

Alo Care Ltd

Ado 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 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, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced.

Ado Lodge registered to provide care and support for up to four people and has a registered manager. A registered manager is a person who has registered with the Care

Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The home provides care to a variety of adults with different health needs including a learning disability.

Staff were suitably deployed to meet the needs of each person. Healthcare professionals and relatives told us they were satisfied with the number of staff working at each shift.

Summary of findings

Staff understood the needs of people and we saw care was provided with kindness and compassion. People, relatives and health and social care professionals told us they were very happy with the care.

Staff were appropriately trained and skilled and provided care in a safe environment. They all received a thorough induction when they started work and fully understood their roles and responsibilities, as well as the values and philosophy of the home. They completed extensive training to ensure the care delivered to people was safe and effective.

The provider had employed skilled staff and took steps to make sure interventions applied were least restrictive and in line with best practice. Healthcare professionals told us they were kept informed when incidents or accidents had occurred.

The registered manager and senior staff assessed and monitored the quality of care consistently involving people, relatives and professionals. Each person and every relative told us they were asked for feedback and encouraged to voice their opinions about the quality of care provided.

There was a culture of respect, kindness and loyalty in the service. Interaction between staff and people was friendly and encouraging. People we spoke with consistently told

us they had frequent opportunity to express their views with staff and management. Professionals consistently told us the leadership in the home was good and always displayed strong values when they visited people.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We observed people's freedoms were not unlawfully restricted and staff were knowledgeable about when a DoLS application should be made.

Records showed referrals to health care professionals were made quickly when people became unwell. Each health care professional told us the staff were responsive to people's changing health needs.

Care plans were reviewed regularly and people's support was personalised and tailored to their individual needs.

The provider had effective systems in place to support people with their medicines safely. Records showed medicines that were no longer needed were disposed of correctly.

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 felt safe because the provider had systems in place to recognise and respond to allegations of abuse or incidents. Meetings were held regularly to monitor and assess risk related to people's care.

People received their medicines when they needed them. Medicines were stored and managed safely.

There were sufficient numbers of staff deployed to ensure the needs of people could be met. The provider had safe recruitment practices in place.

Good



Is the service effective?

The service was effective. Staff received training to ensure that they had the skills and additional specialist knowledge to meet people's individual needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

Good



Is the service caring?

The service was caring. Staff knew people well and communicated with them in a kind and relaxed manner.

Good supportive relationships had been developed between the home and people's family members. Healthcare professionals told us the home provided compassionate care.

People were supported to maintain their dignity and privacy and to be as independent as possible.

Good



Is the service responsive?

The service was responsive. People's needs were assessed before they moved into the home to ensure their needs could be met.

People received care and supported when they needed it. Staff were knowledgeable about people's support needs, interests and preferences.

Relatives were knowledgeable about the different ways they could complain if they were not happy with the care provided.

Good



Is the service well-led?

The service was well-led. People, relative and healthcare professionals felt there was an open, welcoming and approachable culture within the home.

Staff felt valued and supported by the registered manager and the provider.

The provider regularly sought the views of people living at the home, their relatives and staff to improve the service.

Good



Ado 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 checked 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 28 May 2015 and was unannounced.

The inspection was conducted by one inspector.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the operations manager, the registered manager, the team leader, the operations director, three support workers, two people and two relatives and three healthcare professionals.

We pathway tracked two people. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, staff recruitment files, feedback from relatives and the homes internal quality assurance audit which was dated May 2014.

Some of the people were unable to tell us about their experiences due to their complex needs and so we observed interaction throughout the day between people and care staff.

We last inspected the home on 28 January 2014 where no concerns were identified.

Is the service safe?

Our findings

Healthcare professionals, people and relatives told us the service was safe. A healthcare professional told us they were pleased with how one person had progressed whilst living at Ado Lodge. They said: “He has come on leaps and bounds, the staff are a fantastic team and they know how to keep him safe when he is in the house and out in the community”. A relative said: “I feel calm that he is safe and that people are looking after him” and “I visit a lot so I know people are safe”.

