

Huntsmans Lodge Limited

Huntsman's Lodge DCA

Inspection report

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Date of inspection visit: 24 June 2015
Date of publication: 12/01/2016

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 

Overall summary

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.

The inspection was took place on 24 June 2015 and was announced, which meant the provider was informed two working days beforehand to ensure that key members of the management team would be available.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Huntsmans Lodge Limited is a Supported Living Service situated in three locations throughout Leicester. The service provides support for 15 people, who live there

Summary of findings

under their own tenancy agreements and require support due to physical or other disabilities. Care and support is provided by staff who are based at each of the three buildings.

During the visit, we spoke with four people who used the service, four support staff and the registered manager. We observed interactions between staff and people using the service were kind and respectful.

All of the people we spoke with told us they were happy and felt safe.

Staff we spoke with had received training in the safeguarding of vulnerable adults and were able to tell us what they would do if they witnessed or had allegations of abuse or bad practice reported to them.

We found staffing levels were adequate to meet people's needs. There was little use of agency staff as they trained to work in all three locations.

Robust recruitment procedures were in place which enabled the service to check on the background of staff before they were allowed to work with people.

Staff had been trained to handle medication and care plans provided detailed information about individuals' medication requirements. Records and audits were in place which ensured people received their medication in a safe manner.

People's needs were assessed, planned and delivered in line with their individual care needs. The support plans contained a good level of information and were focussed on the person's individual needs.

Staff we spoke with knew people well. People who used the service were happy with the care and support received and confirmed staff had sufficient knowledge about them. We saw that people received appropriate support and were treated with dignity and respect.

Staff told us they enjoyed their jobs and said they were well supported within their roles. All staff received regular formal supervision and an annual appraisal. That ensured staff were developed in line with the support people required to maintain their independence.

We saw people were assisted to attend routine health appointments. The service worked well with visiting professionals to provide continuing specialist support for people who used the service. Each care plan that we looked at contained a detailed record of professional contacts and visits. This showed that people's needs were recognised and outcomes were appropriately recorded.

People who used the service held an individual tenancy agreement.

Customer surveys were distributed on an annual basis, and the service had several methods of obtaining the views of people who lived at all three locations. Comments and suggestions were returned and we saw positive feedback from those that responded.

All of the people we spoke with during our inspection knew how to make a complaint and had been given sufficient information about the process. We saw there were 'hand out' cards available for people to pick up at each location, which included the contact details of the registered manager and how people could comment about the home.

People who used the service all knew who the registered manager was and referred to them by their first name. Staff we spoke with told us the registered manager was always available, and there was additional 'on call' staff at other times.

The registered manager used a range of checks and audits to ensure the quality of the service provided.

The registered manager informed us regular checks of the service were undertaken by auditors from the head office of Caretech Community Services.

Summary of findings

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 was safe.

Recruitment processes were robust, and there were on-going checks of the suitability of established staff.

The service had enough adequate numbers of staff to support people and keep them safe.

The provider managed risks to people on an individual basis, and there were arrangements in place for dealing with foreseeable emergencies.

People received support to manage their medicines safely.

Financial transactions were well detailed and regularly audited to protect people from financial abuse.

Good



Is the service effective?

The service was effective.

People were supported appropriately in regards to their ability to make decisions. Staff sought people's consent before providing all aspects of care and support.

Staff received training, supervision and appraisal suitable for their role.

People were supported to eat and drink sufficient amounts to help them to maintain a healthy balanced diet.

People were supported to access appropriate services for their on-going healthcare needs.

Good



Is the service caring?

The service was caring.

We observed positive and respectful interactions between staff and people using the service, and we received positive feedback about this.

Our observations showed staff spoke with people in a respectful way .

We found that staffing was organised, so that people were supported by a small number of staff who knew and understood their needs.

Support was organised for people on a 24 hour basis.

Good



Is the service responsive?

The service was responsive.

