Lansdowne Road Limited

Charnwood Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 11 September 2018 and was unannounced. At our last inspection visit in June 2017 the service was rated as required improvement, but there were no breaches of the legal requirements.

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.

Charnwood Lodge accommodates a maximum of 17 people in one adapted building. 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 do not wish to.

At the time of our visit, 16 people lived at the service.

The service had been through a challenging period. Issues related to the previous management team had resulted in staff leaving the service. Temporary management had been put in place whilst the provider sought to stabilise the staff group and make improvements.

A new manager had recently started at the service and intended to apply for registration with the CQC. 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.

A person who lived at the home, had behaviours which had become increasingly challenging to staff and to people who lived at Charnwood Lodge. This had left people and staff not feeling or being safe, as staff did not have the skills to support the person. This person had recently moved to a different service and people and staff were beginning to feel safe again.

There were enough staff on duty to keep people safe. There had been a high number of agency staff working at the service, but this was now decreasing and people had started to experience more continuity of care. Staff recruitment procedures reduced the risks of the provider employing people unsuitable to work in care.

People's opportunities to undertake activities outside the home had been curtailed because of staffing issues; and there had been limited activities for people within the home environment. This was beginning to improve with more continuity of staff; and the appointment of a person to support activities within the home which reflected people's interests and wants.

Medicines were managed safely and people were supported to receive healthcare when necessary. The risks related to people's health and well-being was known by the staff group. Records informing of risks were in the process of being updated.

The premises were mostly clean but there were areas of the home which were dirty, and the laundry area did not fully comply with good practice guidance for infection control. The provider acted to put this right on the day of our visit.

Staff had not previously supported people with end of life care, but recently had received in-house training to support them in delivering this care.

The provider and new management team were improving the quality of life for people who lived at the home, and the confidence of staff in supporting people. They were addressing safety issues and improving the management of the service.

Staff understood the policies and procedures for safeguarding people from harm. They had received training to support them in their role, and were feeling more supported in their work by the new management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible

People enjoyed the meals provided. People who could cook independently were supported by staff to do so.

People were supported by a staff group who were caring and kind; and who understood the importance of maintaining people's independence where possible. People's dignity and privacy was respected by staff.

This was the second time the service has been rated as 'requires improvement'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was mostly safe.

After a period of high use of agency staff to cover staffing shortfalls, the service was beginning to move forward in supporting people with staff who people knew and trusted.

People felt safe; and staff understood safeguarding procedures.

People received their medicines as required. Staff knew the risks related to people's care. Records were in the process of being updated to reflect changes.

The premises were mostly clean, and checks on water, fire and electrical systems had been carried out to support safety. Staff recruitment procedures reduced the risks of recruiting unsuitable staff.

Is the service effective?

Requires Improvement

The service was mostly effective.

After a difficult period, people were now being supported by a staff team who had received training, and who were getting support from their management team.

People received meals they enjoyed, and where possible were supported to make their own meals and drinks.

People were supported to have choice and to have as much control of their lives as possible.

Staff supported people in accessing health care when required.

Is the service caring?

Good

The service was caring.

Staff were supportive to people, and demonstrated kindness in their approach.

People's dignity and privacy was respected.

Staff had a good understanding of people's needs.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People had not always had the opportunity to engage in the community, or undertake activities in their home environment which were meaningful to them.

People's accommodation was personalised and reflected their likes and interests.

The new management team were responsive to complaints and concerns raised.

Staff had recently been provided with training to improve their understanding of end of life care.

Is the service well-led?

Requires Improvement

The service had not always been well-led

Soon after our previous inspection, the service experienced many staff departures, followed by the registered manager and deputy. A temporary management team were put in place until new management were recruited.

The provider and new manager were in the process of building a new team and ensuring their systems and processes were being adhered to, to protect the safety of people who lived there.

The provider was open and transparent about the issues related to the service. Staff had confidence in the new manager and their approach to management.

Charnwood 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 took place on 11 September 2018 and was unannounced. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has experience of using this type of service. Our expert-by-experience had a close family member who had a learning disability and behaviours which challenged.

