Choices Housing Association Limited

The Lodge

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected this service on 13 February 2015. This was an unannounced inspection. Our last inspection took place in January 2013 and at that time we found the home was meeting the regulations we looked at.

The service was registered to provide accommodation and personal care for up to four people. People who use the service have a learning disability and/or mental health needs.

At the time of our inspection two people were using the service.

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 and associated Regulations about how the service is run.

Summary of findings

People's safety risks were identified, managed and reviewed and the staff understood how to keep people safe. People's medicines were managed safely, which meant people received the medicines they needed when they needed them.

There were sufficient numbers of suitable staff to promote people's safety and people were happy and relaxed around the staff.

Staff had completed training to enable them to meet people's needs effectively and the development needs of the staff were monitored by the registered manager.

People who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed. People had access to advocates to help them make decisions about their care.

People could access suitable amounts of food and drink of their choice and specialist diets such as a high calorific diet were catered for.

People's health and wellbeing needs were monitored and people were supported to attend health appointments as required.

Staff treated people with respect, kindness and compassion and people's dignity and privacy was promoted.

People were enabled and encouraged to make choices about their care and the staff respected the choices people made. The staff understood people's communication styles and behaviours, and they knew how to respond to these behaviours to improve people's care experiences.

The care was led by the people who used the service and plans were based upon people's individual preferences and likes. People's plans of care were flexible and the staff adjusted plans to meet people's changing needs.

People were involved in the assessment and review of their care and staff supported and encouraged people to access their local community.

People's spiritual needs were met. This included the need to develop and maintain their friendships and faith.

Staff analysed people's responses and behaviours to identify if they were happy with their care. If people showed they were unhappy with their care, the staff took action to make improvements to the care.

There was a positive atmosphere within the home and the registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with us and they and the provider kept up to date with changes in health and social care regulation.

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 were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

Good 

Is the service effective?
The service was effective. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

Good 

Is the service caring?
The service was caring. People were encouraged to and empowered to make choices about their care.

People were treated with kindness, compassion and respect and their right to privacy was supported and promoted.

Good 

Is the service responsive?
The service was responsive. People received care in accordance with their preferences and needs.

Staff responded to people's feedback about their care to improve people's care experiences.

Good 

Is the service well-led?
The service was well-led. There was a positive atmosphere at the service. Effective systems were in place to regularly assess and monitor and improve the quality of care.

Good 

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 was 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 13 February 2015 and was unannounced. Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR) prior to the inspection. 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. We used this information to formulate our inspection plan.

We spoke with both people who used the service. However, due to their communication needs they were unable to give us detailed information about their experiences of care. We therefore spoke with a visiting health and social care professional who supported people to use the service. We did this to gain feedback about the quality of care.

We spoke with three members of care staff to check that standards of care were being met. The registered manager was not on duty on the day of our inspection, so we spoke with them after the inspection to gain their feedback about how they managed the service.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at both people's care records to see if they were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff records and satisfaction questionnaires. We looked at these to check that the service was managed safely and effectively.

Good

Is the service safe?

Our findings

We saw that people were comfortable and relaxed around the staff. For example, we observed one person approach a staff member and gently stroke their cheek and smile. Another person happily left the home to go on a walk in the local community with a staff member.

The provider had devised a 'safeguarding toolkit' which had been used by staff to promote people's understanding of safety. Each person had a thorough safeguarding care plan in a pictorial format to help them understand potential safety concerns. For example, the risk of financial and physical abuse had been assessed and planned for. People could not tell us that they understood this information, but we saw that the provider had made the information as accessible as possible to the people who used the service.

Staff explained how they would recognise and report abuse. Procedures were in place that ensured concerns about people's safety would be reported to the registered manager and local safeguarding team. Staff told us and we saw that the local safeguarding procedure was on display in the staff office for the staff to refer to as required. Since the two people had started to use the service, no significant safeguarding incidents had occurred.

We saw that safety risks were identified and plans were in place to manage and review these risks. People were enabled to be as independent as they could be because the staff had a positive attitude to risk. For example, we saw one person stumble and become unsteady on their feet. In response to this a staff member stayed close to the person as they walked around the home. The staff member said, "[The person who used the service] can be unsteady some times. When this happens we stay close by to make sure they are safe". The person's care records confirmed that this was how their risk of falling was managed. A visiting health and social care professional confirmed that staff managed people's risks in accordance with their care plans. They said, "Staff adhere to agreed risk assessments at all times and I have no issues regarding them meeting needs in relation to safety".

The registered manager and provider monitored incidents to identify patterns and themes. We saw that when an incident had occurred action was taken to reduce the risk of further incidents. For example, we saw that staff had analysed the triggers for a person's behaviour following an incident. As a result of the analysis the person's care plan was updated so further triggers could be avoided.

Staff told us and we saw that there were enough staff to meet people's needs and keep them safe. The registered manager told us that the staffing numbers were flexible to meet people's individual needs. For example, one person had a predictable pattern of day's where their behaviours could become challenging to manage. On these days extra staff were utilised to ensure this person's needs could be safely met. Staff rotas confirmed that staffing levels were flexible.

Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

Medicines were managed safely. Our observations and medicines records showed that effective systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

Good

Is the service effective?

Our findings

Staff told us they had received training to give them the skills they needed to provide care and support. One staff member said, "The induction was really good and we get training updates throughout the year". Another staff member told us they had recently completed autism awareness training. They told us that both they and the people who used the service had benefited from this, as it had improved their knowledge and understanding of autism. They said, "I learned how important routines are to people with autism. If their routines are different their behaviours can change". We saw this staff member apply this knowledge as they assisted one person to make a hot drink at a specific time in accordance with their care plan. They said, "[The person who used the service] likes and needs to have their drinks at certain times. They can become agitated if they don't have their drinks when they should have them".

Checks were completed that ensured staff had understood their training. For example, staff who administered medicines were observed by a manager to check they followed the correct medicines management procedures.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure decisions are made in people's best interests when they are unable to do this for themselves. The staff demonstrated they understood the principles of the Act and they gave examples of how they worked with other people to make decisions in people's best interests as required. Care records confirmed that mental capacity assessments were completed and reviewed, and best interest decisions had been made in accordance with the legal requirements. At the time of our inspection two people were being restricted under the DoLS. We saw that staff supported these people in accordance with the agreed DoLS authorisation.

People could make choices about food and drink. Staff told us how they enabled people to make these choices. One staff member said, "I open the cupboard and fridge and let people choose what they want. They are both able to let us know what they want to eat and drink by pointing and reaching for items". We observed one person tell the staff they were hungry by going into the kitchen and opening the fridge. Staff supported this person to choose a snack and drink. We saw that high and low calorie snacks were available dependent on each person's needs. This showed that people could access sufficient amounts of suitable food and drink.

Staff understood people's nutritional needs and information from health professionals such as, dieticians and speech and language therapists was included in people's care plans. This information was also available in the kitchen for the staff to refer to. We saw that people were supported to eat and drink in accordance with their care plans. For example, one person's care records stated they needed to be supervised when drinking as they had a tendency to drink too fast. We saw that staff supervised this person when they drank and they also prompted the person to drink slowly.

Staff told us and care records showed that people's health and wellbeing were monitored. We saw that people's weight and blood pressure were monitored and staff knew a referral to a doctor was required if there were significant changes in people's health. We saw that people had access to health and social care professionals. For example, we saw that advice from a doctor and dietician had been sought in relation to one person's risk of malnutrition.

Good

Is the service caring?

Our findings

We asked both people if they were happy living at The Lodge. Both people were able to show us they were happy by either saying yes or nodding positively.

We saw that people were treated with kindness and compassion. For example, we saw staff speak with people using terms of endearment that people responded positively to by smiling. Staff told us they enjoyed working at the service as they liked to be part of making the people happy. One staff member said, "It's lovely to see the guys happy. Like just, when [A person who used the service] spun round with a big grin on their face".

Staff told us how they knew how people were feeling by the behaviours people displayed. They knew how to help people be happy and how to prevent people from becoming sad. The information staff told us about people's behaviours matched the information in the care records. This showed that staff understood how people showed their feelings and staff knew how to manage people's behaviours to improve people's experiences. Staff also told us that 'feelings cards' were also available to help people communicate how they were feeling. However they told us these had not been needed recently as they were able to consistently interpret and respond to people's behaviours well.

We saw that people were supported to make decisions about their care. Pictorial prompts and props were used to help people make choices. For example, one person was asked which shoes they wanted to wear for a visit to a local restaurant. The staff advised the person which type of shoe they needed by showing them suitable shoes and the person chose the shoes they wanted to wear. Staff told us that both people were being supported to visit one of their favourite restaurants for lunch. One staff member said, "They both like it there and the food is all out on display which helps them to choose as they can't really understand a written menu". People also had access to advocates (professionals who can help people to make choices) to ensure their preferences and wishes were considered when important decisions about their health and wellbeing needed to be made.

Staff told us and we saw that they respected the people who used the service. One staff member said, "I respect these guys and treat them exactly how I would want to be treated". We saw that staff spoke with people in a non-patronising manner that reflected their age and people's choices were respected. Another staff member told us that they respected people's differences. They said, "We are like one big family, the people here are lovely with different personalities. It's good that we are all different".

Staff told us and we saw that people's privacy was promoted. One staff member said, "Sometimes [A person who used the service] just wants to be left alone. We have to obey his wishes". We saw this person go to their room and close their door. Staff knocked on the door and waited for a response then entered the room to check the person was okay, they then stayed outside the room until the person opened the door to re-enter a communal area.

Staff told us and we saw that people's dignity and independence was promoted. One staff member said, "I make sure they have dignity, privacy and independence". We saw that people were asked if they wanted to wear a protective apron when they ate and drank. People then ate and drank independently and after they had finished staff assisted them to remove their aprons and wash their hands and face if food had been spilled. We also saw staff help one person to adjust their clothing after they had independently accessed the toilet. This promoted the person's dignity as they entered a communal area.

Good

Is the service responsive?