The service planned and delivered care and support to people that reflected their individual needs.

The service supported people to participate in a range of varied and meaningful activities including employment and social integration.

The service had appropriate arrangements in place to deal with comments and complaints.

Good



Summary of findings

Is the service well-led?

The service was well-led.

People were supported by staff that promoted a positive, inclusive and empowering culture.

Staff felt valued and were provided with the support and guidance to deliver a good standard of care to people.

There was a registered manager in post.

There were systems in place to monitor the quality of the service. Where issues were identified, actions were taken to make improvements.

Good



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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.

The provider was given 48 hours' notice because the staff provide a supported living service, many of whom are often out during the day. We needed to be sure that people living at the locations and staff would be in.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had returned the PIR.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about. We also looked at other information received sent to us from people who used the service or the relatives of people who used the service and health and social care professionals.

During the visits to the three locations where people lived, we spoke with four people who used the service, four support staff and the registered manager.

We looked at five people's care and medicine records, and looked at the employment records relating to three staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Is the service safe?

Our findings

We spoke with people at all three locations, all confirmed that they felt safe at the service, and the care they received. One person said, “I am safe, I have my own front door key, I can lock my bedroom but don’t usually bother.” Another said “I feel safe, there are people here that like to fight, I just take myself out the road.” We clarified the comment with the person, and they meant people tenants had verbal confrontations. We confirmed with the staff that these were ‘light banter’ that the person did not enjoy. Staff also confirmed that these were documented in each person’s daily records, and as complaints. Files we viewed confirmed that.

Since commencing in post the registered manager had undertaken a radical overhaul of financial practices and procedures. We saw clear records of where staff helped people to manage their finances, for example, in supporting them to buying food. We saw records that confirmed the amounts spent and that purchases were supported by receipts. The registered manager undertakes a monthly audit of all the financial transactions in the home, as well as unplanned spot checks to ensure balances were correct. That included people’s personal allowances and petty cash balances. Over and above these checks an accountant from the company’s headquarters completed a three monthly check.

One person also said they were not happy with how they were supported to draw funds from the bank. They said, “They [staff] are there all the time, I am not allowed to go myself.” Staff confirmed they accompanied the person to withdraw their monies, though also confirmed the person was independent and travelled to and from Leicester in the bus. That meant the person was assessed at having a high degree of independence and autonomy yet was restricted from being financially independent. We spoke with the registered manager about this, who confirmed that due to the vulnerability of the person any monetary transactions were overseen by staff. There was an appropriate risk assessment in place, but the person preferred to draw one large amount of cash from their account, as opposed to a number of smaller withdrawals. The manager said they would follow this up with the local authority staff who

arranged and supported the persons placement. The purpose would be to seek a solution that enabled the person to be more financially independent, but also to retain their individual safety.

We received positive feedback from a social care professional about the robustness of the service’s financial processes. This assured us that the service helped to protect people from the risks of further financial abuse.

We observed staff interacting with people in a friendly and warm manner and asking them about their support needs and what they wanted to do. The way staff interacted with people had a positive effect on their well-being. For example we saw a person who requested a bath. They asked the member of staff to assist them in running the water. When they were in the bath the member of staff stood outside the door, and engaged them in conversation. We spoke with the member of staff after the person was out of the bathroom. They explained that the person was nervous about being left alone, and liked the security of a conversation. We saw this was documented in their care plan as part of their support package. The member of staff added it gave them a chance to ensure the water was at an appropriate temperature and safe for the person to use.

Risks were identified and actions were planned to limit their impact. People’s care plans included information about risks individual to them and guidance was in place to help staff to manage this safely. Staff were aware of people’s individual risks and told us how they kept people safe. The member of staff worked at more than one location and was able to describe the scope of people’s risk assessments. For example, one was for going out alone, where others were for people with their moving and handling, or making meals. This showed that staff followed risk assessments when supporting people to minimise any potential risk.

