Milford Lodge LLP

The Lodge

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
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 23 October 2015 and was unannounced.

The service was registered in February 2014 and this was the first inspection.

The Lodge is a small residential home for people on the autistic spectrum, with learning and physical disabilities and sensory impairment. The service is registered to support six people and at the time of our inspection they were full.

The Lodge is a large property on a residential street. When it opened it was designed and renovated to meet people's needs. It has six bedrooms each with an en-suite bathroom. There are several communal areas and the kitchen and dining room is open plan. There is a sensory room and a large secure garden to the rear.

The service had 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.

The registered manager was also the registered manager at another similar service within the organisation. The

Summary of findings

service had an additional manager, who had worked at there since March 2015. We were told the manager intended to apply to the CQC to take over the role of registered manager.

The service had experienced some challenges with staffing levels. Although they ensured there were sufficient staff to keep people safe there were times when staffing levels meant people could not attend planned activities.

People and their relatives told us they felt safe. The service had detailed risk assessments and risk management plans in place to protect people from avoidable harm. Medicines were safely managed. Staff were aware of how to protect people from harm and they knew about the possible types of abuse. The service had an up to date safeguarding and whistleblowing policy which provided staff with guidance.

Staff were supported to deliver effective care to people who used the service. Staff told us they felt well supported and had access to a range of training to support their development.

There were clear assessments about people's ability to consent to care and make choices. Where people were unable to make their own decisions about their care needs we saw the service had recorded best interest decisions. These had involved the person, their families and any relevant health and social care professionals.

People had access to routine healthcare professionals and for people who needed more specialist health or social care support this had been arranged by the service.

The open plan kitchen and dining area meant people had access to food and drinks at times of their own choosing. Where possible, people were able to make their own drinks and snacks. The service ensured people had access to a varied and nutritious diet.

Support plans were person centred and provided staff with a sense of what was important to the person. They included people's likes and dislikes, as well as information about people's life before they moved into the service. There had been involvement of people and their families in planning and reviewing their support. People and their families knew how to make complaints. People who used the service were asked for their views on a regular basis.

The manager and provider completed audits to make sure they were providing a good service.

Staff morale was high and staff told us they felt well supported by the management team. There was a strong focus from the staff we spoke with about supporting people to live good lives.

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?

Requires improvement

The service was not consistently safe.

The service had struggled to recruit staff. Although people were not placed at harm as a result of this it meant there were not always enough staff for people to take part in planned activities. We have made a recommendation about staffing.

People were protected from avoidable harm. Staff knew how to safeguard people. We saw detailed risk assessments and risk management plans in place for people. Medicines were safely managed.

Accidents and incidents were reviewed. Action was taken by the manager as a result of this.

Is the service effective?

Good

The service was effective.

Staff were well supported and had access to supervision and training. People had access to relevant health and social care professionals.

People's ability to make their own decisions was assessed in line with the Mental Capacity Act. If people could not make their own decision we saw best interest decisions were recorded.

There was a varied and balanced diet on offer to people.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate.

We saw people were involved in their day to day care. Staff ensured people's dignity and privacy was respected.

People were encouraged to keep in touch with their friends and family.

Is the service responsive?

Good

The service was responsive.

Support plans were person centred. They contained clear guidance for staff about the support people needed. There was information about people's life experiences before they moved into the service and this helped staff understand what was important to people.

People were encouraged to give feedback about the service and had access to the complaints policy.

Is the service well-led?

Good

The service was well-led.

Summary of findings

Staff morale was high. The staff we spoke with told us how important it was to them that people received a good standard of care. They felt well supported by the management team.

The manager and provider completed regular audits of the service to make sure they were providing good care.

The 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.

This inspection took place on 23 October 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed all of the information we held about the service, this included reviewing notifications we had received. We spoke to the local authority contracts and commissioning team, and contacted Healthwatch. Healthwatch represents the views of local people in how their health and social care services are provided.

During the inspection we spoke with three people who used the service, and because not everyone communicated verbally we spent time observing interaction between people and support staff. We telephoned two relatives to get their view on the service. We looked at communal areas within the service, and we saw two people's bedrooms, with their consent. We looked at three support plans.

