

Coventry City Council

Halford Lodge

Inspection report

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Ratings

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

Summary of findings

Overall summary

We undertook an announced visit to Halford Lodge on 16 and 17 March 2016. We told the provider before our visit that we would be coming. This was so people could give consent for us to visit them in their flats to talk with them.

Halford Lodge provides housing with care. People live in their own home and receive personal care and support from staff at pre-arranged times and in emergencies. At the time of our visit 17 people at Halford Lodge received personal care. The provider had informed us the service was due to close by September 2017, staff and people who used the service had been informed of this decision.

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.

There were processes to minimise risks to people's safety. Staff knew what actions to take to keep people safe and there were procedures to manage identified risks with people's care. There was a procedure for managing people's medicines safely.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) to ensure people were looked after in a way that did not inappropriately restrict their freedom. This included applications to the relevant authority for any restrictions to people's freedom that were deemed as necessary to keep them safe; known as Deprivation of Liberty Safeguards (DoLS).

People received care from familiar staff who knew them well. People told us staff were caring and had the right skills and experience to provide the care and support they required.

There were enough staff to deliver the care and support people required. Checks were carried out prior to staff starting work to ensure their suitability to work with people who lived at Halford Lodge. Staff received an induction when they started working for the service and completed training to support them in meeting people's needs effectively.

Care plans were regularly reviewed and contained relevant information for staff to help them provide the personalised care people required. People knew how to complain and information about making a complaint was available for people.

There was a stable management team. Staff told us management were approachable and supportive. People and staff felt confident they could raise any concerns or issues with the managers and that these would be listened to and acted on.

There were processes to monitor the quality of the service provided, and to understand the experiences of people who used the service. This was through regular communication with people and staff and returned surveys. There was a programme of other checks and audits by the provider and the management team to ensure the quality of the service was maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew what to do to keep people safe and understood their responsibility to report any concerns or suspected abuse. There were procedures to protect people from risk of harm and staff understood the risks relating to people's care. Staff had been recruited safely and there were sufficient staff to provide the support people required. People's medicines were managed safely and people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supervised to ensure they had the right skills and knowledge to support people effectively. The managers understood the principles of the Mental Capacity Act 2005 and staff respected decisions people made about their care. People who required support with their nutritional needs had enough to eat and drink during the day and people had access to healthcare services.

Is the service caring?

Good ●

The service was caring.

People said they were supported by caring staff that they knew well. Staff ensured they respected people's privacy and dignity, and people were able to maintain their independence. People were involved in decisions about their care and where possible lived their lives as they chose.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Support plans were regularly reviewed and staff were kept up to date about changes in people's care. People knew how to make a complaint

and were given opportunities to share their views about the service

Is the service well-led?

Good ●

The service was well-led.

People were satisfied with the service they received. There was a consistent management team that regularly reviewed the quality of service provided. People and staff considered the management team to be approachable and responsive. Staff received the support and supervision required to carry out their work safely and effectively.

Halford 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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted local authority commissioners to find out their views. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or the NHS. They had no concerns about the service.

The visits took place on 16 and 17 March 2016 and were announced. We told the provider we would be coming so people who used the service could give agreement for us to visit and talk with them. The inspection was conducted by one inspector.

We visited people on 16 March to find out their views of the service and carried out the office visit on the 17 March. During our visits we spoke with seven people who used the service, three care workers, two senior care workers, the assistant manager, the registered manager and a healthcare professional.

We reviewed three people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.



Our findings

People told us they felt safe living at Halford Lodge and with the staff that supported them. Comments from people included, "I feel very safe here, and it gives peace of mind for my family as they know I'm safe here. There is always staff around if I need them." People knew who to speak with if they did not feel safe. Comments included, "I would speak to the seniors or managers," and, "I would talk to the [assistant manager] or if I needed to, the main manager [registered manager]."