Our findings

Peoples care records contained information about their individual likes, dislikes and care preferences. People could not confirm that they had been involved in the care planning process, but we saw that care plans contained pictorial prompts to help people understand their care. Staff told us they analysed people's behaviours to identify if they liked or disliked activities. The registered manager said, "We use learning logs where we record findings from outings. We look at people's responses and behaviours to identify if people were happy or unhappy. We then update the care plans if there has been any change in people's likes or dislikes".

We saw that care was led by the people who used the service. Activity timetables had been devised to meet people's individual likes, preferences and needs and we saw these timetables were flexible dependent on people's changing needs. For example, staff told us that one person who used the service usually had a very active day followed by a day where their engagement was poor. The person's activity plan was structured around this pattern of behaviour. During our inspection, staff told us the person was on their second very active day in a row which was very unusual for them. As a result of this the staff had adjusted the planned activities to meet the changing needs of the person.

Staff told us how people communicated their needs and what they told us matched the information in people's communication care plans. We saw that staff interpreted people's communication so they could meet people's individual requests and needs. For example, one person showed staff they wanted to have a book read to them by signing an action that the staff knew meant 'book'. A staff member responded to this request in a prompt manner by reading to the person. A visiting health and social care professional confirmed that people received care that met their individual needs. They said, "The on-going provision of an excellent service to meet [A person who used the service] needs, the move has been an extremely positive one for them and they have flourished within their new home".

People's preferences were considered when staffing rotas were devised. For example, one person had certain staff who they preferred and responded more positively to than others. This person had predictable days where their behaviours could become challenging for staff. The registered manager had a system in place that aimed to ensure the staff the person responded more positively to, were on shift for the days that the person displayed behaviours that challenged. Staff confirmed that this occurred where possible.

We saw that people's spirituality and friendship needs were met. People were supported to develop and maintain friendships. For example, staff told us and we saw that one person was supported to participate in joint activities with a person from another local home owned by the provider. This was because the two people had similar interests and likes. Staff told us and care records confirmed that another person was supported to attend a local church.

We saw that people regularly accessed the community. During our inspection both people were supported to access the community on two separate occasions. People's care records also confirmed this.

We saw that staff had completed satisfaction surveys with people. These focussed on the care people had received. Staff told us that these surveys had been completed by mostly interpreting people's responses and behaviours in response to the questions asked. The results of the surveys showed that people were happy with their care and no action was needed in response to this feedback.

A complaints policy was accessible to people in an easy read format. Each person had a copy of this and it was also displayed in the communal kitchen. Staff told us how they would respond to a complaint and this was in accordance with the provider's complaints policy. No complaints had been recently received.

Good

Is the service well-led?

Our findings

There was a positive atmosphere at the home. People appeared happy because they were interacting and smiling around the staff, and the staff also appeared happy and spoke with people and each other in a friendly and respectful manner. Staff told us they enjoyed working at the service. One staff member said, "I love working here. It's a good team and we all work together to give the guys the best care possible". Another staff member said, "I love coming to work, I absolutely love it here". A visiting health and social care professional confirmed that staff promoted a positive atmosphere. They said, "I have always found the staff to be extremely professional, efficient and effective".

People and staff were asked for feedback about the management and running of the service. Staff told us and we saw that a recent staff survey had been completed. The results of this were positive and no action was required in response to the staffs' feedback.

Staff told us the registered manager was approachable and supportive. One staff member said, "The manager is lovely and very accommodating". Staff also told us that the manager helped them to set goals and make improvements to the way they provided care. One staff member said, "[The registered manager] checks I'm doing my job properly, helps me set targets and goals and tells me what I can do to help me progress". Staff told us and we saw that regular meetings with the registered manager were planned to discuss their development needs.

Frequent quality checks were completed by the registered manager. These included checks of medicines management, health and safety and care records. Where concerns with quality were identified, action was taken to improve quality. For example, a minor medicines error had resulted in a discussion with the staff to promote safe medicines management. In addition to these record based checks further observational checks were completed to assess and monitor the quality of people's experiences of care. These observations included privacy and dignity checks. Although no concerns had been identified from the privacy and dignity checks, the registered manager recognised this was an important aspect of care. They had requested the provider's dignity champion to visit the service to speak with the staff about best practice in relation to dignity in care.

The provider also assessed and monitored quality to ensure the quality monitoring that the registered manager completed was effective. Feedback from these checks and the information from the provider's business improvement plan were used by the registered manager to devise a local improvement plan. For example, the provider had recommended that the registered manager used a checklist when observing mealtime support. The manager told us they had planned to use this checklist during their next mealtime observation. A visiting health and social care professional confirmed that a high quality service was provided. They said, "I have always been extremely impressed with the quality of care that I witness when I visit".

Prompts were in place to ensure staff completed their roles effectively. For example a poster was in the kitchen to remind the staff to complete certain checks each day. This included temperature recording of the fridges and rooms and finance checks. Staff told us the prompts helped them to complete their roles and we saw that the temperature checks and financial checks were completed daily and effectively to protect people from harm.

The registered manager understood the responsibilities of their registration with us. They reported significant information and events to us, such as, Deprivation of Liberty authorisations to us in accordance with the requirements of their registration.