We spoke with the manager, deputy manager, a senior support worker and four support workers. We spoke with the organisation's maintenance person who was visiting the home to provide routine maintenance support. We looked at three staff files; which contained employment records and management records. We looked at documents and records that related to people's care and support and the management of the home, such as training records, audits, policies and procedures.

After the inspection we received feedback from two health and social care professionals.

Requires improvement

Is the service safe?

Our findings

People who used the service and their relatives told us the service was safe. One person said, "I like it here." One person told us they thought their relative was, "Very safe."

The manager explained there had been some variability in staffing levels. They told us four members of staff left and a further two were dismissed over the summer period. The service was actively trying to recruit new staff and two new staff had started recently. In addition to this the service was using bank staff, and regular staff were covering more shifts. The manager told us things were improving but over the last month they were short staffed by 75 hours per week. The manager told us they needed a minimum of four staff on duty at all times during the day and two staff overnight. We reviewed the rota for the last four weeks and saw the minimum staffing levels were always achieved.

A member of staff told us, "Staffing levels have been a problem, but it does seem to be picking up." Another member of staff said, "Six is the optimum number of staff to support people well." We saw the rota had periods when six staff were provided. Two people who lived at the service told us staffing levels had been difficult. One person said, "There are not enough staff at times. There have been times when there are only four members of staff working. This meant [name] could not go out. It's not the staff's fault. They try their best and are working hard." They went on to say, "The manager is trying to make it better." Although people's safety was maintained not everyone was able to take part in individual activities due to staff shortages. The manager was trying to resolve the issue and recruit new staff.

We recommend the provider review staff recruitment and retention and look at what strategies can be put in place to ensure they are able to provide consistent support with a focus on promoting people's well-being.

People were protected from avoidable harm. Staff were confident about identifying and responding to any concerns about people's well-being. They were aware of possible types of abuse and how to report concerns. The service had an up to date safeguarding policy, which offered guidance to staff. All of the staff we spoke with told us they had received safeguarding training, and felt confident in applying this. Training records confirmed that safeguarding training had taken place.

The service took appropriate action to keep people safe. The manager was aware of their responsibility to notify the Care Quality Commission (CQC) about safeguarding concerns. The CQC had received eight notifications since the service had opened. We reviewed these with the manager who demonstrated detailed knowledge of each situation. Three incidents had occurred within a short space of time. The manager explained these were investigated and as a result a member of staff had been dismissed. This was because they had not followed the risk management plans which were in place to keep people safe. The manager understood their safeguarding responsibilities and has taken the necessary action to protect people.

At one point during the inspection we saw two people were in the kitchen. One person attempted to get close to the other person and it was clear the other person did not want to interact at that time. There were two staff members present. One member of staff skilfully intervened and diverted the person to prevent any altercation. They then went out for a walk with a member of staff. This was carried out in a calm way which resolved the situation and did not cause distress to either person. This demonstrated staff had the skills and understanding to keep people safe.

Risks to people who used the service were assessed and well managed. Staff were provided with clear and detailed guidance to help them know how to best to support the person to reduce the risk of harm. Risk assessments included a step by step approach to managing situations. This meant people were supported based on the principle of the least restrictive intervention and their rights were respected.

For some people physical restraint was required at times to maintain their safety, and the safety of others. Staff we spoke with told us this was always the last resort and they would use all other strategies first. Staff had received specialist training in how to safely use physical restraint. Where this had been assessed as being required detailed risk assessments and protocols were in place. The on call manager was contacted if physical restraint was used, and an incident form was completed. These were reviewed by the manager who told us they looked at patterns and

Requires improvement

Is the service safe?

trends and ensured the agreed protocols had been followed. These safeguards were in place to prevent the unnecessary use of restraint. We saw there had only been one instance of physical restraint since the service opened.

Guidance in support plans included details of specific behaviours and the best approach to take in order to de-escalate the situation. There was also information about anxiety and possible triggers that could cause distress and how people might behave when they were upset.

Staff told us that the majority of behaviour management included distraction techniques. A member of staff described to us techniques they used with one person, such as singing a song which involved instructions the person followed. They told us about the behaviours they might see from the person which would suggest their distress was escalating and how they would respond to this. This reflected what we read in the person's risk management plan.

We saw people had personal emergency evacuation plans in place. There was a record of fire safety checks which we saw took place in line with the service's fire safety policy. Window restrictors were in place to prevent the risk of people falling.

