

# Inroads (Essex) Ltd

# Wolves Lodge

## Inspection report

Ipswich Road  
Hadliegh  
Suffolk  
IP7 6BG

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11 September 2018

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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

Wolves 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.

Wolves Lodge is registered to provide care and support to three people with learning disabilities and autism. This is a transition service for young adults and young people moving from children's to adult's services.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the time of our announced inspection there was one person who used the service. We gave the service 24 hours' notice of the inspection as we needed to be sure that someone would be present.

At our last inspection on 24 June 2016, we rated the service overall Good. The key questions Safe, Caring, Responsive and Well Led were rated good. The key question Effective was rated Requires Improvement as not all staff had received the training and supervision needed to carry out their roles.

At this inspection on 11 September 2018, we found that improvements had been made and sustained and Effective is now rated as Good. We found the evidence continued to support the overall rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff understood their roles and responsibilities in keeping people safe. They were trained and supported to meet people's needs. Staff were available when people needed assistance and had been recruited safely.

Staff had developed good relationships with people. Staff consistently protected people's privacy and dignity and promoted their independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received care that was personalised and responsive to their needs. They participated in meaningful activities and were supported to pursue their interests and educational studies. The service listened to people's experiences, concerns and complaints and acted where needed.

People were enabled to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services.

The registered manager was passionate and committed to delivering high quality care and support to people. They were accessible, supportive and had good leadership skills. Staff were aware of the values of the provider and understood their roles and responsibilities. Morale was good within the workforce.

Systems were in place to receive, record, store and administer medicines safely. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

The design and layout of the building was hazard free and met the needs of people who lived there. All areas of the home were clean and in a good state of repair with equipment maintained. Systems were in place to minimise the risks to people, including from abuse, accessing the community and with their medicines.

A system of audits, both internal and external, ensured the provider had oversight of the quality and safety of the service and shortfalls were identified and addressed. There was a culture of listening to people and positively learning from events so similar incidents were not repeated. As a result, the quality of the service continued to develop.

## 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 remains safe.

### Is the service effective?

Good ●

The service has improved to Good.□

Staff understood the Mental Capacity Act 2005 and there was clear documentation to show that people's capacity had been assessed.

Staff received a comprehensive induction, ongoing training, supervision and appraisal. Staff felt well supported.

People's care needs were assessed prior to them living in the service.

People received enough to eat and drink to meet their needs and were supported to maintain their health.

The staff worked well as a team and with other organisations involved in people's care to provide a consistent service.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Wolves 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. It was an announced inspection carried out by one inspector. We gave the registered manager 24 hours' notice of our intention to inspect because the service is small and we wanted to make sure someone was available.

Before the inspection we reviewed the information we held about the service. We reviewed the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters.

The service provides care and support to people who have complex needs, which meant they could not always readily tell us about their experiences. They communicated with us in different ways, such as facial expressions, signs and gestures and used communication aids. On the day of the inspection we observed the way people interacted with the management team and staff.

We spoke with the registered manager, the provider's nominated individual and four staff. We received feedback from three health and social care professionals. We reviewed one person's care plan and medication administration records (MAR), five staff files and other records relating to the quality and safety of the service.

# Is the service safe?

## Our findings

At our last inspection of 24 June 2016, the key question Safe was rated as Good. At this inspection on 11 September 2018, the service continued to effectively manage risks and meet people's needs safely. The rating continues to be Good.

We saw that people were safe in the service and comfortable with the staff who supported them. Staff assisted people, where required, to maintain their safety whilst promoting their independence, for example, helping them to make hot drinks and with food preparation.

Safe systems were in place to minimise the risks to people because electrical, fire safety and the water system were regularly checked to ensure they were safe. Risks to the environment were safely managed.

Staff continued to keep people safe and protect them from harm; they were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. When concerns were raised, the management team notified the local safeguarding authority in line with their policies and procedures and these were fully investigated. We found that lessons were discussed and disseminated to staff through team meetings, so that prevention strategies could be used to prevent others experiencing similar events. A member of staff said, "I would report bad practice if something was wrong. I know about whistleblowing [reporting of concerns to external agencies] the numbers are in the office."

Risks assessments were completed, individualised and up to date. People who were vulnerable because of specific needs such as learning disabilities and autism had clear plans in place. This guided staff to the appropriate actions to take to safeguard the person concerned. This also included examples of where healthcare professionals had been involved in the development and review of care arrangements. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently.

Where people needed support with behaviours that may be challenging to others, their care records guided staff in the triggers to these behaviours and to the actions required to minimise the risk of their distress to themselves and others. This included prompts for staff to be patient, provide reassurance, give people time to process information and to use agreed strategies to help settle them. One healthcare professional stated, "It now goes without saying that if we plan observations, or suggest behavioural changes as part of assessment or management change, these are implemented carefully and thoughtfully."