Staff understood their responsibility to keep people safe and what action to take if they had any concerns about people. Staff had completed training in safeguarding adults and understood what constituted abusive behaviour. One staff member told us the action they would take if they were concerned about a person, "If I had any suspicions or was concerned something wasn't right I would record it and report it to the senior on duty or one of the managers." There was a policy and procedure for safeguarding people and the registered manager understood their responsibility, and the procedure for reporting allegations of abuse to the local authority and CQC.

There was a procedure to identify and manage risks associated with people's care. Staff knew about people's individual risks and how these were managed. For example, staff told us about one person who was prone to falling in their flat at night, as they had difficulty getting back into bed if they got out. A bed sensor had been fitted to alert staff when the person got out of bed, so staff could respond if the person had not returned to bed within a reasonable time. Records confirmed risk assessments had been completed and support was planned to take into account and minimise risk. For example, plans had been completed to reduce the risks associated with supporting people who needed assistance to move, prevention of skin breakdown and to manage people's medication safely.

Staff had completed training so they could support people who needed assistance with equipment such as hoists to move safely. Staff said they were confident assisting people as they had been shown how to use the equipment people required. One person, who needed equipment to help them get out of bed, told us staff were competent using the equipment and transferred them safely. Another person told us, "I had a fall the other day. I don't know what happened I just found myself on the floor. I pressed my wrist alarm and staff came straight away, they used a hoist to pick me up as they said they were not allowed to help me up without one. They were very gentle and knew what they were doing. They kept checking on me for the rest of the day to make sure I was alright, which was reassuring and made me feel safe"

People and staff told us there was enough staff to meet people's care and support needs. People told us

staff arrived when they were expected. They said, "Depending on what they are doing they [staff] usually arrive at the time agreed," and, "Staff arrive about the time they should and never rush you, they always ask you if you need anything else before they leave." Work schedules and staff rotas confirmed there was enough staff to cover the calls people required.

Recruitment procedures ensured, as far as possible, staff were safe to work with people who lived at Halford Lodge. Staff told us they could not start working with people until a DBS (Disclosure Barring Service) certificate had been returned and references received. The Disclosure and Barring Service checks people's backgrounds to prevent unsuitable people from working with people who use care services. Staff files confirmed DBS and reference checks had been completed before they started work. DBS checks were repeated every three years to make sure staff remained safe to work with people.

The registered manager told us most people needed support to manage their medicines but some people were able to take their medicines themselves. People we spoke with, who were assisted to take their medicines, said they received their medicines when they should. Comments from people included, "Staff give me my tablets as I have started to forget things. They come every four hours to do this, they never miss," and, "I'm here on a short stay basis, I usually do my own tablets but I lost a bit of confidence while I was in hospital so staff do this for me at the moment. I take warfarin, the amount varies depending on my blood test, staff know this and know how to manage it"

There was a procedure for supporting people to take their medicines safely. Where people required assistance with medicines, how this should be provided was clearly recorded in their care plan. Staff told us and records confirmed, they had received training to administer medicines safely which included checks on their competence by senior staff to ensure they continued to do this in a safe way.

Staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. Completed MAR records we looked at showed people had been given their medicines as prescribed. Medicine records were audited regularly to make sure there were no mistakes. Weekly checks were made by senior staff to ensure staff had administered medicines correctly. Any errors in recording medicines were discussed with the staff member concerned and training refreshed when required. These procedures made sure people were given their medicines safely and as prescribed.



Our findings

People told us staff had the skills and knowledge to meet their needs. People said staff were well trained and knew how to provide the care and support they needed. People told us, "Yes, they know how to look after me. I need a lot of help due to my health condition, they know how to use a hoist, and they check to make sure my skin isn't sore. Another said, "They all know what they are doing alright, they sometimes tell me about the training they have done. I think they are doing this on the computer now."

