

Lansdowne Road Limited

Charnwood 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

About the service

Charnwood Lodge is a residential care home providing personal care for up to 17 adults and young adults with a learning disability, autism and/or mental health needs. There were 13 people using the service at the time of our inspection.

Charnwood Lodge is a large, older building spread over three floors. There is no lift which means it may not be accessible for some people. Each bedroom had ensuite facilities and some had a kitchenette.

The home was registered with the CQC prior to the CQC's publication of 'Registering the Right Support' guidance for homes for people with learning disabilities and autism. This recommends that homes should cater for a maximum of six people. The provider had tried to reduce the need for people to use large communal areas by providing cooking facilities and eating and sitting areas in each person's 'flat' or bedroom so they did not have to engage with a larger group of people if they did not wish to.

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

The care and support people received at Charnwood Lodge was safe. Staff knew how to protect people from avoidable harm and abuse. The service had robust protocols for managing incidents and took steps to mitigate and minimise the reoccurrence of risk.

We have made a recommendation about end of life care planning.

Medicines management practices were safe. The provider had made improvements to the service which minimised the risk of contracting and spreading an infection.

Staff were trained and skilled in meeting the needs of people who used the service. They had good support, knowledge and experience of meeting people's complex behavioural needs. They collaborated well with health professionals to ensure the support people received was consistent.

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.

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. Where relevant, people's support

focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff were kind and supported people in a compassionate manner. They treated people with utmost dignity and respect. They involved and supported people to express their wishes about the care.

The support people received was tailored to their individual needs. Staff had a good knowledge of people's history and preference and used these to plan and deliver effective care which improved people's outcomes.

The service had improved since our last inspection. We saw improved outcomes for people who lived at Charnwood Lodge during our previous inspection. The provider had employed an experienced registered manager who supported staff well and maintained good oversight of the service.

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 Requires Improvement (published 01 November 2018).

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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Charnwood 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 was carried out by one inspector, a mental health nurse specialist advisor and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Charnwood 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

The inspection was unannounced.

What we did before the inspection

We sought feedback from a local authority commissioner. We reviewed information we had received about the service since our previous inspection. 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.

During the inspection

We spent time observing the care people received. This was so we could understand the experiences of care provided for people who could not speak to us. We had brief conversations with four people who used the service. We spoke with the registered manager, four care staff and the cook.

We reviewed a range of records. This included three people's care records, medication records and behaviour management records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service including minutes of meetings, audits, policies and procedures were reviewed.

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 Requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe when they received care and support from Charnwood Lodge. Staff knew how to identify and report any concerns about people's safety and wellbeing.
- The service had protocols in place to keep people safe from abuse and avoidable harm. Staff were knowledgeable about people and what would constitute harm to them. They knew how to apply their knowledge to safeguard people and report concerns to relevant personnel and authorities.

Preventing and controlling infection

- People were protected from the risk of infection. The service had procedures in place to minimise the risks of an infection spreading. This included use of protective equipment for relevant tasks. There were signs in the home reminding people of the importance of handwashing etc.
- The home was clean. The registered manager told us they had plans in place to make improvements to communal areas of the home where required.
- Following our previous inspection, the service made improvements to how people's laundry was managed. This supported practice to reduce the risk of infections and cross contamination.

Using medicines safely

- Medicines management protocols were safe. Medicines were stored safely, and there was a robust stock management practice in place. This ensured people's medicines were always available to them when needed.
- People received their medicines as prescribed by their doctor. Where medicines were prescribed 'as required', there were protocols in place to guide and support staff to make the necessary judgement and to administer medicines correctly.
- Senior staff completed regular audits of the support people received with their medicines. This supported them to ensure that the support people received was safe.

Assessing risk, safety monitoring and management

- People's records included assessments of risks associated with their care. Risks assessments included information and guidance to staff which enabled them to provide safe care that met people's needs.
- Protocols for risks management promoted people's rights and where possible sought staff to minimise the use of restraint and reduce risk of restriction of people's freedom.
- Risks assessments were completed in collaboration with other professionals involved in people's care. For example, staff worked with speech and language therapist to develop a plan of care which minimised a person's risk of choking.

