

Community Integrated Care West 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 West Lodge on 26 August 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

We last inspected the home on 9 February 2014 and found it met the five outcomes we reviewed.

West Lodge is a care home providing accommodation and personal care for six people with learning disabilities. It is a purpose build house situated close to local shops and amenities.

The home had a registered manager in place and they have run the home for over a year. 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.

At the time of the inspection six people lived at the home and we met all of the people who used the service. Two

Summary of findings

of the people were able to discuss their views about the home at length. They told us they found that the service was well-run and the support from staff had enabled them to develop many of the skills they needed to lead more independent lifestyles. People told us that they really liked the staff and the home met all of their needs.

We saw there were systems and processes in place to protect people from the risk of harm. We found that staff understood and appropriately used safeguarding procedures.

We observed that staff had developed very positive relationships with the people who used the service. Staff were kind and respectful. Throughout our visit there were lots of conversations between the people who used the service and staff. We saw that people were very comfortable in each other and staff presence and there was lots of laughter.

We saw that they were aware of how to respect people's privacy and dignity. People told us that they made their own choices and decisions, which were respected by staff but they found staff provided really helpful advice. People discussed how they were fully involved in the development of their care records.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight and nutritional needs.

We saw that people were supported to maintain good health and accessed a range of healthcare professionals and services. We found that staff worked well with people's healthcare professionals such as consultants and community nurses.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create plans to reduce the risks identified as well as support plans. The people we spoke with discussed their support plans and how they had worked with staff to create them. We were in agreement with the registered manager that it would be beneficial if these were produced in accessible formats so used pictorial images as well as the words.

We found that staff had worked well with people and enabled them to develop skills they needed to live more independently. One of the people told us that because of staff support they had now developed to the point whereby they would be living more independently.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We saw that people had hospital passports. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control and first aid as well as condition specific training such as working with people who have learning disabilities. Staff had also received training around the application of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The staff we spoke with fully understood the requirements of this Act and were ensuring that where appropriate this legislation was used.

Staff shared with us a range of information about how they as a team worked very closely with people to make sure the service enabled each person to reach their potential. We found that people who used the service had been involved in producing the annual development plan and they could readily discuss whether staff and the home had met the goals that had been set.

People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. We saw that a senior staff member and two staff were on duty during the day and one person was on duty overnight. We found that the registered manager oversaw another home. The provider had therefore employed an additional senior support worker who worked at the home when the registered manager was working in the other home.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Summary of findings

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We saw that the provider had a system in place for dealing with people's concerns and complaints. People we spoke with told us that they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the home.

The registered provider had developed a range of systems to monitor and improve the quality of the service provided. We saw that the registered manager had implemented these and used them to critically review the service

We found that one of the people who used the service had become a service user representative for the home and regularly went to meetings at the provider's headquarters. The person who used the service and undertook the role told us they were the voice of the people in the home and felt their views were listened to and acted upon. They told me how they had, with staff support, argued that the home should remain in the cluster of services with the other home the registered manager oversaw. We found that the provider had listened to this argument and agreed to not changing the current cluster arrangements.

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.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Staff could recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the registered manager.

Appropriate systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff understood the requirements of the Mental Capacity Act 2005.

People were provided with a choice of nutritious food and were encouraged to develop, when appropriate, their cooking skills.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

This service was caring.

People told us that staff were extremely supportive and tailored the way they worked to meet each person's needs.

We saw that the staff were empathic and effectively supported people to deal with all aspects of their daily lives.

People were treated with respect and their independence, privacy and dignity were promoted. People actively made decisions about their care.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were produced identifying how the support needed was to be provided. These plans were tailored to meet each individual's requirements and reviewed on a regular basis.

People were involved in a wide range of everyday activities and led very active lives.

Good



Summary of findings

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be thoroughly looked into and reviewed in a timely way.

Is the service well-led?

The service was well led.

The service was well-led and the registered manager was extremely effective at ensuring staff delivered services, which were of a high standard. We found that the registered manager was very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

We saw people were encouraged and supported to be involved in every aspect of the operation of the service.

Staff told us they found the registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were very effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the home had an open, inclusive and positive culture.

Good



West 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.

An adult social care inspector completed this unannounced inspection of West Lodge on 26 August 2015.

The provider was not asked to complete a provider information return (PIR). 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.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits. We asked the registered manager to supply a range of information, which we reviewed after the visit.