People's support plans contained detailed information about the medicines they were prescribed.

Most medicines came in a blister pack which had been prepared by a pharmacist. We noted that blister packs included a picture of the person they had been prescribed to. This helped to prevent any errors in administration. Medicines were kept in locked cupboards in people's bedrooms to make sure they were stored securely. Controlled drugs could be stored in a locked safe within the office.

The service had clear protocols and support plans for people who needed PRN (as required) medicine. For people who had PRN medicine to manage their anxiety the service had clear risk assessments and protocols in place. There was evidence of strategies which should be used before medicine was administered. If it was required to alleviate anxiety or distress an incident form was completed and these were reviewed every month by the management team. The manager told us it was important to look at any patterns and if the medicine had been used regularly this would trigger the need for a review by the appropriate healthcare professional. This meant people were being safeguarded from any incorrect use of medicine.

We saw one person being supported to take their morning medicine. The member of staff sat with the person, they were calm and supported at the person's pace. They gave verbal and visual cue's whilst giving the person their medicine. We reviewed the medicine support plan for this person and saw the staff member had followed this. This demonstrated medicines were administered in a person centred way.

The deputy manager explained they completed a weekly audit of medicines. All medicines were signed for by two members of staff. The team member responsible for running each shift completed a stock check on every shift. This meant if any errors were found the service could take the appropriate action in a timely manner. Staff received medicines training and three observations were carried out by a senior member of the staff team before the person was deemed competent to administer medicines.

Accidents and incidents were recorded. These were reviewed by the management team each month. We could see management action plans had been developed as a result of the reviews. The service was keen to look at trends or patterns of incidents and to learn from these to make sure people were given the support they needed.

Good

Is the service effective?

Our findings

People who used the service told us that they received the care and support they needed. One person said, "If I had a problem I could talk to a member of staff, they are good and help you with going to doctors' appointments."

Staff had the skills and knowledge required to support people who used the service. Staff told us, and we saw from records that they attended an induction prior to starting work at the service.

We spoke with a new member of staff who told us they had a thorough induction period, and had a mentor who provided ongoing support and guidance. They said, "I love working here, it's a relaxed environment. The staff team are friendly and willing to help. My mentor [name] is helping me get to know people [who use the service] and what is important to them."

Training was updated as necessary and included mandatory areas such as moving and handling, medicine management and health and safety. There were opportunities to attend specialist training to further staff development and knowledge. One member of staff explained they had been supported to complete their diploma in health and social care. Another member of staff explained they had recently completed training on physical restraint and that the operations manager had run a session about 'values and attitudes' and 'the history of psychiatric institutions.' They explained this helped them to understand the historical context of care and the importance of ensuring people received personalised care which promoted people's independence.

Staff told us they felt well supported, they said senior staff were approachable and they had regular supervision. Supervision is an opportunity for staff to discuss any training and development needs or concerns they have about the people they support, and for their manager to give feedback on their practice. However, some of the supervision records we saw showed there were gaps in supervision We spoke to the manager about ensuring formal supervision took place on a regular basis and was documented. This was important to ensure staff development needs were recorded and to ensure there was a clear audit trail of any performance related discussions.

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the ability to make specific decisions for themselves. The staff we spoke with had a good understanding of the Mental Capacity Act 2005.

We saw staff consult people and seek their consent throughout the inspection. Staff offered people choices to support them to make decisions. Where people were unable to make decisions we saw evidence that staff applied the principles of the legislation.

Where there was any doubt about a person's ability to consent to an important decision a mental capacity assessment had been completed. A best interest meeting had then been held. This is a meeting of those who know the person well, such as relatives, or professionals involved in their care. A decision was then made based on what was felt to be in the best interest of the person. We saw best interest meetings regarding behaviour management and consent to care and support.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are in place to protect the rights of people who use services, by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect people from harm. Four people who used the service had authorised Deprivation of Liberty Safeguards (DoLS) in place. A copy of the DoLS authorisation was kept in each person's file and gave clear reasons for why restriction was necessary.

There was a spacious kitchen dining area and we saw menu plans were displayed on the wall. People were supported and encouraged to have drinks and snacks throughout the day. We saw people ate their meals at a time they preferred. This showed the service encouraged people to be as independent as possible.