An emergency evacuation plan was in place for each person using the service. Staff received training in emergency procedures such as first aid and fire and evacuation and described the procedures they were trained to follow in such an event.

The registered manager had appropriate procedures in place to identify and manage any risks relating to the

Is the service safe?

running of the service. These included relating to staff safety and dealing with unforeseen emergencies. We saw there were back up contact telephone numbers and an on call manager system for additional support.

We also saw where staff had to complete an application form to drive the company vehicles. They then had a driving test before they were able to take people out in a vehicle. There was then an annual check where staff were expected to produce their driving license and signed a declaration that confirmed they had no endorsements on their license since the last annual check. That meant the provider had taken steps to protect people on a regular basis.

People were protected by a robust staff recruitment process that ensured they were suitable to work with people receiving the service. We looked at four staff recruitment files. These showed that all pre-employment checks, including people's right to work in the UK and Disclosure and Barring Service (DBS) checks were obtained before a person commenced working in the service.

People were supported by sufficient numbers staff to meet their needs safely. Staff confirmed that there was enough staff available to meet people's planned needs and provide them with the required support. We saw that staff were available when people needed them, including to support them with healthcare appointments or planned activities. People told us that staff were always available to provide their planned support, came regularly to check that they were alright and to help them when they needed it. Discussions with the registered manager and the staff rotas confirmed that there adequate staff on site and an on-call system was in place to provide emergency support.

The provider had a safeguarding policy in place. Copies had been distributed to staff for their inclusion in their staff handbook and updated annually. Staff we spoke with said they had received recent safeguarding training. We confirmed this with the safeguarding training matrix, and the training plan.

Staff had an awareness of what could be seen as abuse. They were aware of actions to take when responding to allegations or incidents of abuse. This included keeping people safe and reporting allegations to the registered manager. Staff explained how the registered manager was contactable at any time of day and night to provide support where needed. Staff were also aware of whistleblowing and where they could forward any concerns. One member of staff pointed to a poster about whistleblowing on the wall of the staff room, and said. "There's a lot of [safety] information about throughout the building."

The provider had made arrangements for the safe storage of medicines in people's homes. People were protected by safe systems for the storage, administration and recording of medicines. We looked at a number of medicine administration records (MAR charts). These were well completed, had no missing signatures and tallied with the remaining medicines. People confirmed that staff supported them with their medicines and that they received their medicines when they should.

We saw protocols in place to enable staff to give additional doses of medicine, which are also known as 'as required' medicines. These are recorded on the MAR chart and also in the person's daily record. Staff told us that the on call system was there to use as a back-up, and managers were available for advice.

Is the service effective?

Our findings

People were cared for by staff who were well trained and supported in their role. Staff told us that the induction and training provided them with the knowledge they needed to meet people's needs safely and effectively. We looked at the training matrix which demonstrated that almost all of the staff were up to date with the range of training offered. Staff received regular training updates to ensure their knowledge was current to support them to meet people's needs. The registered manager explained that one person was booked in for several courses as they had recently returned following an extended period of leave.

Staff told us they had had an induction when they started working at the service and had worked alongside more experienced staff to begin with. We saw where people had undertaken a comprehensive induction into the company. Staff confirmed that this included spending time in all three locations and getting to know people, and allowing them to become familiar with the faces of people who may be supporting them in the future. The registered manager had commenced the staff's annual appraisals to assess staff competence and support their development. They provider had also identified that all new support staff were to commence the new Care Certificate. This is a nationally recognised training programme that has been substituted for the National Vocational Qualification (NVQ) in care. Staff told us that they felt well supported in their work and had the opportunity to develop their skills and knowledge and gain qualifications through further training.

Staff told us they had regular supervision and an annual appraisal, which was used to identify any outstanding or specialised training needs. We confirmed this with the plan in place at the office.