At the time of our inspection visit, 16 people lived at the home.

Before our inspection visit we spoke with a Local Authority commissioner. They informed us there had been some concerns at the service but more recently improvements had been noted. We also looked at information we had received from people who shared their experience; and from notifications of events we had received from the provider.

During our visit we spoke with the manager, deputy manager, peripatetic manager, regional manager, four care staff, the cook, the maintenance worker and two people. We looked at medication records, staff records, quality assurance audits. We observed the care provided to people to gain an insight into people's lived experience in the home.

After our visit we asked the provider to send us further information. This included staff training records, maintenance records, the service's equality and diversity policy, and action plans for the improvement of the home.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection visit in June 2017 we rated this key question as 'requires improvement'. At this visit the service continued to require improvements. This was because people had not always been protected from abuse. There had been incidents where people's behaviour had negatively impacted on other people who used the service. Most of these were related to one person who had lived at Charnwood Lodge. This person had recently moved out of the home to another service more suited to their needs, and people who lived at the home were beginning to feel safe again. One person told us "It's safe (Living here) – it's my home."

During our visit we saw staff support people with behaviours which were challenging. They understood people's needs and how best to minimize people's anxieties which might lead to behavioural challenges.

Since our last visit to the service a significant proportion of staff had left. This meant the provider had to use temporary staff from an agency to ensure there were enough staff working at the home to keep people safe. Some of the temporary staff did not support people for long. This was because of safety concerns related to the person who has since left the service.

More recently there had been an improvement in staff retention. Whilst there was still a higher level of agency staff than the provider would like, staff were now familiar with people and knew how to meet people's needs. Some of the agency staff were in the process of becoming permanent staff at the service.

Staff new to the service could not start work until all appropriate checks had taken place to minimise the risks of the provider recruiting unsuitable staff. This included references from previous employers, or character references; and checks by the disclosure and barring service (criminal record checks). The provider had also requested a profile of the agency staff who worked at the home to ensure they had the skills and training to support people's safety.

Staff we spoke with understood the risks related to people's health and wellbeing. People who lived at Charnwood Lodge were supported by a psychologist who visited the service each week, and worked individually with people who lived there. They used this work to support staff in their knowledge of people and to help them manage people's behaviours. Records detailed risks related to people and the actions staff needed to take to minimize such risks. For example, what triggers might lead to behaviours which challenged, and how to reduce the risk of this happening.

Whilst staff understood the risks related to each person, the written risk assessments had not been recently updated. The provider and new manager were aware of this, and had increased the number of staff on each shift to give designated staff the time to update all care records. Daily records provided more up to date information about people's needs, and daily meetings ensured staff were updated about risks related to people.

People's individual bedrooms and bathrooms were mostly clean, but some of the communal areas and

bathrooms were not. Management informed us that the staff member who usually undertook this role had been absent from work for a couple of months, and agency staff were coming to the home each Friday to support cleaning the home. After our discussion with the provider, they told us they would increase the amount of cleaning support to the home to ensure all areas of the home reached the appropriate standard of cleanliness.

We were concerned that the infection control measures in the laundry room were not robust. The laundry area should have a 'dirty to clean' workflow system so that clean garments did not risk being contaminated by dirty or soiled items. The laundry room was small, and clean laundry had been placed near a 'dirty' area. Laundry baskets were dirty and were cracked. We discussed this with the manager who said they would make sure this was addressed. They later confirmed to us that action had been taken to make sure good infection control measures were maintained.

Checks to ensure water, fire, gas and electrical systems were safe and working had been conducted at regular intervals. Maintenance to the building was undertaken by a person who worked at the home each day. This made sure maintenance was done in a timely way.

People received their medicines as prescribed. A person told us, "Staff look after my meds, in the meds room. I'm glad they (staff) do" (look after medication). Another said, "I take loads of tablets, I don't know what for. I don't know who looks after them but they are looked after."