During the inspection we met all six people and spoke at length with two of the people who used the service. We also spoke with the registered manager and two support workers.

We spent time with people in the communal areas and looked around the home. We looked at one person's care records, three staff member's recruitment records and the training records, as well as records relating to the management of the service.

Is the service safe?

Our findings

We asked the people who used the service what they thought about the home and staff. People told us that they were extremely happy that they were living at the home and thought the staff were providing an excellent service. They told us that they found the home provided a safe environment and they loved the home.

People said, “I really like it here and if it wasn’t for the staff I don’t think I’d be moving to the new place”, “We all get on really well and the staff are excellent.” And “I’m very happy.”

Staff told us that they regularly received safeguarding training. We saw that all the staff had completed safeguarding training this year and in each previous year. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered manager would respond appropriately to any concerns. We saw that abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings.

Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had up to date safeguarding and whistleblowing policies in place that were reviewed on a bi-annual basis. We saw that these policies clearly detailed the information and action staff should take, which was in line with expectations.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. Staff could clearly talk about what they needed to do in the event of a fire or medical emergency. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

We saw records to confirm that the fire alarm was regularly tested to make sure it was in working order. We confirmed that checks of the building and equipment were carried out to ensure people’s health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT), which is

a check that items such as televisions are safe. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We reviewed people’s care records and saw that staff had assessed risks to each person’s safety and records of these assessments had been regularly reviewed. Risk assessments had been personalised to each individual and covered areas such as staying at home on their own. This ensured staff had all the guidance they needed to help people to remain safe. The people who used the service and staff discussed the risk assessments and outlined how and why measures were in place. People told us that the plans assisted them to consider the consequences of actions and the action they could take to keep themselves safe.

We found that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults. These checks were carried out before staff started work at the home. People who used the service told us that they were involved in the recruitment and selection process and had interviewed staff. They told us that they had wanted to be a part of the panel that interviewed the registered manager but unfortunately that spot had been taken by another person who used services so they had interviewed the new senior care staff. We found that the home had a very stable staff team.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was the case. We saw that the registered manager and two staff were on duty during the day and one staff member was on duty overnight. We heard that when the registered manager was at the other home they managed to ensure cover was maintained a senior support worker had been appointed who mirrored them. Thus when they were at West Lodge the senior support worker was at the other home and vice versa.

Staff obtained the medicines for the people who used the service. Each person’s medicines were kept securely in their

Is the service safe?

room. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. We spoke with people about their medicines and said that they got their medicines when they needed them.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

We spoke with people who used the service who told us they had a great deal of confidence in the staff's abilities to provide good care and believed that the staff helped them to lead active and fulfilling lives. They told us that they felt that the staff were effective at supporting them and encouraged them to learn new skills.

People said, "The staff are brilliant." And, "I have been updating my support plans with the staff and these now say I can stay in the home on my own, which is great."

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. They told us that they completed mandatory training and condition specific training such as working with people who had learning disabilities.

Staff told us their training was up to date and the records confirmed that staff had a wide range of both mandatory and role specific training. Staff were required to undertake annual refresher training on topics considered mandatory by the service. This included: safeguarding vulnerable adults, fire, health and safety, nutrition, infection control, first aid, medicines administration, and use of de-escalation interventions. We found that the registered manager ensured staff remained up to date. We found that staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service.

We found that the staff had worked at West Lodge for over a year and some had worked at the home for over five years. We saw that the induction process was comprehensive and involved completing a schedule of training prior to starting to work at the home. Once at the home, staff shadowed more experienced staff.

Staff we spoke with during the inspection told us the registered manager was extremely supportive and they regularly received supervision sessions and had an annual appraisal. The registered manager told us that they completed monthly supervision with all staff. Supervision is a process, usually a meeting, by which an organisation

provide guidance and support to staff. We found that an annual appraisal was carried out with all staff. We saw records to confirm that supervision and annual appraisals had taken place.

People who used the service told us that their consent was always obtained and they were fully involved in all aspects of planning their care. We found that the staff had a good understanding of the Mental Capacity Act 2005 and what actions they would need to take to ensure the home adhered to the code of practice. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the rights of people who may need support to make decisions are protected.