People we spoke with confirmed this and that they were supported to make their own decisions and choices. The registered manager had introduced changes to the system of where people's financial transactions were undertaken and recorded. An assessment of capacity and a best interest decision was in place to support this where needed. People confirmed they had been involved in the decision, asked for their consent and were satisfied with the new procedure.

People were well supported to enjoy a choice of food and drinks to meet their nutritional needs. People told us that they planned their own meals, compiled a shopping list (sometimes with assistance) and were assisted to purchase ingredients and where necessary prepare their meals.

People's individual preferences and nutritional needs were known to staff and seen in practice. People's dietary needs were identified and healthy eating encouraged, while respecting their right to make choices. This included supporting a person to order 'healthy' foods as well as 'treats' when ordering their shopping. This ensured that people were treated as individuals and their preferences respected.

Each person had a health action plan in place to identify individual's health care needs and the support to be provided by staff. People's care records showed that staff were proactive in gaining prompt and effective access to healthcare professionals and assessment services.

Records showed that people's healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. One person told us that staff listened to them and called the doctor for them when they did not feel well.

Is the service caring?

Our findings

People we spoke with who used the service told us they were happy with the service they received. In particular from the permanent staff. We were told, “The people here [staff] make the place fun.” Another person said, “I like it here, they [staff] have made me more independent” and “I make my own sandwiches because I can do it.” We observed staff interacting with people in a friendly and warm manner and asking them about their support needs and what they wanted to do. The way staff interacted with people had a positive effect on their well-being. For example, one person was reassured by the presence of a staff member who was supporting them from a discreet distance, and who engaged with them throughout the process. People who needed support with personal care were assisted discreetly and with dignity.

People were spoken with in a respectful way, for example, with people’s preferred names. Staff respected people’s personal space. Before going to into people’s bedsit, staff

knocked and waited to be called in, then announced who they were again when entering the room. People confirmed that staff closed doors when they received support with personal care.

The registered manager told us the service helped people to be as independent as they wished and people who used the service were supported as much as possible to do this. Holiday support was provided for people who used the service should they wish it. Staff we spoke with confirmed this and one member of staff said: “It is different being in the same building but it’s also nice as there is always someone there to provide support”.

All of the people who used the service lived in their own flats and also had communal facilities they could use such as a communal kitchen, dining room and lounge. There were staff in each location 24 hours a day, and locations had a combination of night staff where some were on call and some were awake. These staff also provided some support tasks such as cleaning the public areas. We observed support staff knocking on people’s doors and gaining permission to enter their bedroom area. On one occasion we saw the member of care staff do this, even when the bedroom door was open.

Is the service responsive?

Our findings

Support for people who used the service was assessed in terms of hours required for personal care by the social work team involved and then assessed by the service to ensure they could meet the person's needs.

Each person had a care plan in place showing the support they required so that staff had clear guidance on how best to meet people's needs. Care plans were written in a person centred way and clarified how people needed to be supported while being empowered to maintain skills and independence. For example, these ranged in complexity and need, we saw where one plan supported a person to maintain their employment. Another was detailed to provide financial support, where the person had capacity over financial transactions, but required support to access and hold money. That meant that care plans were tailored to individual needs and the support people required.

Staff were aware of people's individual needs and responded to this in an individual way. Staff were able to explain that one person required a daily injection and special diet. This was documented in the person's care plan, health professional details and risk assessment.

Staff completed records of the support provided to people. These records were well completed and in sufficient detail as to confirm that people received the agreed support. People had regular meetings with a designated member of staff where their current needs were considered and any additional actions planned. This showed that people were able to influence the support provided and ensure they remained safe.

Staff supported people with the activities in the community in line with their plan of care and agreed staffing hours. This included support to attend day centres, art and food clubs, clothes shopping, and support to organise and arrange their individual holidays. One person said, "I go to Beaumont Leys [shopping], I don't like going to the pub or disco I don't like crowded rooms." The service assisted people with arrangements to access the community. This was based on the agreed needs the person demonstrated, and this involved one and occasionally two staff. Some people were assessed as being independent and did not require support, so went alone.