We reviewed the menu and saw there was a variety of options available to people. A relative told us, "[Name] has been supported by the service to lose weight, which they gained as a side effect of medication." We saw they had emailed the manager of the home to express their thanks, saying "…Weight looks much better than six months ago. Thank you for this." This showed the service responded to people's by adapting the support people needed.

Good

Is the service effective?

People were supported to maintain their health and well-being and had access to health services as needed. Support plans contained clear information about peoples' health needs. There was guidance about particular conditions relevant to each individual so that staff had a better understanding of their needs. There was evidence of the involvement of healthcare professionals such as GP and dentist. For people with more complex health the service sought advice and support from the community learning disability team and associated professionals such as the psychiatrist and community learning disability nurse.

A health professional told us, "I have seen a [service user] who has suffered a severe mental health crisis, [service user] was well supported and staff were keen to understand [service user's] condition and complete all monitoring and interventions as requested."

The service was modern and homely. There was plenty of space to ensure people had communal areas where they could relax. The garden was secure and had a trampoline. We saw this was important for one person. Their support plan described that they had a lot of energy, and enjoyed physical activity. It was important to maintain their mood and promote positive behaviour to have the opportunity for physical activity. There was a sensory room and a member of staff told us this was a particularly important space for one person.

The design and decoration of people's bedrooms took into account their individual needs. We saw one person's room looked sparse. Staff explained to us that it was important to the individual that they did not have 'clutter' in their bedroom. We saw this was recorded in their support plan. We spoke with the maintenance person who was on a routine visit to the home. They told us, "I complete routine maintenance checks and complete any specific repairs requested in the repairs book. The view of the organisation is nothing institutional, and I think you can see that in the home."

Good

Is the service caring?

Our findings

People told us they felt well cared for and that staff were friendly. One person said, "It's nice, I like living here. I'm having a beer tonight." One relative we spoke with explained to us the challenges their relative had faced before moving into the service. They had experience of various health and social care services and told us how satisfied they were with the support from The Lodge. They said, "Staff are concerned and caring. [Name] is happy and we are getting on with our lives." They went on to tell us they regularly took their relative out and when they returned their relative would run down the lane back to the service and say, "I like my house." This was an indication they were settled and enjoyed living there.

All of the interaction we observed between people and support staff was compassionate, kind and caring. Staff knew people well and described to us their likes and dislikes and what was important to people. This reflected what we saw in people's support plans. It was important for staff to know people well as not everyone who used the service could tell staff what they needed.

We looked how people were involved in decisions about their day to day lives. We saw that people had their own routines and preferences respected. For example, the support plan we looked at included information about the person's daily routine. This included a daily walk to a local shop. During our visit we saw that this took place. People spent time in the communal areas or in their own rooms according to their own preferences and needs.

We saw staff knocked on people's bedrooms before they entered. Staff we spoke with provided us with practical examples of how protected people's dignity and privacy. For example staff told us they covered people with towels when they were supporting with intimate care. Care plans about how people expressed their sexuality were written in a dignified and respectful way.

We noted that all the staff we spoke with about their roles were enthusiastic and a committed to providing good, person centred support, which was based on the needs of each individual. All of the staff we spoke with said they would be happy for their relative to be supported by the service, if they needed this type of care. One member of staff said, "It's a big happy house, it's like a home not a care home." Another said, "I love working here." They described the sense of job satisfaction they got from supporting people through difficult periods and seeing the progress they made whilst living at the service.

People were supported to maintain relationships with family and friends. In one person's support plan it said they had access to the 'house phone' whenever they wanted it to maintain contact with their relative. They also attended a local community group once a week and enjoyed spending time with their friends who did not live at the service.

We saw positive feedback recorded in the compliments file from families who had attended the 'family fun day'. A relative we spoke with explained what an enjoyable experience this was for everyone. They told us support staff made this an enjoyable and relaxed experience for everyone. People who used the service could socialise with each other but they were also invited to events at other services run by the organisation. People's support plans contained information about their religious and spiritual needs and provided staff with guidance regarding this.

Good

Is the service responsive?

Our findings

People received person centred care which was responsive to their needs. Each person had an assessment of their needs before they moved into the service. This meant the service considered whether they could meet the person's needs before they moved in.

