

Mr Donald Smith

Preceptory Lodge

Inspection report

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Date of inspection visit: 15 December 2015

Date of publication: 22/01/2016

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

The inspection took place on the 15 December 2015. The inspection was unannounced. At the last inspection of the service which took place on 17 December 2013 the provider was compliant with all of the regulations assessed.

Preceptory Lodge provides personal care and accommodation for up to eight people with Autism, in a domestic environment. The home is situated in the private grounds of Preceptory Farm, between Selby and Doncaster. There were four people living at the service on the day of our visit.

Preceptory Lodge has a registered manager. 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 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Preceptory Lodge. All staff received training in safeguarding adults from abuse and they were clear of the process and policies to follow should an allegation be made.

Summary of findings

People were supported to take risks and where any restrictions were in place to support people's safety these had been appropriately documented and agreed. We saw that checks were carried out on the premises to make sure that they were safe and that equipment was well maintained.

People spoke highly of the staff and said that generally there was sufficient staff to care for people. Rotas were allocated in a way that supported people to access community activities. Recruitment checks were completed before staff commenced work so that only suitable people were employed.

People received their medication as prescribed and we saw that medication reviews were undertaken to ensure that people were receiving the medication they required. Medication was safely stored, administered and disposed of.

Preceptory Lodge was clean and there were policies and procedures in place which helped to ensure high standards of cleanliness and infection control were maintained.

Staff received induction and training to support them in their roles. They had access to a range of training and confirmed that this supported them in carrying out their roles effectively.

Staff received some formal supervision and all confirmed that they received good support. The registered manager confirmed that all staff would be given an appraisal to review their practice and discuss how they were performing.

All of the people living at Preceptory Lodge were able to make decisions and choices. Where any restrictions had been made these had been formally documented and the relevant professionals had been involved. Staff understood The Mental Capacity Act 2005 and were aware of the importance of using this legislation should any decisions need to be made.

Staff had a clear understanding of how to support people with challenging behaviour and they had received training in ways to support people.

People told us they received a varied diet and enjoyed the food on offer. They were involved in choosing what was on the menu and helped with the shopping and preparation of meals.

People's health needs were kept under review and professional advice was sought where necessary. Staff knew and understood the people they supported which meant that any changes in health were quickly identified and responded to.

The premises were safe and suitable for those living there. The registered manager was seeking advice from an occupational therapist to ensure that the newly registered property was wheelchair accessible.

People living at Preceptory Lodge were well cared for and were happy. There was a positive warm and friendly relationship between those living and working at the service.

People were involved in discussions regarding their care and treatment and signed their agreement to their care records. Equality and Diversity issues were considered and supported.

People had access to a range of information which was available in accessible formats. They had access to external advocacy support where this was required.

Records were stored securely and staff were aware of the importance of maintaining confidentiality.

Privacy and dignity was maintained and people living at Preceptory Lodge were respected. The service responded to people's changing needs and we saw detailed care records which recorded how people's care should be delivered.

People were involved in discussions regarding their care and signed their agreement to their care records.

People attended a range of social opportunities and went on holiday. They spoke positively of the range of opportunities they were given which supported them in leading varied and fulfilling lives.

Contact with families and friends was supported and relatives were able to visit the service. Staff supported people in maintaining this contact as they understood the importance of maintaining these key relationships.

People were supported to make choices and decisions and to feedback any concerns. There were appropriate complaints procedures in place should people need to raise any issues.

Summary of findings

People spoke highly of the registered manager and staff and we saw that meetings were held. Relatives and other professionals were invited to feedback their views of the service and we saw that there were a range of

management systems in place to monitor and review the quality of the service provided. There were clear records, policies and procedures which were regularly reviewed and supported the management of the service.

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.

People told us that they felt safe and well supported at Preceptory Lodge. They were supported to take risks so that they could lead varied and fulfilling lives.

Recruitment procedures were robust and there were sufficient staff on duty to care for people.

Medication systems were appropriately managed and people received their medication as prescribed.

The home was clean and smelt pleasant.

Good



Is the service effective?

The service was effective.

Staff received induction, training and supervision which supported them in their roles.

The registered provider understood the requirements of the Deprivation of Liberty Safeguards (DoLS) and people were able to share their views and consent to any care or treatment.

People received a varied diet and were involved in choices regarding their meals.

They received appropriate health support which included input from relevant professionals where this was required.

Good



Is the service caring?

The service was caring.