Staff new to Halford Lodge received an induction to the service when they started work. This included training and working alongside more experienced staff before they worked on their own. The induction was linked to the Care Certificate which provides staff with the fundamental skills, values and behaviours to provide quality care. A senior member of staff told us they had recently supported a new staff member to complete the care certificate, they told us, "I think it's really good. It took me a while to understand what was expected but it's like an NVQ (National Vocational Qualification) as you have to assess competencies for each area. I think it's better than before as you have to make sure they understand what they have learnt."

There was a programme of regular training for care staff as well as an expectation they complete a vocational qualification in social care. This training included health and safety, infection control and pressure area care. Staff told us they had regular refresher training to keep their skills up to date. One staff member said "We have to complete updates in all areas that are mandatory for us in our role. Some are updated annually, others every two years. We have annual updates in moving and handling people as how you do this can change." Another said, "We always have regular training and are told when updates are due. We have to keep our skills up to date so we know how to support people safely." Staff told us they had supervision meetings with a manager or senior where they discussed their personal development and training requirements.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The managers understood their responsibilities under the act and had applied for a DoLS, for three people in line with the MCA guidelines.

Staff understood the requirements of the Mental Capacity Act (MCA). They had completed training on MCA and knew people should be supported, where possible, to make decisions for themselves. One staff member told us, "We have several people here with dementia. There is one person in particular that takes time to make decisions, but if you show them options they are able to choose and make decisions about their daily lives. They have good family support that helps them make more complex decisions, like managing their money." Staff we spoke with knew there had been DoLS applications made for three people and the reason these had been applied for. All the people we spoke with had capacity to make decisions and told us the service helped them to be as independent as they could.

People required a range of support to prepare food and drinks. Some people we spoke with prepared their own food and drinks; others made their breakfast and supper and bought a lunchtime meal from the dining room in the service. Some people relied on staff to prepare all their food and drink. People we spoke with told us staff offered them choice from the food available and made them regular drinks. People said staff made sure they left them with a drink before leaving. Staff knew how to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were being met by the service. For example, some people had been prescribed food supplements, staff made sure people took these and monitored people's weight if requested by their GP or other health professional.

People told us staff helped them to make health appointments if they asked them to. One person told us, "You only have to ask them and they will do this for you, no problem." Staff said they helped people manage their health and well-being if this was part of their care plan. Records confirmed the service involved other health professionals with people's care when required including district nurses, speech and language therapists, occupational therapists and GPs. We spoke to a visiting health professional during our visit, they were complimentary about the staff team and said staff always followed any instruction they had left for them. People were supported to manage their health conditions and had access to health professionals when required.



Our findings

People told us staff were kind and caring and treated them with respect. One person said, "Staff are brilliant, they have a great attitude and are very caring. They make you feel you are important to them." Another told us, "They are all good caring staff, they are always jolly and we have a good laugh."

We asked staff what being 'caring' meant to them. One staff member said, "Someone who is compassionate and enjoys their job. Treating people with respect and treating people the way you would like to be treated yourself."

People told us their privacy was maintained and staff treated them in the way they liked. A staff member told us, "You need to remember you are in someone else's home and treat this with respect." A senior member of staff told us how they ensured staff treated people with respect, "We [seniors] work alongside staff and observe their practice. Tenants would tell you if they were not treated in a way they liked."

People received care and support from familiar staff they knew well and who they had built relationships with. One person told us, "Staff have time to sit and talk to me. A couple of staff have similar interests so we chat about that especially [staff name] her grandfather did the same things I did." One staff member told us, "We have time to sit and talk with people. Some of us [staff] have been here for several years, but even the newer staff know people well." Another said, "There is a consistent team of staff here so you build up relationships and become friends with people and their family. Tenants tell us they like it here as they have staff they know and trust."

People were encouraged to maintain their independence and where possible undertake their own personal care and daily tasks. One person told us, "My mobility was very poor when I arrived; I'm now able to walk quite well with my walker so I can do more things for myself." Another said, "Oh yes they do encourage you to do as much for yourself as you can, you feel in control. [When washing] I do my top half myself but they help me with the bottom half as I can't reach that so well." Information about what people were able to do for themselves was recorded in their support plans.