Some of the people we spoke with were employed and came and went independently. Two other people told us they had a front door key as well as their own room door key.

The provider had a complaints policy and procedure in place. The complaints information was accessible to the people using the service and was displayed at each location. This was detailed and gave people timescales within which response and actions would be implemented, so people knew when to expect any return information. Information was also included to guide people on how to take their complaint further if they were dissatisfied with the provider's response.

The complaints process was replicated in 'easy read' form and a copy placed on each person's personal file. There was a system in place to record complaints and to show any outcomes or learning identified. The manager told us that no complaints had been received since our last inspection.

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The manager promoted an open and empowering culture. People living at the locations and staff knew who the registered manager was. They told us they saw them on a regular basis, and knew them by their first name. They confirmed the registered manager visited and spoke with them regularly, and enquired if they had any concerns or required any additional support. People told us they felt they could talk to the registered manager when they needed to.

They also told us they were able to approach the registered manager at any time and didn't need to wait for formal meetings to discuss opinions or concerns. They told us they felt able to approach them and discuss any subject. One member of staff said, "Their door is always open, so it were we can call [Named person] anytime they're always available."

Prior to our inspection the registered manager had been asked to provide us with information about the service and how they worked towards our five (questions) of safe, effective, caring, responsive and well led. This information was sent in the form of a Provider Information Return (PIR) and had been completed within required timescales. This gave us useful information about the service and demonstrated that the registered manager was aware of the need to continuously monitor the quality of service provided.

The registered manager sent us notifications about information and important events which the service is required to send us by law. The registered manager informed us of a situation involving a member of staff and the people using the service at one of the three locations. They kept us informed of updates and the outcome of the situation. That demonstrated the registered managers' openness and transparency and provided us with confidence of their integrity.

We spoke to the registered manager about how the service obtained the views of the people they cared for. We were informed customer surveys were given on an annual basis. We looked at the results and saw very positive feedback from those that responded. The registered manager had also informed us of the results in the PIR. None of the people we spoke with could remember if they participated in the annual survey.

The registered manager also informed us that each location holds tenants meetings. People who used the service and their support staff confirmed these meetings had taken place to share concerns and raise issues and discuss communal practices. We saw this recorded in the minutes of the meetings and in people's individual files. That meant people were able to influence practice and affect the service they were supported with.

Staff we spoke with confirmed that staff meetings were held, and they could add topics to be discussed. The registered manager provided minutes which showed a range of topics had been discussed from staffing levels through to sharing information of relevance about the needs of people who used the service. This showed that the service recognised the benefits of good communication.

The registered manager and staff all told us regular hand overs took place at each change of shift. We observed a handover during the first day of our inspection. This was a useful but relaxed exchange of valuable information and views. All parties present took part and were allowed their say. This showed the staff team were committed to providing a good quality of care for the people who used the service.

The registered manager informed us regular checks of the service were undertaken by staff from the head office for Caretech Community Services. These included financial reviews to ensure people were protected from financial abuse.

We saw the registered manager had a range of systems and audits in place to monitor the quality of service provided. We were shown examples of this where weekly health and safety checks took place within each scheme. The results of which were held at the scheme, but the registered manager visited and monitored these on a weekly basis. Records of this showed audit of aspects of the service provided to people, including safety checks, attention to individual

Is the service well-led?

health and care needs, and staff support. Staff told us that members of the management team checked on the practical services being provided to people from time to time, and that they did not know of these visits in advance. A range of checks and audits were completed that included health and safety, people's finances and medicines. This helped assure us of good management of the service in support of delivering high quality care.

We contacted the local authority who provided the contract monitoring for some of the people placed at the locations. They were satisfied that people were being provided with a good service since the current registered manager had taken over. They had no concerns about the contractual arrangements.