People told us they received care which met their needs. This was echoed by relatives who we spoke with. There were warm caring relationships between those living and working at the home.

Privacy and dignity was consistently maintained and staff were respectful when providing care and support to people.

Good



Is the service responsive?

The service was responsive.

We saw people were involved in planning their care and care records were detailed and person centred. People were supported to lead their lives in the way they wished.

People had access to a range of social and leisure activities which were based on individual choices.

People's views and opinions were sought and their ideas and suggestions were responded to.

People did not have any complaints but consistently told us they could talk to staff if they did.

Good



Is the service well-led?

The service was well led.

People living at Preceptory Lodge and their relatives spoke highly of the registered manager and staff.

Good



Summary of findings

The registered manager promoted strong values and a person centred culture which was supported by a committed staff team.

Records were detailed and reflected how people's needs should be met. Quality monitoring records were in place so that all aspects of service delivery were monitored.

Preceptory 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 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 carried out on the 15 December 2015. The inspection was unannounced. The inspection was carried out by one Adult Social Care inspector.

Prior to our inspection we gathered and reviewed information which included notifications and other

information we hold. Before the inspection, the provider completed 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.

During our inspection we talked with all four people using the service, two relatives, we interviewed three staff and spoke with the registered manager and team leader.

We looked at records which included two people's care and medication records, policies and procedures, quality monitoring records, meeting minutes, surveys and compliments and complaints records.

Is the service safe?

Our findings

All of the people living at Preceptory Lodge told us that they felt safe. Comments included “I feel safe, yes I do. If anything worries me I can talk to the staff.” “I feel much safer here; it’s much better than where I lived previously” and “I feel safe – yes.”

The relatives we spoke with also confirmed that people were safe and well supported at Preceptory Lodge. One relative said “People feel secure.”

All staff had recently received an annual update in safeguarding adults from abuse. One staff member told us “Safeguarding was included as part of the Care Certificate.” Staff were clear of the different types of abuse and who to report to. They were clear about the procedure to follow and had read the policies and procedures which were in place to support them.

Staff told us that people were encouraged and supported to do the things they wanted to do. They told us that risk assessments were completed so that people could be encouraged to live a varied lifestyle. One member of staff said “People can do what they want to.” However there were some restrictions in place which had been agreed for people’s safety. For example, staff supporting people to go out or supporting people with road safety. This had been agreed by the person being supported and other relevant professionals where necessary. One person said “I do not go out on my own as I need support. I have agreed to this.”

We looked at checks which had been carried out on the premises. These included emergency lighting checks, portable appliance checks, fire safety checks, water temperature checks and the electrical wiring certificate. These checks helped to ensure that the premises were safe and that equipment was well maintained. The service had access to a maintenance team should any work be required.

The provider told us within their return “To keep service users safe within the environment we have an electric gate at the entrance, security cameras, outside lighting, a signing in and out book, and a lone worker device which alerts an on call centre if required.”

The home had emergency plans in place; examples included fire evacuation and utilities failure. There was a manager on call to support staff in the event of an

emergency and the lone working device; which was a call alarm which rang through to a central office and summoned additional support from staff where required. We saw risk assessments for the environment which included personal emergency evacuation plans (PEEPs); these are documents which advise of the support people need in the event of an evacuation taking place.

We looked at staff rotas and discussed staffing levels. There were two staff on duty throughout the day and one member of staff sleeping over at night. The registered manager told us that they were in the process of recruiting additional staff for the extension which had been built. One relative said that on occasions they wondered if there was sufficient staff on duty on a weekend but that generally staffing numbers were satisfactory. People living at the home and staff told us that staffing levels were sufficient and rotas reflected consistent staffing levels throughout the week.

We looked at four staff recruitment files. We saw that application forms were completed, interviews held and that two employment references and Disclosure and Barring Service (DBS) first checks had been obtained before people started to work at the service. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. This information helped to ensure that only people considered suitable to work with vulnerable people had been employed. The provider told us within their return that they were involving people living at the home in interviews so that they had a say regarding who was employed.

We looked at the medication administration records for two of the four people. We saw that medication had been administered and recorded appropriately. Each person had an individual locker where their medication was stored. All staff received training in the safe administration of medicines. Medication was audited on a daily basis to check that it was correct. Competency checks were carried out on staff to check that they were giving medication safely.

There were no controlled drugs held at Preceptory Lodge. Controlled drugs (CD’s) are medicines which are controlled under the Misuse of Drugs legislation. Medication was stored and disposed of appropriately. The registered provider told us “Medication reviews are undertaken on a regular basis.” This helped to ensure that people were taking the medication they required.