We spent time with the member of staff administering medicines to people. The staff member was respectful to each person receiving their medicines, and demonstrated good hygiene practice. The medicines room was clean and tidy, and there were good systems to inform staff of when people's medicines needed to be administered to them. We found the date and time of opening liquid medicines and eye drops had not been recorded, but when we looked at the medication audit completed the previous day, we saw this had been identified as an action for correction.

Requires Improvement

Is the service effective?

Our findings

The service had been through a period where people received care from staff who were unfamiliar with their care needs, and had not always received the training they needed to support the complex needs of people who lived at the home. This had started to improve as people were beginning to be supported with a consistent staff group who had received training, and had the skills, knowledge and experience to work with people's complexities.

Staff told us they had received training and support to meet people's needs. New staff confirmed to us they had an induction to the service when they first started work at the home, and this helped them understand the provider's policies. It also gave them an opportunity to get to know people well with the support of other staff, before they were considered competent to work with people on their own. Staff new to care also confirmed they had undertaken the Care Certificate. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care.

The provider's training documentation informed us that approximately three quarters of staff had undertaken each of the training modules expected of staff to support people's health, safety and wellbeing.

People's needs had been assessed in accordance with the guidance available at the time of assessment to ensure their needs could be met. Many people had lived at the home for a long time, and before the CQC 'registering the right support' guidance had been issued. This CQC guidance recommends that people with learning disabilities and autism live in smaller units with a maximum of six people, as this is the best way personalised care can be provided. Charnwood Lodge provided care and support for a maximum of 17 people.

The provider had tried to improve the outcomes for people. Where possible, people's bedrooms had been converted to bedsit style apartments with en-suite facilities, cooking facilities and lounge style furniture. This meant people who did not like communicating with others, or who preferred less noise and distraction, did not have to use communal facilities. During our visit we saw there were some people who spent most of their time in their 'flats'; and saw people decide to eat in their own 'flats' as opposed to communally.

People either were supported to independently make their own meals, or were provided with a choice of meals from the kitchen. The cook told us they had undertaken a course on dysphagia (swallowing difficulties) and this helped them understand more about why some people required a soft food diet. They told us two people who lived at the home required their food mashed up to help them with swallowing.

The dining room had a large table which sat 10 people. At lunchtime we saw three people and two staff sat at the table. One person was supported to eat by a member of staff. After each mouthful the person said, "no more." Staff stroked their hands to reassure them and asked if they would try to eat a little more. Whilst the person did not eat the whole meal they were encouraged to eat as much as possible. This was done kindly, gently whilst preserving dignity and their choice as well as ensuring good nutrition. The person told

us this was their favourite lunch (jacket potato and cheese). Another person told us, "The food is excellent, first class. I've never had a bad meal here yet. The food is fantastic. I don't eat meat or fish because I love animals."

We saw where people were safe to do so, they could make drinks for themselves. Staff were also seen regularly checking whether other people wanted drinks.

The provider had a policy on Diversity and Inclusion, issued in November 2017. This informed that the provider was committed to upholding a culture of equality and diversity throughout its services. We saw that the diverse needs of people who lived at the home were respected; and diversity was reflected in the workforce.

Staff told us they had been provided with informal supervision from the management team. The manager told us they had started a more formal process of supervision with people but this was in its infancy. They were looking at team leaders taking the lead in a more structured approach to supervision which would support staff in looking at their training needs and future goals, as well as looking at how staff were meeting their current objectives.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We found seven DoLS applications had been authorised at the time of our visit. And work had been undertaken with people to determine what actions they were able to meet themselves; and what support they might need in their best interest.

A district nurse told us they were satisfied that staff had acted on the instructions left by their team to support the care of the person they had come to see. People had health action plans (this tells people what they need to do to stay healthy, and the services and support required to help them with this). These were in the process of being updated. The provider hoped they would all be updated by October 2018.

Staff told us that a domiciliary optician visited the home but that some people visited opticians within the community. Dentistry was accessed via the local hospital and details of oral hygiene were in care plans. Approximately three people were prescribed toothpaste and tooth brushes. People were supported to clean their teeth, and where necessary staff used hand over hand support to help people with brushing.

Good

Is the service caring?