A relative shared with us their experience of the pre admission assessment process. They told us it was very thorough and based on their relatives individual needs. They said, "Staff were brilliant. They visited regularly and spent hours getting to know [our relative] and supporting [our relative] to get to know them." They explained it was not suitable for their relative to visit the service before they moved in. As an alternative staff provided photographs of the service to help the person become familiar with where they would be moving to. They told us they felt their views were listened to and they were involved with support planning.

Support plans contained information about people's experiences, what was important to them and their likes and dislikes. Each person had a one page profile which contained key information for staff about what was important to people. All of the staff we spoke with said they had time to read the support plans and they were an important tool in getting to know people.

People, their families and health and social care professionals worked with staff at the service to develop person centred care plans. These provided staff with a sense of what was important to the person and how they wanted to be supported. This was important for people who were unable to communicate their needs.

Support was reviewed with the person, their family and health and social care professionals. We saw one person's mental health had deteriorated and staff had sought support from health and social care professionals. The person started on a new course of medication. Staff recorded clearly how the person was managing, their mood and general well-being. This information was used by healthcare professionals to evaluate the effectiveness of the medicine and achieve the right level for the person.

People were encouraged to be part of the local community. The service had two cars which meant people could be supported to visit nearby towns of Selby, Leeds etc. On the day we visited two people were supported to visit Selby. They told us they were going to have a coffee and that they liked to eat their meals together out of the service.

We saw regular discussion had taken place between the people's relatives, staff and other health care professionals. This meant staff understood the importance of working as a team to make sure people received the support they needed.

The service provided information about how to make complaints in a variety of formats. This took into account the needs of the people who used the service. People told us that if they were unhappy they would talk to a member of staff or a manager. The service kept a record of complaints and compliments received. The service had received one formal complaint since it had opened; this had been responded to and resolved.

A relative told us they found the service responsive. They said there had been an instance of poor communication which they had raised with the registered manager who had addressed this and resolved it. They said, "They [staff at the service] are honest if they make a mistake and will work with us to put it right."

Good

Is the service well-led?

Our findings

We looked at the arrangements in place for the management and leadership of the service. At the time of our inspection visit, the registered manager worked at a nearby similar service within the organisation.

The service had a manager, who had worked there since March 2015. The manager explained they had been supported to get to know the service, people and staff and had recently completed their six month probationary period. They told us they felt well supported during this period and had started the process of applying to the CQC to become the registered manager.

Throughout the inspection the manager was organised and demonstrated they understood their responsibilities. They told us they were well supported by the registered manager and operations manager with whom they had regular supervision.

The manager was open with us about the staffing difficulties the service had experienced, and the plans they had put in place to address these. They explained between August and September four members of staff resigned and two were dismissed as a result of issues with their conduct. The management team had investigated these issues, they told us they were committed to ensuring they had a good staff team and would tackle issues related to poor practice. They explained staff had been covering additional shifts.

Despite this we found staff morale was high. All of the staff we spoke with told us both the manager and deputy manager were approachable and supportive. One staff member said, “I know I can talk to the manager about anything and they would take any concerns seriously.” One person who lived at the service said, “[Managers name] is trying to make things better for us.” There was a positive, caring culture at the service. Staff demonstrated a commitment to provide person centred care in line with the ethos of the service.

Overall records were completed well. Daily notes and records of incidents involving people’s behaviour which posed a risk to themselves or others contained a significant amount of detail. They were written with respect for the individual. However, some of the records needed to be improved, particularly in relation to supervision records for staff. For people who used the service there were some gaps in records of their weight. This did not have a significant impact on people who used the service and the manager agreed they would remind the staff team of the need to ensure record keeping was up to date.

The service routinely asked for feedback from people, families and support staff. Quarterly surveys were completed with people who used the service and these had been designed to enable people to understand them and give their views. In addition to this the service sent out annual questionnaires to seek feedback from family members, and health and social care professionals.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance systems help providers to assess and improve the safety and quality of their services, ensuring they provide people with a good service and meet legal obligations. The manager completed a monthly audit of the service which was sent to the provider to review, and the provider carried out regular visits to the service. Weekly health and safety checks took place. The service monitored accidents and incidents to ensure any measures needed to keep people safe were in place. Policies and procedures were up to date and contained guidance for staff to enable them to understand their role and responsibilities.