Is the service safe?

We saw that information regarding people's medicines was recorded in their care plan. We saw that as and when required medication had detailed instructions which included how medication should be given, any side effects and the short and long term goals of this medication being prescribed. Relatives described how the registered manager had supported people to be reviewed so that they were taking the right medication. One person said "I have tablets, the staff look after them."

We found that the service was clean and smelt pleasant. People living within the home helped to clean their rooms with support from staff. Staff reported adequate supplies of personal protective equipment (PPE). There were policies and procedures in place to support good standards of hygiene and infection control and an information file to provide staff with information and knowledge in this area. All communal areas were clean.

Is the service effective?

Our findings

People told us that the service was effective in meeting their needs. They told us that staff knew how to care for them and provided the right level of encouragement and support.

We looked at records and spoke with the staff on duty about the induction, training, supervision and appraisal they received.

All new staff were enrolled on the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily work. The provider told us within their return that “Each staff member has a robust induction using the Care Certificate 2015 and has access to the company full training programme which ensures that staff have the correct knowledge, understanding and skills to be able to support each service user living at Preceptory Lodge.” We spoke with a member of staff who had completed the Care Certificate. They told us that their induction was thorough and included two weeks where they shadowed other staff and where they themselves were observed to ensure that they were competent.

We looked at the training matrix and individual training certificates. We saw that people received training in first aid, person centred support, health and safety, fire safety and infection control. Client specific training was also provided and topics had included autism, epilepsy, dementia, Asperger’s and mental health. Staff also accessed National Vocational Qualifications (NVQ’s) in care. A relative said “The manager shares her expertise with staff and we see staff grow and develop.”

Although supervision was provided to staff it was not regular and not all staff had received an appraisal. The registered manager told us that as it was such a small service they spoke with staff on an almost daily basis and managed issues more informally. A member of staff said; “The manager has an open door policy, she is very accessible.” The registered manager told us that appraisals would be provided for all staff. Appraisals enable managers to review practice and any performance issues as well as identifying any training needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general, and (where relevant) the specific requirements of the DoLS. They had submitted the appropriate applications where people had their liberty, rights and choices restricted. Although there were no DoLS in place two people had best interest decisions in place regarding the support they required when going out.

People had mental capacity assessments in place and we saw that where any restrictions were in place people had signed their consent to this.

There was clear information regarding how people should be supported if they had behaviour which challenged others. For example; we saw in one person’s care file that they were encouraged to display safe and managed venting, which was a process of supporting them to express their views and feelings. This had led to a reduction in physical and verbal aggression. Another person had been incident free for a number of months as staff knew and understood how to support them. This had enabled them to lead a more fulfilled and experiential lifestyle as when they first moved into the service they had found it difficult to access the community.

All staff had received training in Non-Violent Crisis Intervention (NVCI). This focused on prevention and offered strategies for safely diffusing anxious, hostile or aggressive behaviour at the earliest opportunity.

People spoke positively of the food. They discussed what they wanted for their main meal and then went out to buy ingredients. People were encouraged and supported to participate where possible in the preparation and cooking of their meals. Comments included “We have nice food here. We help choose what is on the menu.” “I can choose

Is the service effective?

what food and drink I would like” and “I get nice food.” We observed one individual being supported to prepare their own lunch and it was clear that they were enjoying this task.

People had nutritional and hydration care plans in place which recorded any specific issues. For example diabetes and how this should be supported through diet. One person’s care plan recorded the need to follow a healthy diet for example low glycaemic. Low glycaemic foods are broken down more slowly and cause a gradual rise in blood sugars over time.

People told us that they could see health care professionals as needed. We saw from people’s notes that regular physical health checks took place. People had detailed information regarding their past and current medical needs recorded within their care file. One person said; “We see doctors and dentists. Sometimes if I feel down I will see my GP.”

We saw from records that staff responded promptly to any decline in people’s mental health needs. Although we saw crisis and emergency plans in place, people’s mental health was monitored and supported effectively. This resulted in a decline of admissions to hospital.

Comments included “If I need to see a doctor they (the staff) book me an appointment.” We saw from care records that a record of GP, Diabetes nurse, dental and optician appointments was recorded. Regular appointments were held so that people’s health could be appropriately monitored.

People had ‘My health’ action plans in place. These are documents which record important information regarding people’s health. They can be taken to health appointments, hospital admissions or any other meeting where health information is important.