The care records we reviewed contained appropriate assessments of the person's capacity to make decisions. We found these assessments were only completed when evidence suggested a person might lack capacity, which is in line with the MCA code of practice. Care records also described the efforts that had been made to establish the least restrictive option for people was followed and the ways in which the staff sought to communicate choices to people.

When people had been assessed as being unable to make complex decisions there were records to confirm that discussions had taken place with the person's family, external health and social work professionals and senior members of staff. This showed any decisions made on the person's behalf were done so after consideration of what would be in their best interests. Best interest decisions were clearly recorded in relation to care and support, finance, administering medicines and going out amongst others.

At the time of the inspection four people were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS and why they needed to seek these authorisations. They also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation. The registered manager was aware of the person's right to contest the DoLS and apply to the Court of Protection for a review of this order.

Is the service effective?

The registered manager was also in the process of contacting the Court of Protection to seek authorisations to deprive people of their liberty, as the home was in the process of changing to a supported living service. This meant the home would no longer be a registered care home and could therefore not use DoLS authorisations.

The people we spoke with told us that they worked together with the staff to plan their meals. They explained that staff cooked the main meals but they would make snacks and meals in order to develop these skills. We heard how staff supported them to think about healthy meal options.

From our review of the care records we saw that nutritional screening had been completed for people who used the service. This was used to identify if they were malnourished, at risk of malnutrition or obesity. We found that the people were all within healthy ranges for their weight; no one was malnourished and if people were overweight staff supported them to take action to ensure this was not adversely affecting their health.

We saw records to confirm that staff encouraged people to have regular health checks and where appropriate staff accompanied people to appointments. We saw that people had hospital passports. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

We saw that where people had conditions that needed regular review, staff ensured this happened and all of the people went for annual health checks. When concerns arose staff made contact with relevant healthcare professionals. For instance staff were in regular contact with people's community liaison nurses and when needed had asked these professionals to organise reviews with consultants.

We found that the staff proactively encouraged people to develop their skills and this had led to one person now being able to move to a less supported living environment.

Is the service caring?

Our findings

The two people we spoke with said they were extremely happy with the support provided at the home. They told us staff were always at hand to assist them and they found extremely helpful.

People said, “We have a great life and staff are always helping us to get the best out of life.” And “I think we get on as a very good team.”

People told us that they were involved in making the decision about how the home was run and one person was the home’s representative on the provider’s advisory group. This group looked at how the provider operated all of the services and whether improvements could be made.

We reviewed the care records and found that people had a very detailed assessment, which highlighted all their needs. The assessment had led to a range of support plans being developed, which we found from our discussions with staff and the individuals met their needs. People told us they had been involved in making decisions about their care and support and developing their support plans.

We found that staff at the service were very welcoming. The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively listened to what people had to say and took time to help people feel valued and important. We saw that staff were able to understand the needs of those people who had limited communication. Staff were able to tell us how people with limited communication expressed their views and made their needs known. Staff could clearly detail how this person expressed their agreement to plans and what would indicate that they were enjoying an activity.

The registered manager and staff that we spoke with showed genuine concern for people’s wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received support they needed. We observed staff and people who used the service engage in general conversation and had fun.

Staff were attentive, showed compassion and interacted well with people. People told us that staff always respected their privacy and didn’t disturb them if they didn’t want to be. We saw that staff treated people with dignity and respect. They constantly listened to what people were saying and responded to any requests. Also staff encouraged the people to be fully involved in our inspection and to let us know what happened at the home.

Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. They also could clearly detail the requirements of the equality and diversity legislation and outlined how they put this into practice. We found that staff constantly acted in person-centred ways and understood that they were the key advocates for people’s rights to fair and equitable treatment.

The registered manager discussed with us the work they had completed to develop staff skills and support staff to consistently work in person-centred ways. We found this work had been very effective and staff automatically adopted person-centred practices.

We found the staff team was committed to delivering a service that had compassion and respect for people.

Is the service responsive?

Our findings

Staff and people told us that they were involved in a plentiful supply of activities and outings. One person who used the service told us about the wide range of activities they undertook and how staff enabled them to find interesting things to occupy their time.

People felt staff knew exactly how to support them and intervened at the just right moment. They felt staff enabled them to be as independent as possible. People also told us how they had been supported to continue to meet and find new friends and find courses to go on.

People said, “I get to do all the things I enjoy.” And, “I was on a college course for cooking but this has stopped now so staff have been looking with me at what other things I can do.”