Our findings

At our previous visit this key question was rated as 'good'. Whilst people had been through a challenging time where their care was not 'good', we found sufficient improvements at the time of our inspection visit to continue to rate it as 'good'.

During our visit we saw staff were caring and kind to people. Many people who lived at Charnwood Lodge received 'one to one' care where people had to be in the line of sight of the care worker. This was undertaken in a way which minimised any distress to the person. For example, one person on 'one to one' care began to become agitated. It was decided that a change of person providing the one to one care might support a reduction in the person's agitation.

Staff knew people's care needs. They were aware of people who preferred peace and quiet and their own company; and those who liked the company of others. They supported people with their preferences. Care workers were available to sit and chat to people who wanted to talk.

Where people received 'one to one' care, we saw staff continued to support people to have as much choice and control as was possible. For example, if someone wanted to go outside and it was safe to do so, staff went with them.

Staff we spoke with understood the importance of providing good care to people. They demonstrated patience and were calm in their approach when people became anxious or upset.

They also were seen having fun with people. For example, one member of staff who was supporting a person on a one to one basis was enjoying a joke with the person in their room and there was a good amount of laughter. Another person was seen returning from a shopping trip showing other people and staff their purchase. Staff shared the person's delight in what they had just bought.

We spoke with one person in their room. They were seen having good natured banter with a member of staff who was having to fold their clothes away for the second time. Another, told us about the bath they had just had, and how they enjoyed their hot bath – their key worker who supported them spoke to us about the singing they had done whilst the person had a bath.

The cook was seen enjoying a conversation with people who lived at Charnwood about their recent birthday celebration which involved people who lived in the home. The cook had worked at Charnwood Lodge for a long time and knew people well, including their likes and dislikes. They told us they had recently started supporting people with their cooking skills.

Each person had a communication plan to aid staff in knowing how best to communicate with the person, and to help them understand how the person might communicate in ways other than the spoken word. For example, during our visit staff heard a person's tone change, and wondered whether the person might be communicating they were in pain. One person used an app on their computer for visual aids to support

them with their communication.

Staff work long days at the home. They told us this helped people with continuity of care; and meant that if people wanted to go out for the day, they did not have to rush back for a staff shift change. This meant the time was centred on the needs of the person as opposed to being cut short because of the way the staff rota was managed.

There was also a key worker system for some of the people. These were staff chosen by the people themselves who would take responsibility for checking the person's needs were met and talking with them to find out if they had any worries or concerns that needed addressing.

During our visit we saw people treated with dignity and respect.

Requires Improvement

Is the service responsive?

Our findings

At our previous visit this key question was rated as 'good'. During this visit we found it required improvement.

Since our last visit, the changes in staffing and the lack of continuity of care from staff had meant that people did not have as much opportunity as they should, to be able to make use of facilities outside of the home. This was because it would potentially be unsafe for a member of agency staff to support a person in the community if they were not well known to the person and knew how to support the person's changing behaviours and needs.

When there had been unplanned staff absences which left the shift short of staff, this had an impact, because it meant that those who needed one to one care were prioritised and those who did not, did not always get their needs met outside the home because there was not the additional staff to support them. One person told us, "I like my flat and going to the Salvation Army to sing. (To make it better here) I would like to go out more". A member of staff confirmed people on one to one care, 'get to go out quite often, those who don't have this, don't get quite as much time to get out of the home." The recruitment of new staff, and reduction in staff absences has began to improve the responsiveness of staff.

We did not see many activities taking place within the home. We saw activity plans but they were more aid memoirs for staff to help them discuss potential activities with people rather than rigid plans. Management acknowledged there had not been many outcomes based activities (activities which have a learning goal) at the home but they felt they were moving forward with this. They told us of a recent sports day in the grounds of the home which many people had joined in with and had been successful. They told us they were in the process of trialling different activities to see what people would like. They had also recruited an activity worker who they hoped to start work, as soon as their clearance checks had been returned. This would mean the service had an activity worker at the home seven days a week.

We were informed of an example of the home beginning to respond to people's interests. A person at the home had planned a trip to Derbyshire – this included booking their train tickets and having a pub lunch whilst they were there.