The premises were suitable for the people living there. They comprised of two four bedded houses one which was ground floor only (the new build) and the other which was over two floors. The registered manager was considering accessibility to the kitchen in the new property to ensure that it was fully wheelchair accessible. They told us that they were waiting for input from the occupational therapist in relation to this matter. A relative said “Lovely setting and grounds.” The registered manager also agreed to look at the safety of the septic tank area outside to ensure that it was not accessible to people living at the service.

Is the service caring?

Our findings

People told us they were well cared for and happy living at Preceptory Lodge. Comments included “I like living here very much” “I talk to staff about what is important to me” “It’s a good place to live; nothing could be better” and “I am well looked after here.”

Relatives we spoke with confirmed that the service provided good care stating they were “Very happy” with the care provision. They told us that people at the home seemed very content and said “The service provides good care.” Relatives told us that they had seen their relatives improve with the care and support which was given to them at Preceptory Lodge. They gave examples of people’s social skills improving and challenging behaviour decreasing with one relative stating; “[My relative] is far happier and more content with their life now. They have developed their social skills and are able to make choices about what they want. It’s a home from home – a brilliant placement.”

We observed staff speaking with people in a warm and friendly manner throughout our visit. They focused on what people could do and encouraged people. It was evident that warm and friendly relationships had developed between those living and working at the service.

We saw entries in care records which stated “Staff must show that they care”, “Congratulate on jobs well done” and “Speak in a kind and gentle manner encouraging independence.” We observed this practice throughout our visit and a relative confirmed that staff were “Very caring and had patience and tenacity.” One relative said “They have just got it.”

All staff had received training in Equality and Diversity and we saw this was included throughout people’s care plans. For example “Respect cultural values” “Look at the person not the disability.” Staff confirmed in their discussions with us that they had received this training as part of their induction and they were able to tell us how people’s diverse needs were respected.

People were involved in discussions and decisions regarding their care and treatment. Information was provided in accessible formats to enable people to be as involved as possible in making decisions. For example

people had communication diaries and ‘My personal care plan’ which was an easy read summary in a pictorial format of the main points from the care plan. This helped to ensure that people had as much access as possible to information and could be involved in decisions and choices regarding their care.

We saw that there was an information board for people where relevant information was displayed. We saw that lots of this information was in accessible easy read formats.

We saw that information about local advocacy services was displayed on the notice board. An advocate is someone who can help people to access information and services, be involved in decisions, explore choices and options, promote rights and speak about issues that matter to them. We saw that one person had been referred to an advocate so that they could access some additional support.

We saw that records were held in a locked office so that information remained confidential and accessible only to those who needed it. Staff were aware of the importance of confidentiality and meetings with people at the home were held on a one to one basis so that any discussions were held in private.

Privacy and dignity was included throughout care records and within staff practice. We saw entries that included “Treat me with respect. I am a unique and valuable individual. Ensure I feel respected and valued. Staff must be flexible and tolerant. Respect my privacy.” And “Speak in a kind and gentle manner encouraging my independence.” All of the people we spoke with told us that they were treated with dignity. One person gave an example saying; “I am spoken to politely and treated with respect.” We were told that a dignity audit had recently taken place. This focused on working practices and looked at how dignity was maintained at the service. The registered provider told us within their return that there were three dignity champions working within Preceptory Lodge who promote the guidelines set out by the Department of Health.

Two people had end of life care plans in place to record their wishes. These were detailed and it was evident that people had been involved in discussions regarding what mattered to them.

Is the service responsive?

Our findings

People received a service which responded to their changing needs and this was reiterated by staff and relatives who we spoke with. We were given an example where staff were concerned about a change in a person's health. It was evident that they had taken immediate action to gain appropriate professional support so that this could be addressed.

Each person had detailed care records in place, which included person centred plans, action plans, risk assessments, health action plans, communication dictionary's, mental capacity assessments, likes and dislikes and a photo diary which could be accessed by people. Care plans were well written and person centred which meant that they reflected the views and wishes of the person being supported. We saw that people had been involved in discussions regarding their care and had signed their agreement to their records.

One person wrote their own daily notes. They were very proud of this as this made them feel valued and respected. Others were involved in helping staff draw up easy read versions of their care plans.

Relatives (where appropriate) were also involved in discussions regarding people's care. One relative said "They (the staff) asked me about my relative's history and communication. They worked with us."