Risks to people’s safety were appropriately managed and reviewed. Care records contained up-to-date assessments and where risks had been identified, strategies were in place to reduce the possibility of harm. Staff accurately described the information contained in people’s risk assessments and informed us reviews were conducted every day during daily staff meetings. A support worker told us the handover was important to ensure risks associated with people’s health and social needs were shared between staff. One support worker said: “We are a close team and we talk to each other on a daily basis so if there was something risky then we would all know about how to deal with it quickly”.

Safeguarding protocols were detailed and contained instruction for staff and people to follow should behaviours become challenging to others. Risks were documented as low, medium and high. One support worker said: “We have put a lot of in depth plans in place to help reduce challenging behaviour in the home and we have worked with lot of different professionals to make sure we are doing everything we can to keep people as safe as possible”. A healthcare professional said: “We had a lot of meetings at the start to review all the risk that come when moving into a new home. The staff were brilliant, he was moved in in a phased way and had regular visits to build up his confidence in staff. I think he felt safe with them pretty quickly”.

Staff received training in protecting people from the risk of abuse. They had good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. We asked staff what they knew about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff’s care

practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns to CQC and the local authority if they felt their concerns had not been taken seriously. Records showed incidents and accidents had been recorded and action had been taken to reduce the risk of reoccurrence

People were protected as far as possible from potential abuse as the service had a robust recruitment system to assess the suitability and character of staff before they commenced employment. Documentation included previous employment references and pre-employment checks. Records also showed staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with vulnerable adults. Documentation showed the provider had arrangements in place to identify and assess staffing levels. We observed sufficient numbers of staff were employed to care for people.

We observed sufficient numbers of staff were deployed to care for people. Staffing levels had been risk assessed in accordance with people’s care needs. Documentation showed the provider had arrangements in place to identify and assess staffing levels. The operations manager told us they regularly reviewed staffing levels and when required, additional care staff were employed to ensure people’s needs were met. They said: “We work around what people want. Today we have two people who are out at the day centre but when they come back they have all of us here to give support to them”. All staff and relatives told us there were sufficient numbers available to meet people’s needs.

Arrangements were in place for the safe storage and management of medicines, including controlled drugs (CD). CD are medicines which may be misused and there are specific ways in which they must be stored and recorded. People told us they were satisfied with the support they received with their medication needs. Relatives told us their family members received pain relieving medicines when required and documentation stated reasons for the administration and dosage given. Medicines that were no longer required or were out of date were appropriately disposed of on a regular basis with a local contactor and documented accordingly. Records showed staff had received training in the safe handling of medicines.

Is the service effective?

Our findings

Staff were provided with good training and told us they were confident when delivering care and support. One support worker said: “We have had loads of good training that has helped us understand how to deal with challenging behaviour, how to deal with safeguarding concerns and how to treat people with respect”. A healthcare professional said: “The staff team are properly trained, I have no worried about that”.

Staff were equipped with the necessary knowledge and skills to meet people’s needs. For example, they were knowledgeable about best practice strategies to be used when applying restraint and described the interventions they used to de-escalate behaviours that were challenging. Records showed they had been appropriately trained and incident records documented the type of intervention used. A support worker said: “We have different strategies for different behaviours”. A healthcare professional told us they were advised when particular interventions were used. They said: “They tell us about it because we can help and if needs be we have a review”.

Staff had regular supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. At the time of our inspection there were five staff receiving supervision with their manager. The operations manager said: “We have supervision every month”. Records showed an induction programme for new staff which included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene was discussed during supervision meetings to check the member of staff was competent to deliver effective care and support. Staff had the training and specialist skills and knowledge that they needed to support people effectively.