Staffing and recruitment

- The service employed and deployed sufficient numbers of staff to meet people's needs. Staffing levels were determined based on each person's assessed needs.
- The registered manager maintained a pool of regular temporary staff. This meant that staff absences were covered by staff who knew people well and the support they required to stay safe and well. The service was in the process of recruiting more permanent staff. They had introduced initiatives to support improved recruitment and retention.
- The provider had safe protocols for recruiting staff. They completed relevant checks to ensure they employed staff who were suited to work with people who use health and social care services.

Learning lessons when things go wrong

- Staff maintained comprehensive records of incident that occurred at the home. Records showed incidents were managed in accordance to the provider's policy.
- Incidents records were analysed and shared with the staff team to support them manage future incidents effectively.
- We saw evidence that incidents were used as a learning tool to understand people's needs and tailor the support they received to their needs. For example, incidents analysis showed a person responded better to fewer staff being around. We saw staff practice was changed to implement this and this improved the person's outcomes.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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 were assessed before they came to live at Charnwood. This supported the registered manager to ensure the service could meet people's needs at the home. Assessments were holistic and sought to improve people's wellbeing and outcomes.
- People's assessments were dynamic. The service had protocols in place to continue to assess people's needs while they lived at Charnwood Lodge. They used the information gained from this to make improvements to the care and support people received.
- People's assessment considered any characteristics as described by the Equality Act. This meant staff applied non-discriminatory practices to ensure people had equal access to a good quality of care irrespective of their age, disability, race or religion.

Staff support: induction, training, skills and experience

- People received support from skilled and experienced staff. Staff had access to a variety of training which supported them to meet people's complex needs and deliver effective care. A member of care staff said, "There is a lot of training, there's the online training and more of the face to face stuff."
- Staff were skilled to manage and support complex behavioural needs. The service had protocols in place to ensure that all staff who provide support to relevant people were skilled in deescalation techniques and used the same safe method to support people where required.
- People and staff received regular support from professionals such as psychologist and behaviour therapist to support good practice in managing behavioural needs.
- Staff were skilled in the safe use of restraint. Restraint was consistently used as a last resort to keep people safe. Any incidents were clearly documented and reported. Records showed staff involved, techniques used and duration of usage.
- Staff practice supported improved outcomes for people. For example, one person's records showed that the length of restraint had significantly reduced and less numbers of staff were involved in deescalating their behaviour. The registered manager told us the person was more settled.
- Staff had access to regular support and supervision. The registered manager and senior staff provided guidance to the staff team and supported them to be competent in their role.
- Staff were trained to support people in emergency situations. This included first aid and basic life support.

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.

- People were not illegally restricted of their liberty. The registered manager had applied and received required authorisations where required.
- Relevant conditions to ensure people's safety was met. We observed that some people required constant supervision from one or more staff. We saw staff used this to engage people in meaning activities and ensure their safety. They did this in a consistent manner.
- Staff had good knowledge of the MCA and its requirements. They sought people's consent before they provided care and supported. They assessed people's ability to make specific decisions about their care. They supported them to make decisions as independently as possible.

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

- People's nutritional needs were met. They had access to a variety of meals, drinks and snacks. One person told us, "I like my meals and the staff help me with things."
- We observed lunch time on the day of our visit. We saw that people appeared to enjoy their meals. Staff were readily available to provide any support people required to eat and drink.

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

- People were supported to maintain their health and wellbeing. Staff supported people with health monitoring and promptly referred them to health professionals when required.
- There was a multi-disciplinary approach to meeting people's health needs. Records and our observations showed staff followed professional's recommendation to meet people's needs. This ensured the support people received was consistent. For example, one person was supported to maintain a healthy weight. Staff provided support with their nutrition and worked collaboratively with their GP and other health professionals to support them with their health.

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

- The premises were spacious and met people's needs. People had access to private and communal spaces that suited them. The service had plans in place to make further improvements to the building.

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 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 compassionate staff. Staff demonstrated a shared commitment to supporting people to achieve positive outcomes.
- The service had undergone a period of change and was now establishing a stable staff team. Staff had developed a versed knowledge of people. They knew and respected people's preferences and history and supported them accordingly.
- People were treated like they mattered. We observed the registered manager and staff team spoke respectfully to people. They took them to listen to people and tailored communication where required to ensure people could express their choice and wishes about their care.

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

- People's care records showed staff supported daily to be involved in decisions about their care.
- Each person's records stated the level of support they may require to communicate their views and wishes. Staff supported them as stated in their records.
- Where required, people had access to an advocate to support them with decision making. Advocates are independent persons who support people to express the views and rights. One person told us, "I have an advocate who talks on my behalf." The registered manager told us an advocate was supporting person to make an important decision about their future.