People told us they attended a variety of social activities within the community. Comments from people included "I enjoy going shopping to Selby." "I go to the Library and out shopping. I enjoy going for walks" and "I go to the pictures, out for lunch and shopping." We saw entries in people's files of activities they had been involved in. This included trips to Goole, Selby and York and a trip to the Yorkshire Wildlife Park. It was clear from people's care records and

from meeting minutes that people were able to make suggestions regarding things they would like to do. For example joining a gym or starting a Pilate's class. Some people had been horse riding which they had clearly enjoyed. Staffing was allocated so that people could participate in the things which they wanted.

People also went on holidays and they told us that these had been enjoyed. They helped to plan where they wanted to go.

People were also supported to maintain contact with their relatives. This included trips home or email or telephone contact. One person said "I contact my family by email. I have my tablet (computer) and I have the internet." Relatives told us they were able to visit the home and that staff supported people to visit their families at home.

We saw that people were able to make choices regarding all aspects of their lives and that these were responded to. One person had recently shown an interest in attending a gym. Staff were creative in finding ways to ensure that risks were minimised whilst supporting people to live a varied and valued lifestyle.

We saw that the complaints procedure was displayed on the noticeboard and was included in the service user's guide for the home. One complaint had been received and this had been appropriately resolved. None of the people we spoke with had any complaints regarding the service and all confirmed that they could raise any issues with staff. Comments included "I have no complaints at all. I would talk to the manager if I had any problems."

People and the relatives we spoke with all said that they could raise any issues with either the registered manager or staff but had no complaints. They told us that issues were addressed immediately and to their satisfaction. One person said "I have never needed to make a complaint. I could speak to the manager or staff if I had any concerns."

Is the service well-led?

Our findings

Preceptory Lodge had a registered manager who had been at the service for 13 years. People spoke highly of the registered manager. Comments included “I get on well with the manager.” “Nothing could be better.” “I could talk to the manager or any member of staff if I had any concerns” and “I get asked for my views and opinions”

We spoke with relatives who reiterated this. One relative said “I find the manager very supportive. I could go to her with anything.” Another said “It’s a first class service; both the owner and manager are very hands on. There are clear expectations and people feel secure.” They then went on to say “It is first class; the home has a marvellous manager who is very strong and very sensitive.”

Meetings took place between each person and their key worker each month. These meetings were used to discuss any changes in the care plans which were required and to review the care that people were receiving. In addition, we saw that regular group meetings were also held with people living at Preceptory Lodge. Meeting agendas included what is new, what we would like and comments about where we live. We saw that any suggestions for improvement had been actioned, for example, a suggestion for people to be more involved in cooking and an action which stated service users to be more involved in meal planning. We observed this happening during our visit. Other examples of improvements which had been made included a toilet seat being fixed and people choosing activities they wanted to participate in. Copies of the minutes of these meetings were displayed on notice boards. One person said “I am asked for my views and opinions, staff talk about what matters to me.”

The registered manager said told us that they accessed information, advice and support from other professionals they told us that two members of the staffing team had reached the finals of The Care Awards 2015. One award was for upholding dignity the other was for the way in which the staff member conducted themselves as a support worker. Staff were very proud of these awards and the achievements they had made.

We asked the registered manager how they kept up to date with changes in guidance and legislation. They told us a senior manager within the company cascaded information throughout the services and that this was then displayed on the staff noticeboard.

We looked at a stakeholder audit which had been completed in June 2015. Four surveys had been returned all contained positive comments which included “Very happy with the placement” and “The relationship with staff is outstanding. Ideal placement.”

Relatives told us they were asked for their views. Comments included; “The culture and ethos benefits people, it makes people feel secure” and “We are asked for our views.”

The registered manager and team leader said that they ‘led by example’ so that they could act as a role model. They said that this positive approach encouraged staff. One member of staff said “The service is going from strength to strength” and “Staff want to be here, they want to make a difference to respond to the changing needs of people.” Another said “It is a good company to work for. A good work/life balance. People living here live to their full potential and abilities.”

We looked at the minutes of staff meetings. The last staff meeting had been held in January 2015. The registered manager said that issues were dealt with on a day to day basis during handover.

A new audit system had been introduced. This was detailed and looked at all aspects of service delivery. It had a colour coded system to highlight any changes which were required. Although this was a new system it was helping the registered manager look at any improvements which could be made.

We saw overall that records at the service were improved since our previous visit. They were much more detailed and person centred and we saw that this in turn had improved the quality of care which people received.