detailed and included a 'This is Me' document. This document contained detailed information regarding people's likes and dislikes, how staff should communicate with them, which activities they enjoyed and important information regarding people's health needs and medicines.

People and their relatives told us staff who cared for them knew them very well. We asked one person if they felt staff cared for them well and they told us, "Yes staff know what they are doing, staff know me well. Know what I like. [Staff name] and [staff name], I feel comfortable with them and all the staff."

Staff were supported via supervision and yearly appraisal sessions with their line managers. Staff skills and knowledge was kept up-to-date via a programme of continual training. Staff we spoke with told us they received regular training and could, if they wished, request additional training in other areas to support them in their role. Relatives we spoke with told us they felt staff had the right skills to look after their loved ones.

People had access to a healthy and varied diet. People told us they had a choice of what they wanted to eat and were involved in menu planning. People also often assisted staff to purchase groceries for the service. One person we spoke with told us that they had had the task of creating the Christmas grocery shopping list and they enjoyed this responsibility.

The registered manager and staff worked closely with people's social workers and other healthcare professionals. For example, the local mental health team and consultants at Sunderland eye infirmary. This ensured the care people received was appropriate and met the needs of that person. People also had regular access to various other healthcare appointments for example opticians, dentists and their GP. This supported people to achieve positive outcomes for their health and well-being.

The premises were very well decorated and furnished to a good and comfortable standard. People had the opportunity to enjoy each other's company either in the lounge or the dining room. People could if they wished spend time alone in their own bedrooms, These rooms were well decorated and comfortable. People also had access to a lawned garden area at the back of the property which was used more in the summer months.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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. DoLS had been appropriately applied for, mental capacity assessments had been carried out and decisions made in people's best interests were clearly recorded. The registered manager had a good

oversight and monitoring process in place to ensure that DoLS were applied for in a timely manner.

Is the service caring?

Our findings

People and their relatives told us how well staff cared for and supported them. One person we spoke with told us, "The staff are great, they care for me really well." One relative told us, "I have no issues. The other day we asked [person] if they wanted to come back home for a few hours, but [person] said no, I am going home! That just sums it up! It's a weight off my shoulders." Staff we spoke with told us they had time to get to know each person which meant that they could support people in the best possible way.

During the inspection we saw lots of relaxed, caring and positive interactions between people and staff, with lots of laughter and joking. Staff were also seen to provide people with emotional support if they became upset or if they were excited to show staff something they had done. One person wandered into the registered manager's office and sat down and began looking through their computer tablet. The registered manager told us, "[Person] often comes into the office and occasionally when I am printing documents off, they will sit and staple them together for me. They really enjoy doing this." Another person was anxious about a family member who had been admitted to hospital. Staff supported this person to contact the hospital and to speak to their relative which eased their anxiety.

Relatives told us that they were regularly involved in the care their loved one received. One relative told us, "I attend regular review meetings, one when [person] first came here, and then one six weeks later and we have one scheduled for next month." One person spoke with great pride when they told us of their long-term goal which was to live independently. To assist them with this goal, they told us they were going to be involved in the creation of a self-medicating risk assessment, and how they felt this would play an important part in their desire to live independently.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us that one person currently received support from an advocate.

Staff were able to describe to us how they would ensure that people received care and support that was both respectful and dignified. People's private information was held securely in locked cupboards with limited access. During the inspection one person decided they wanted to wear a different item of clothing. They approached a member of staff for assistance, and we overheard the staff member say, "Come on [person], let's go back to your bedroom and you can have a look in your wardrobe and choose what you want to wear."

Is the service responsive?

Our findings

Care plans were reviewed on a monthly basis to ensure that the level of care and support was current and met that person's needs. The provider was in the process of transferring all care plans from one system to another system. A review of one new care plan showed certain elements had not been included to allow detailed information to be included. We spoke to the registered manager regarding this. They agreed to address this matter with senior managers and confirmed that new style care plans would only be introduced once all issues had been dealt with.

People enjoyed a range of activities on a daily basis. This included leisure time within the service along with life skills activities which had been agreed to enhance their own personal living skills, such as assisting to cook lunch, cleaning the house and helping with the laundry. People were also supported to engage in health-related activities such as walking into the local town. One person we spoke with told us they were always out and about; either visiting the cinema, Metro Centre or shopping in the local town.

The provider had introduced a pilot scheme into the service called 'myhomehelper'. This was a 'visual display computer tablet' that had been designed to support people with their independence and could be adjusted to suit each individual. For example, one person's tablet reminded them they were due to attend an optician's appointment. Another person's reminded them they needed to assist with washing their clothes. One person we spoke with told us they found this tablet really helpful in supporting their wish to become more independent.

A review of the provider's complaints file showed they had not received any complaints regarding the service or level of care provided since the last inspection. Relatives we spoke with told us they had never had to complain but knew how to make a complaint.

A number of compliments had been received from family members one of which included, "I can honestly say that I have received more help and consideration from your team than I have had from any other care providers that I have encountered during [Person's] care."

Providers of care services should ensure that people's end of life wishes are recorded in their care plans. However, given the nature of the service type, end of life wishes do not form part of people's care plan information.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. They had been registered since January 2017. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. They told us, "It's already a really good home." However, further plans to improve were in place. These included changes to the décor to improve the experience for people living with dementia, improving the use of information technology and increasing opportunities for staff to develop in their roles.

The service had good links with the local community. For example, people had access to the local job centre which provided benefits advice to people who were looking to live more independently. People also attended a local community association and participated in exercises at Sit and Be Fit classes along with membership of a visiting local mobile library who regularly attended the service.

The provider was meeting the conditions of their registration and submitted statutory notifications as required. A notification is information about important events which the service are required to send to the CQC. The provider also had on display their most up-to-date certificate of registration as well as a copy of their latest inspection report.

The registered manager had a range of quality monitoring processes in place which included a review of daily handover sheets as well as carrying out monthly audits. These audits included, for example, care plans, medication records and health and safety checks. In addition to these quality checks, the registered manager also attended monthly and quarterly management meetings with their senior manager to review the quality and performance of the service. Care staff were also invited to attend a 'Question Time' meeting with the organisation's Chief Operating Officer, where staff were able to share their own ideas for improvement to the service.

Everyone we spoke with, without exception told us how much they either liked living at the service, working at the service or were pleased their relative lived at the service. Staff spoke highly of the registered manager, telling us how much they felt supported in their role. Staff told us they felt involved with the service and were encouraged to take ownership and share ideas for improvements at their monthly staff meetings. One relative we spoke with told us, "[Registered manager] is very easy to talk to and always listens."

People and their relatives were encouraged to provide feedback and this was done via a questionnaire. Questionnaires were typically handed out at the point of admission to the service and followed by another one six weeks later. A review of responses received were positive and one relative had commented, "Great team, always make me feel welcome when I come here. My son feels safe and likes all the staff."

The service had close links with the local authority safeguarding team, social work team as well as various other specialist services and health agencies in the authority.