Respecting and promoting people's privacy, dignity and independence

- Staff practice in the home promoted people's right to privacy. The registered manager told us how they supported people and staff to promote practices that support people's right. Throughout our visit, we observed staff practice demonstrated a commitment to protecting people's privacy.
- People were treated with utmost dignity and respect. Staff addressed them respectfully, offered choices and respected their choices.
- People were encouraged and supported people to be as independent as possible. They were supported maintain any independent living skills they may have.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- At the time of our inspection, the service did not support any one who required end of life care and support. People's records did not show care planning was completed around their needs in the event of their passing. The registered manager told us they planned to begin end of life care planning with people.

We recommend the provider consider creative ways to support people and their relatives to express their wishes and ensure this is recorded alongside support available from the provider to enable people receive comfortable and dignified care in the event of their passing.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was tailored to their individual needs. Their care plan included information on their preferences and history. People's records and our observations showed care was provided in a manner that met their needs.
- People's bedrooms were personalised with their belongings which showcased their individual interest.
- Staff had good knowledge of each person and knew how to support them holistically. Staff we spoke with also spoke confidently of how they supported people to meet their individual 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. They had access to a variety of activities within the home and in the wider community. We observed staff support a person with an activity. They did this in a thoughtful manner, paying good attention the person and their needs during the activity.
- The service provided vehicles to enable people access the community. If required, they made additional resources available to support people follow their interest and be part of their local community. One person told us, "I go to the Salvation Army sometimes and sometimes I like to walk."
- During our visit, staff had organised a Halloween party for people. We observed that they participated with enjoyment and merriment.

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 ensured information was available in formats people could understand. Relevant information such as keeping safe were available and displayed around the home. They were available in large print and easy read version.
- The service had policies and protocols in place which to provide any further support for accessible information if required.

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns they may have about their care. One person told us, "I would talk to (named staff) and (named staff) if I was worried." They had positive relationships with the registered manager and staff team and were confident any concerns raised would be dealt with satisfactorily.
- Since our previous inspection, the service had received one complaint which was being dealt with by the executives of the organisation.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a transparent and enabling culture which sought to improve outcomes for people who used the service.
- We observed a positive remarkable difference in one person since our previous inspection. We saw they had progressed from being non-communicative and isolated in their bedroom to a happy individual who was very engaging with staff and other people who lived at the home.
- The registered manager was available to staff and people who used the service. One person told us, "I am happy here. [Registered manager] is the boss and she is a good boss."
- Staff felt valued and supported in their role. They had access to regular supervision and appraisals.

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

- The registered manager demonstrated a good knowledge of their role including their regulatory responsibilities. They told us they received a good level of support from their managers which supported them to run the service effectively.
- There were clear tiers of accountability and support within the service. Staff were all clear about the expectations of their role and were supported at all levels to fulfil them.

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

- The service had protocols and policies in place to promote an inclusive approach to care provision, considering people's requirements with respect to their culture, religion, disability etc. in their needs and preferences. This included maintaining links with the wider community to ensure the support people received was diverse.
- People were involved in service planning and making decisions about their home. For example, one person told us they were involved in interviewing applicants for staff roles with the service.
- The provider supported people through 'Your Voice' meetings to regularly gather their views and experience of various aspects of their care. This supported them to make improvements where required.

Continuous learning and improving care

- The registered manager had implemented several checks to maintain oversight of the service. This included daily meetings with senior staff, audits and out of hours monitoring visits. They used these to

encourage staff and people to speak up about any concerns or poor practice. They used these to identify areas where further improvements were required and took action to address them.

- Staff told us the service had improved. They felt more supported which enabled them care better for people. A care staff said, "There are now more staff that want to stay that want to make the effort with our service users."
- We reviewed records of quality visit from a local authority who pay for the care of some of the people that used the service. Their feedback was very positive about the improvements made at the service and the registered manager.

Working in partnership with others

- The service worked collaboratively with other professionals such as social workers and health professionals to ensure the care people received consistently met their needs. People were supported through effective and consistent care to improve their outcomes.

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

- During our conversations with the registered manager, they demonstrated a good understanding of their responsibility to act on the duty of candour and we saw evidence from records and feedback where they had applied this. They were transparent and spoke openly of any challenges they had encountered and the actions the service had taken to overcome these.