We heard how people were being assisted to lead fulfilling lives. People told us about all of the activities they enjoyed and we heard that people had completed a college course; went out and about most days as well as on holiday each year. One person told us about the holidays they had recently gone on and how enjoyable this had been.

We found that as people’s needs changed their assessments were updated as were the support plans and risk assessments. During the inspection we spoke with staff that were extremely knowledgeable about the support that people received. They could readily outline what support plans were in place and the goals of each plan. The people we spoke with told us they found that the staff made sure the home worked to meet their individual needs and to reach their goals.

We found the care records were comprehensive and well-written. One person took us through their care records

and told us what their current goals were and we saw this matched the content of the records. People kept their records in their own rooms and we heard this was so they could take ownership of them. We heard how the care records had previously included pictorial images to assist the people who used the service understand the content. The registered manager told us that the latest version of care records no longer used this format and they found it had made them less accessible for the people who used the service. We agreed with this assessment as some of the people were unable to read so although they kept their care records could not use them or read them independently.

The people who used the service that we spoke with told us they were given a copy of the accessible complaints procedure and they discussed this at resident’s meetings. People told us that they were very comfortable around raising concerns and found the registered manager and staff were always open to suggestions; would actively listen to them and resolved concerns to their satisfaction.

We looked at the complaint procedure and saw it clearly informed people how and who to make a complaint to and gave people timescales for action. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. People told us that they had never felt the need to complain. We saw that there no complaints had been made in the last 12 months.

The registered manager discussed with us the process they would use for investigating complaints and we found that they had a thorough understanding of the complaints procedure.

Is the service well-led?

Our findings

People who used the service we spoke with during the inspection spoke very highly of the service, the staff and the registered manager. They told us that they thought the home was well run and completely met their needs. They found that staff recognised any changes to their needs and took action straight away to look at what could be done differently. People we spoke with found that staff listened to their views and were receptive to their suggestions on how to improve the service. People told us that each year they sat with staff and looked at what the service did well and what they could do better.

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure the care delivered was completely person centred. We found that the registered manager was the integral force ensuring the home was safe, responsive, caring and effective. We found that under their leadership the home had developed and been able to support people with complex needs lead ordinary lives.

People said, “You could not ask for better staff.” And “The manager is brill; she cares so much about us”. And “We are happy here”. Staff told us, “I love working here, as it is all about giving people the best care and supporting them to lead fulfilling lives”. And “We as a team can take pride in how we have supported people to make such positive changes in their lives.”

The staff we spoke with described how the registered manager constantly looked to improve the service. They discussed how they as a team reflected on what went well and what did not and used this to make positive changes. Staff told us that the registered manager was very supportive and accessible. They found they were a great support and very fair. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together. We found the registered manager to be an extremely visible leader who demonstrably created a warm, supportive and non-judgemental environment in which people had clearly thrived.

The home had a clear management structure in place led by an effective registered manager who understood the

aims of the service. They ensured staff kept up to date with the latest developments in the field and implemented them, when appropriate, into the services provided at West Lodge. The registered manager had a detailed knowledge of people’s needs and explained how they continually aimed to provide people with good quality care.

We found that the registered manager clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that the registered provider had effective systems in place for monitoring the service, which the registered manager fully implemented. They completed monthly audits of all aspects of the service, such as infection control, medication and learning and development for staff. They took these audits seriously and used them to critically review the home. We found the audits routinely identified areas they could improve upon. We found that the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken. We found that strong governance arrangements were in place and these ensured the home was well-run.

Staff told us the morale was excellent and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them constantly review and improve the service. We found that this critical thinking meant the home was extremely person-centred and staff told us that they were always asked to consider how they could make the service very person-specific. We saw that the people were the priority and were supported to lead very independent lives. We looked at staff meeting records which confirmed that staff views were sought.

We also saw that regular monthly meetings were held with the people who used the service. At these meeting people were actively encouraged to look at what could be done better. At most recent meetings we saw that staff had been considering how to support one person find new courses. Staff also told us about how they had looked to see that people reached their potential and for one person this had meant they assisted them to develop all the skills they needed to move into their own flat.

Also we found that the registered provider had service representative groups who assisted them to review the

Is the service well-led?

whole way they operated. The person who was a representative on the provider's advisory group told us they fed back information about what was working well and what needed improvement. They found that their views and ideas were listened to and acted upon.

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