Staff continued to be safely recruited and had all the required pre-employment checks in place. This included references, eligibility to work in the UK, employment histories and Disclosure and Barring Service checks to make sure staff were safe and suitable to work with this client group.

The staffing level was flexible to meet people's needs. The management team used a dependency tool to work out the required number of staff and this was adjusted regularly to accommodate people's assessed level of need as this varied.

Medicines were safely managed. Staff had undergone regular training with their competencies checked. Storage was secure and stock balances were well managed. Medicines that needed additional storage measures were found to be safe and accounted for. Records were comprehensive and well kept.

Staff received training in infection control. We observed staff using personal protective equipment (PPE), such as aprons and gloves, to minimise the risk and spread of infection. Staff told us there were plentiful supplies of PPE available to them. Hand gels were available to staff and visitors in the communal areas of the service.

The management team had made changes to ensure lessons were learnt where shortfalls were identified and to reduce further risk. This had included further training and support to staff where errors for example with medicines had been identified. In addition, the accident and incident forms were reviewed by management to ensure that appropriate actions had been taken and followed up on. The registered manager shared with us that where lessons could be learnt these were discussed at daily handovers and in staff meetings.

# Is the service effective?

## Our findings

At our last inspection of 24 June 2016, the key question Effective was rated as Requires Improvement, due to inconsistencies found with training and supervision of staff. At this inspection of 11 September 2018, we found the shortfalls had been addressed. The rating has changed to Good.

People's care needs were assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. This considered their physical, mental and social needs and records seen were regularly reviewed and updated.

Staff demonstrated a very good understanding of people's needs and had received the training they needed. New staff had undertaken a structured induction and told us they felt well supported. One staff member said, "I've had lots of training and shadowing."

The provider's mandatory training, included refresher updates, in a variety of subjects such as safeguarding, mental capacity act, infection control, food hygiene, communication, fire, and person-centred care. In addition, staff told us they had training associated with people's specific and diverse needs such as autism, positive behavioural support, sensory awareness and epilepsy. Records and discussions with staff showed that staff received supervision, competency observations and appraisal meetings. These provided staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

People continued to be supported to maintain good health. Conversations with staff and records seen demonstrated that the staff sought advice or support from health professionals when they had concerns about a person's wellbeing.

People were supported to maintain a balanced diet. Where people required assistance, this was provided sensitively. For example, during the inspection we saw a member of staff promoting independence by encouraging a person to make a snack themselves. They also offered healthy alternatives for the person to consider. Our observations and records showed that appropriate action had been taken by the service in response to specialist feedback given to them regarding people's dietary needs.

The service worked with other professionals involved in people's care to ensure that their individual needs were met. One healthcare professional commented on the effective arrangements in place stating, "The relationship feels very much a healthy working partnership, and part of an extended team."

The design and layout of the premises and garden was appropriate to meet people's needs. People were involved with the decoration of the premises such as choosing the colour of their bedroom and were consulted on any changes to communal areas.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The



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 DoLS applications had been made to the local authority and authorised where appropriate.

Staff had received training related to MCA and those we spoke with understood its principles. We found that people's capacity to consent to their care had been assessed and recorded in their care plan. Some records had been signed by the person they concerned or by the person who had lasting power of attorney (LPA) for them. Staff understood who had LPA and what this meant. Throughout the inspection we saw staff consistently seek consent from people before providing any care and support.

## Is the service caring?

### Our findings

At our last inspection of 24 June 2016, the key question Caring was rated as Good. At this inspection of 11 September 2018, we found people continued to be comfortable in the presence of the staff, and had developed positive relationships. People's independence and privacy was consistently promoted and they were treated with respect and dignity. The rating continues to be Good.

People were relaxed in the presence of staff and the management team. Staff knew people well including their preferences for care and their personal histories. Staff were caring and respectful in their interactions and people were seen smiling and engaging with them. Staff used effective communication skills to offer people choices. This included consideration to the language used and the amount of information given to enable people to understand and process information. This contributed to the positive atmosphere in the service and wellbeing of people. One healthcare professional commented, "The staff are caring and thoughtful."

People who used the service, and sometimes their relatives, if appropriate, had been involved in developing the care plans. Care plans included people's likes and dislikes and their preferences with regard to their care. People had regular opportunities to discuss their care and review their care plans if they wished to.