Care plans provided detailed information about people's needs and wants but they were not up to date. One person's needs had changed considerably but their care plan had last been updated in July 2018. Staff were aware of the updated needs. Management had overstaffed the home to give senior staff the time to update the care plans.

We saw that whilst the service had provided information to people for 'safeguarding' in an 'easy read' format, it was displayed high up on the wall making it difficult for people to see, and therefore inaccessible. The fire evacuation plan was not in easy read format. People at the home had been awarded certificates to show they were 'Dignity Champions'. These were displayed in the reception area, but they were displayed at a height making it again difficult to see and for people to celebrate their achievements.

We informed the management team and they said they would remedy these issues. The manager told us the reception area had been recently painted and they hoped to soon have more displays of people's work on the walls.

We saw that each person's room had been personalised to reflect their interests and hobbies. On most of their bedroom or 'flat' doors, an adhesive mural people had chosen had been fixed to the door. For example, we saw murals of unicorns, cars, cowboys, a country scene.

People regularly took part in 'your voice' meetings. During the year, these meetings provided people with an opportunity to say what activities they would like to do, and any changes they would like to their rooms or flats. For example, the notes of the meetings informed us that one person said they would like to go on a holiday with another person who lived at the home. On the day of our visit, these two people were away with staff on the holiday they had requested. Another asked for a new coffee table; we were informed this was bought for them.

The new manager had responded well to concerns raised by two relatives about a previous lack of communication in the home. Arrangements had been made for weekly updates with relatives to provide them with the information they had sought.

Up until earlier this year, staff at the home had not received end of life training. To ensure they could meet people's needs who were moving towards the end of life; a manager from another provider home who was a qualified nurse, provided staff with in-house training and support. They continue to work with, and support staff who work with this area of need.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection visit in July 2017, this key question was rated as 'requires improvement'. This was because management checks related to some areas of service delivery was not as good as they should have been, and when remedial action was required, this was not always taken. We also had concerns about the high turnover of staff, and some staff comments regarding the way the manager behaved.

Since our last inspection, there continued to be concerns about the service's management. Many staff left their employment and there were high levels of absenteeism. In May 2018 the registered manager and deputy manager left the service. Management cover was provided by a manager of another of the provider's services, and a 'peripatetic' manager (a manager who travels to different services when needed). The provider's 'quality improvement leads' also provided their support to the home.

The local authority commissioning team had been involved with the service since March 2018 because of concerns about people's safety, management, and the lack of staff to support people who lived at the home. They had worked with the provider to support the service and improve outcomes the quality of life for people who lived at Charnwood Lodge.

A new manager was recruited and began in July 2018. A new deputy manager started work the week of our inspection visit. New staff had been recruited, and staff who had previously left and who had a good service record, were encouraged to come back to work at the home. The provider and new manager were in the process of changing the culture of the service. One of the management team told us, "It is about staff understanding the reasons why they are here. Staff who are here, want to be here, not because they don't have other options."

Staff told us they were happy with the new management of the service. One member of staff said there had been improvements since the change of management. They felt the new manager was approachable, and would respond appropriately to any questions raised. Another said the manager knew when to get involved and when to "leave you to it and treat you like a professional."

The new manager had undertaken staff meetings and was working with staff on appraisals and individual supervisions, to help staff move forward with the new ethos of the home and to feel valued.

The provider was open and honest with us about the challenges the service had faced and what they were doing in response to this. They shared with us the action plan they had sent to the local authority and which they updated each month, detailing what they felt they had achieved in improving the service, and where they considered improvements were still required. The action plan reflected what we saw during our visit.

The provider had a legal requirement to inform the public of the home's rating. They had informed the public on their website of the rating of the home; and the rating was also displayed on a wall next to the front door of the home.

The registered manager also had legal responsibilities to send us notifications about events which had happened at the home. The provider had become aware that not all events we should have been notified about had been sent to us. The new manager sent us notifications retrospectively to ensure we were aware of all events which had occurred at Charnwood Lodge.