People were supported to live their lives as they wished. One person told us, "I'm really happy with all the staff they support me very well. They have boosted my morale such a lot." Another said, "They are very good, they have spoken to me about my flat as it's a bit full of things, but they don't go over the top about it, they just said about clearing it out a little so I can get around easier."

The service used assisted technology to support people maintain their independence, so people could continue to live their lives in the way they preferred. This included the use of bed sensors, door sensors and a 'canary' movement sensor. These alarms were used to monitor people so they were able to live independently and safely, and remain in their homes.

People who lived at Halford Lodge had a range of care needs. Some people required staff support several times a day while others only required a safety check to make sure they were okay. Work schedules for staff reflected the care and support people required to make sure they remained safe and well.

People told us they had been involved in planning their care and their views about their care had been taken into consideration and included in their support plans.



Our findings

People told us their personal care needs had been discussed and agreed with them when they started to use the service. They told us the support they received met their needs and that staff understood how they liked to receive their care and support. Comments included, "Oh crikey, yes they know what I like and how I like things done. They listen to what I say and do what I ask," and, "Yes, staff understand my needs, they are great. Sometimes if they use temporary staff the care call doesn't flow so well, but they are all good."

People received consistent, personalised care and support. People's care needs were assessed before they moved to Halford Lodge to make sure the service was able to meet their needs. Assessments detailed the support people required and were used to develop a care and support plan so people received a personalised service. Staff we spoke with had a good understanding of people's care and support needs. Staff told us they had completed equality and diversity training and promoting independence training to increase their understanding and to support them to meet people's individual needs

Staff told us they had time to read care plans. Staff told us, and records confirmed that each person had an 'At a Glance' form in the front of their files so staff could quickly see what people's needs, likes and preferences were. Staff also had daily work schedules that told them what was required on each call and if people needed any specific support such as, medication administration, pressure area checks or used any equipment to help them move. There was a copy of the 'At a glance' document in the folders in people's flats. This document provided an overview of the care people required, how they liked their care provided and any risks associated with the person's care. Staff had the information required to provide the personal care and support people needed.

Care plans had been reviewed and updated regularly. People told us their relatives could be involved in reviews of their care if requested. One person told us, "My support plan was revised recently as there had been some changes since I came here, as I've progressed. I was involved with this and was able to give my opinion."

People told us the service was flexible and staff were responsive if people requested a change to their call times. Staff call schedules identified the people they would support during their shift, and the time and duration of the calls. Call schedules and daily records of calls confirmed people received care as detailed in their care plans.

Staff had a handover meeting at the start of their shift which updated them about people's care needs and

any changes since they were last on shift. A record was kept of the meeting to remind staff of updated information and referred them to more detailed information if needed. Staff told us this supported them to provide appropriate care for people.

People at Halford Lodge had access to a call system, and some people had personal alarms that staff responded to in between scheduled call times. People told us, "Staff are always available and come as soon as they can if you call for them. They can talk to you through the alarm so it's reassuring to know they are coming." and "I've got a neck pendant and if I press it they come quickly." This meant people could get urgent assistance from staff if they needed.

People we spoke with told us they knew who to complain to if they needed. Comments included, "I've never had any complaints. If I did I would speak to the seniors or the managers." Another said, "No complaints, staff are marvellous, they will do anything for you." People had been provided with complaints information, which was kept in folders in their flats. This included who to complain to if they were unhappy with the response from the managers. Staff said they would refer any concerns people raised to the managers or senior staff. People and staff were confident concerns would be listened to and dealt with effectively. One person told us, "I had a problem when I first moved in. I spoke to [senior staff member] and she sorted it out very quickly." We looked at records of complaints; complaints had been recorded and looked into thoroughly. People had the opportunity to raise concerns and could be confident these would be taken seriously and looked into.