Care plans included a section on people's life story and future goals. This made clear to staff what was important to each person. People's mental health needs were considered alongside their physical health. We saw that where people were prone to anxiety or depression this was noted in care records and staff had guidance about how best to help the person. Staff demonstrated a good understanding of people's needs relating to their mental health and wellbeing.

People's independence was actively encouraged and respected. Staff had a good understanding of how important people's independence was to their self-esteem. They shared examples of how they promoted independence when caring for people. For example, supporting people to undertake daily living tasks that they could manage themselves and offering assistance only when it was required. Staff were seen consistently supporting people to do as much as possible for themselves whilst ensuring people were safe and comfortable throughout. People's records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected.

People were cared for in a way that upheld their dignity and maintained their privacy. We saw that staff knocked on people's doors and waited for a response before entering. Staff we spoke with described how they would maintain people's dignity when assisting them with personal care. This included ensuring doors and curtains were closed. We saw that when staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet manner.

The provider had links with an advocacy service and this could be used for significant decisions, or if people required independent support to make decisions about their care. An advocate is a trained professional who supports, enables and empowers people to speak up. At the time of the inspection, nobody required the use

of an independent advocate.

# Is the service responsive?

## Our findings

At our last inspection of 24 June 2016, the key question Responsive was rated as Good. At this inspection of 11 September 2018, we found staff continued to be attentive and responsive to people's needs and concerns as they were during the previous inspection. The rating remains Good.

People received care and support which was designed to meet their individual needs. One member of staff explained to us, "We're very person centred here. We really encourage independence. This is [person's] home, we are here to support them, meet their needs and offer choice."

People's care records were personalised focussing on positive and enabling language and outcomes for people. The records provided guidance to staff on people's preferences regarding how their care was delivered. This included information about their hobbies, life history and the people that were important to them. The records covered all aspects of an individual's health, personal care needs and risks to their health and safety. This information enabled staff to get to know people quickly and to care for them in line with their wishes. Care plans contained specific guidance for staff, especially newly employed staff, to help meet people's needs and respect their specific preferences. They were detailed and were kept under regular review. They were kept secure.

Current information about people's care was recorded in their daily notes and handed over to colleagues. The daily task sheet was signed by staff and included additional tasks, such as cleaning and doing laundry, which staff signed to show completed. Senior staff checked that previous entries had been completed each shift and highlighted where any gaps had occurred.

Staff supported people to pursue their interests and hobbies and to engage in meaningful activities. People were supported with access to their local community and with their educational studies.

Visiting professionals said that the service was focused on providing person-centred care and support, and achieved positive outcomes for people. One professional said, "The staff group are confident enough to challenge orthodoxy and recommendations, backed up with careful experience and observation, which makes the clinical task more productive and rewarding."

People's views were actively encouraged through regular meetings with their key worker, care reviews and annual questionnaires. Where appropriate independent advocates were involved in the process to promote the voice of the person who used the service. A complaints policy including an accessible version was in place. There had been no formal complaints received. The registered manager advised they were developing their process for capturing informal comments and concerns.

The service did not specifically support people with their end of life care, however the registered manager advised us that training in this area was planned. In addition, they were developing a learning session to help staff understand the important elements of end of life care so staff could facilitate people's wishes.

# Is the service well-led?

## Our findings

At our last inspection of 24 June 2016, the key question Well-Led was rated as Good. At this inspection of 11 September 2018, we found the management team were proactive and took action when errors or improvements were identified. The registered manager was able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved. The rating remains Good.

The registered manager promoted a caring, positive, transparent and inclusive culture within the service. They actively sought the feedback of people, relatives, staff and professionals. We saw evidence to support that people's views were used to influence what happened in the service. For example, the choice of menu and provision of activities.

Staff we spoke with were positive about the culture of the service and told us that they felt they could approach the management team if they had any problems and that their concerns would be listened to. Morale in the workplace was good. Staff told us they felt supported and had one to one supervision meetings and there were regular staff meetings. This enabled staff to exchange ideas and be offered direction by the management team. Team building days were planned for September 2018 to maintain the positive morale.

There was a regular programme of audits. We saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. For example, re writing care plans to make them more person centred.

The registered manager collated information relating to the running of the service which they shared with the provider through regular reporting. This covered everything from admissions, safeguarding, maintenance of the building, staff training and development, behavioural charts, care reviews and accident and incidents. This information provided oversight of what was happening within the service and contributed towards plans for the continual improvement of the service.

The service worked with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care. One professional described the effective working relationship saying, "[Registered manager] and their staff are open and generous with their time and feedback." They added that the staff are, "Intelligently led by [registered manager] and well supported by [provider's nominated individual]." Another professional commented, "We have a good working relationship with the service and management team. Good communication, Support workers understand people's needs."