People were referred to healthcare services quickly when needed. Records showed staff regularly made contact with the intensive support team to discuss specific behaviours, psychiatrists, community psychiatric nurses, the speech

and language team and GP practices. People told us they were supported to attend visits to hospitals and other healthcare appointments. A support worker said: “One person here has had a few reviews recently due to an increase in seizures”. Records showed their medication and their care plans had been reviewed and updated to ensure the correct level of support was provided.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Staff were sensitive to people’s needs and offered reassurance and encouragement where necessary. Staff were knowledgeable about the requirements of the MCA.

Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate. Where people did not have the capacity to consent to care an assessment had been carried out. Staff told us how they gained consent from people they provided care to. For example, one staff member said: “It’s about people giving you the right to do something. If you don’t get consent, you can’t do it.” Other staff spoken with explained how they sought consent and how they sought people’s agreement, if they could not understand. The responses staff provided showed us staff recognised the importance of ensuring people agreed to any care before they carried it out.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff were knowledgeable about DoLS and understood their responsibilities in relation to using least restrictive practices to keep people safe. All people had been referred to the local authority for a DoLS assessment.

Is the service caring?

Our findings

Staff communicated with people in a kind and attentive manner. They chatted easily with people and we heard a lot of joking and laughter. One person said: “I like the staff” another person said: “They are nice”. A healthcare professional said: “The service has not been open for a long time but I feel the staff really do care about the people living there, they are enthusiastic and want the best for people”.

Staff were polite and respectful when they talked with people. People we spoke with said staff treated them with respect. People also told us they were able to do most things for themselves and staff helped them only when they needed it. For example, some people needed help or prompting with personal care. Staff understood and gave us examples that showed how they protected people’s privacy and dignity. One staff member said, “We don’t disturb people if they want time on their own and if they need a reminder to have a wash, we try and use laughter to encourage and motivate them”. Throughout the day people had unrestricted access to their personal rooms, the living rooms areas and the kitchen. Bedrooms were personalised with people’s belongings such as photographs of family and posters of their favourite sports team. We observed staff speaking with people about their personal interests and taking time to ask questions about their hobbies. People responded positively and were relaxed during conversations with staff.

Staff told us they cared for people in a way they preferred. One staff member said, “Sometimes we sing together because he likes to sing and dance. If we talk to him around

his music then he is more likely to engage with us”. All of the care plans we looked at showed people and their relatives had been involved and had agreed to the levels of care and support they required. Each care plan contained information about people’s backgrounds, needs, likes, dislikes and preferences. These records also contained people’s personal goals and objectives and how they wanted to spend their time. All of the staff were able to demonstrate a good knowledge of people’s individual choices.

We observed staff seeking permission before undertaking support with a people. One staff member asked a person if they wanted assistance with in making their lunch and the person accepted. Staff had close relationships with people living at the home and their relatives. One healthcare professional said: “All the times I have been in the company of the staff at Ado Lodge they have always been kind, respectful and have always encouraged people to do things for themselves”. We observed people being supported to make drinks and sandwiches for their lunch. Staff were motivational and encouraged learning in a positive manner.

Notes from team meetings showed respect, dignity and person centred support was discussed. People were encouraged to maintain their independence and get involved in household tasks. Staff told us one person enjoyed washing their clothes and liked to help other with their laundry. We saw this person complete these tasks during our visit. They said: “Yes I like to do the laundry, it’s my job”.

Is the service responsive?

Our findings

We observed staff were responsive to people's needs and promoted independence. One staff member said: "Because we knew someone liked animals we got in contact with (a local farm) and they now work there as a volunteer". A healthcare professional told us care reviews and annual health checks took place regularly. They said: "The staff are proactive and they make sure they do all they can to meet people's needs".