Our findings

We asked people what it was like to live at Halford Lodge. People were positive about the support they received and told us, "I can't fault how I'm treated, the staff are very dedicated to what they do," and, "I'm very happy here, it's a shame its closing." A person who had moved into the service for a short stay assessment following their discharge from hospital told us, "I have only been here a few days but it's brilliant. I couldn't have been treated any better if I had been royalty."

People told us they knew the managers very well, and thought the service was well led. One person told us, "The service is managed very well. We have two managers as [registered manager] looks after two units. Both the managers know the people who live here very well." Another said, "I do think it's well led. [Registered manager] is very helpful and offers advice, [assistant manager] is always there if you need anything, and all the seniors are good."

The service had a consistent management team which included a registered manager and assistant manager. The registered manager had responsibility for managing two housing with care units. The assistant manager deputised when the registered manager was at the other unit. They were aware of the registered manager's responsibilities and undertook them in her absence.

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications that are required to be sent to us. A provider information return (PIR) was not requested before the inspection. We gave the registered manager the opportunity during the visit to tell us what the service did well and what areas could be developed

Staff we spoke with understood their roles and responsibilities and what was expected of them. They told us the provider had issued them with an employee handbook that included a code of conduct and a copy of key policies and procedures when they started work with the service. Staff were aware of the provider's whistle blowing procedure and were confident to report any concerns or poor practice to the managers. They were certain any concerns they raised would be listened to and acted on.

Staff told us they received good support from both the registered manager and assistant manager who made sure staff had regular support and supervision. All the staff we spoke with said they felt valued and were supported to do their job. One staff member told us, "The team work well together, the [registered manager] and [assistant manager] are very good, very knowledgeable and approachable". Another told us, "The management team support staff very well. It's an open and honest culture here, managers give

feedback on your performance, pick up on anything you need to improve and praise good performance." Staff confirmed they had regular work supervision, team meetings and handovers on each shift where they could raise any issues.

People told us they had been given information about the service and how it operated when they first moved to the service. One person told us, "I have a red folder it has everything I need in it, complaints information and a guide that tells you about the service and what to expect." People said the information they had received was informative and easy to understand.

People told us they had regular meetings where they could share their views and opinions of the service. Comments from people included, "Yes we have monthly tenant's meetings. I usually go to the meeting, you can raise your views, but it's been poorly attended recently. I think it's because it's closing." Another said, "We have monthly meetings, I can't hear very well but I do go. You can say what you want at the meetings but there is not a lot to say at the moment as its closing. But everything is alright." People were also able to share their views during reviews of their care and were sent satisfaction questionnaires. The results of the last questionnaire in 2015 showed people were satisfied with the service.

We asked people and staff we spoke with if there was anything the provider could improve about the service. No one could think of any improvements that could be made, comments from people included, "There is nothing I can think of at all, everything is very good," and, "Nothing comes to mind, staff are happy and service users are well looked after. A visiting health professional told us, "It's very good here. Communication works well and it's a very client centred ethos. There is nothing they could improve as far as my involvement is concerned." The registered manager told us they were always looking at ways the service could improve, they told us, "I welcome complaints, it shows people are comfortable raising concerns and you improve your service through this."

The provider's quality assurance process included checking that people were satisfied with the quality of their care and support. Records confirmed these processes included tenants meetings, regular reviews of people's care and satisfaction surveys.

The provider and registered manager used a range of additional quality checks to make sure the service was meeting people's needs. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. There were systems to monitor any accidents and incidents. Incident forms were completed and reviewed after each occurrence for trends and patterns. Action had been taken if a pattern had been identified, for example falls sensors had been provided to people who had fallen in their flats so staff could respond quickly if these were activated. There were regular health and safety checks carried out by the service and the organisation and visits from the local authority contracts department to monitor the care and support provided. The contracts department had received no complaints about the service provided.