People's needs were assessed before they moved into the home so that a decision could be made about how their individual needs could be met. These assessments formed the basis of each person's plan of care. Care plans contained detailed information and clear directions of all aspects of a person's health, preferred activities, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, communication, well-being, eating and drinking, health, medication and activities that they enjoyed. Care plans were relevant and up to date. Each care plan demonstrated a clear commitment to promoting, as far as possible, each person's independence. Ado Lodge encouraged people to access the community and take part in social events. We saw pictures of people riding bikes, having fish and chips in the country side, people visiting the farm and people attending day centre.

People who were not able to express their views effectively were supported by a family member to speak on their behalf. Care review records showed relatives and advocates had been involved in reviewing people's needs and were encouraged to make suggestions about how to improve people's experiences. A relative told us they had good opportunities to raise concerns and talk about their family members care during reviews with staff or by speaking with them during visits. Care plans contained life histories, personal preferences and focussed on individual needs. For example, we looked at a care plan for a person who was

supported by psychologists. Records identified potential triggers when certain behaviours were presented and what support could be offered to keep people safe. Staff spoken with told us they recognised certain signs when this person became agitated. They were confident they could support this person by observing them closely until their anxieties reduced.

Care plans were relevant and up to date. Each care plan demonstrated a clear commitment to promoting, as far as possible, each person's independence. People who were not able to express their views effectively were supported by a family member to speak on their behalf. Care review records showed relatives and advocates had been involved in reviewing people's needs and were encouraged to make suggestions about how to improve people's experiences. A relative told us they had good opportunities to raise concerns and talk about their family members care during reviews with staff or by speaking with staff during visits. People's needs were evaluated, monitored and reviewed regularly. Daily reports and monitoring sheets were completed so that any changes in need could be monitored. A staff handover also took place at each shift change so everyone was made aware of any change in care and support people needed.

Records showed the provider had not received any formal complaints in the last 12 months. Relatives and staff told us the managers were approachable and if they had any concerns, they would speak with the managers or their key worker. The complaints procedure contained information for staff, relatives and healthcare professionals to follow should they need to raise any concerns. It detailed information about the Care Quality Commission (CQC) and the local authority. Feedback from people and relatives in the home's quality assurance survey confirmed they did not have any complaints about the home. Positive comments from relatives included: "Thank you so much for your wonderful care" and "You are all like a big group of friends, it's great".

Is the service well-led?

Our findings

People, staff and relatives told us the service was well-led. Relatives and professionals consistently told us the registered manager and the senior staff were passionate and caring towards staff and people. Healthcare professionals were enthusiastic to tell us the service worked effectively with external organisations and that staff were not afraid to ask for advice or help if they needed it. One healthcare professional said: “It’s great they [staff] talk to us about people’s care because it means we are working together to achieve the best for people”. A relative told us the standard of care was good due to the strong management and commitment of their staff.

The service had an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. People told us they were motivated by staff and the care they received was specific to their needs. We observed staff interacting with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection.

As part of the registered manager’s drive to continuously improve standards they regularly conducted audits to identify areas of improvement. These included checking the management of medicines, risk assessments, care plans, DoLS, mental capacity assessments and health and

safety. They evaluated these audits and created action plans for improvement, when improvements were required. One audit showed a small number of care plans had not been reviewed. The nurse told us the plans still provided an accurate account of people’s needs but would be prioritised for review.

Staff told us they felt able to raise concerns. The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, they could approach the local authority or the Care Quality Commission if they felt it necessary.

Team meeting records showed staff had opportunities to discuss any concerns and be involved in contributing to the development of the service. A support worker said: “We meet regularly and there is an open door policy where all staff can raise positive and negative feedback”. Another member of staff told us there were regular team meetings and staff also had the opportunity to provide feedback when they completed a staff survey.

The provider had arrangements for reporting incidents and accidents which staff were aware of. The registered manager was not at the service at the time of our inspection but the operations manager told us they reviewed every incident to see if there was any action needed to reduce the risk of reoccurrence. We looked at the provider’s analysis of incidents over a three month period which showed they had been reviewed.