

New Directions (Hastings) Limited

New Directions (Hastings) Limited - Bishops Lodge

Inspection report

Bishops Lodge
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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

A comprehensive inspection took place on 1 October 2018. The inspection was unannounced.

Bishops Lodge is a home registered to provide accommodation and personal care to a maximum of six people with learning disabilities, specialising in support for people with Prader-Willi syndrome. Prader-Willi syndrome is a rare genetic condition that causes a wide range of physical symptoms, including an excessive appetite and overeating, learning difficulties and behavioural problems. At the time of the inspection there were four people living at the service. The home was a converted house that provided accommodation for people over two floors.

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 our last inspection we rated the service good. At this inspection we found the evidence continued to support the 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 remained kind and caring and had developed good relationships with people. People's privacy was respected and staff supported people to be as independent as possible.

Systems remained in place to protect people from abuse and staff received training in their responsibilities to safeguard people. Risks relating to people's care were reduced as the provider assessed and managed risks effectively.

People were supported with their nutritional needs by staff who had very good knowledge of the additional considerations needed to manage this prominent symptom of Prader-Willi syndrome. Adaptions had been made to the premises to ensure that peoples safety with their syndrome was protected.

People's medicines were managed safely by staff. People were supported by staff who had been assessed as suitable to work with them. Staff had been trained effectively to have the right skills and knowledge to be able to meet people's assessed needs. Staff were supported through observations, supervisions and appraisals to help them understand their role. The provider had ensured that there were enough staff to care for people.

People continued to receive care in line with the Mental Capacity Act 2005 and staff received training on the Act to help them understand their responsibilities in relation to it. People's capacity to make decisions had been carefully assessed. 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's needs continued to be assessed and person-centred care plans were developed, to identify what care and support was required. People received personalised care that was responsive to their needs.

People were encouraged to live healthy lives and received food of their choice. People received support with their day to day healthcare needs.

People were informed of how to complain and the provider responded to complaints appropriately. The provider communicated openly with people and staff. Staff worked closely with professionals and outside agencies to ensure joined up support.

People and staff spoke highly of the leadership of the service. Quality assurance and information governance systems remained in place to monitor the quality and safety of the service. Staff worked well together and were aware of their roles and responsibilities.

Managers and staff learnt from feedback and took action to improve service delivery following incidents, accidents and audits.

Further information is in the detailed findings below

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 remains effective

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

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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 1 October 2018 and was unannounced. The inspection team consisted of one inspector, one assistant inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experiences' area of expertise was in supporting people with learning disabilities.

We used information the provider sent us in the Provider Information Return (PIR) to complete the inspection report. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at this and other information we held about the service. This included notifications. Notifications are changes, events or incidents that the provider must inform us about.

We spoke with all the people who used the service and to one relative over the telephone. During the inspection we spoke with three care staff and the registered manager. After the inspection we contacted four health and social care professionals for feedback and received a response from one.

We reviewed a range of records about people's care and how the service was managed. These included the care records for all four people, medicine management, staff training, quality assurance audits, incident reports and records relating to the management of the service. We also looked at the recruitment files of four staff members. We made informal observations of care, to help us understand people's experience of the care they received.

The service was last inspected on the 11 February 2016 and was awarded the rating of Good. At this inspection the service remained Good.

Is the service safe?

Our findings

People continued to be protected from harm and kept safe by a skilled and knowledgeable staff team. One person told us, "I feel safe here. The staff check that the doors are locked. We have a staff member here overnight. It is waking nights so someone is always there for you." Another person said, "I am kept safe in the community because the staff come with me as I don't know the roads." One relative told us, "There is always someone with him. They are very good at keeping him safe."

Staff retained a good understanding of how to safeguard and protect people and received training to support this. Staff could confidently identify various types of abuse and there were detailed safeguarding adult's policies and procedures in place which were easily accessible to staff. People were shown how they were to be protected from harm in personalised easy read safeguarding documents which they were involved in completing. These explained the areas that a person could find themselves at risk, what they could do to protect themselves, and what support they needed from others to be protected from abuse. One person told us, "The staff have made me aware of discrimination, different forms of abuse and psychological harm. I would tell the manager if I was aware of anything like that happening."

Detailed risk assessments had been completed to identify potential hazards and how to reduce, or eliminate, these risks to keep people and staff safe. For example, people living with Prader-Willi syndrome can exhibit higher than expected pain thresholds and as a result can be at risks of scolds and burns. One person's risk assessment showed how staff supported them with regulating water temperatures when supporting the person with personal care. The staff member was required to give a specific, agreed response to the person when the risk had been mitigated, to indicate that it was safe for them to shower.

The provider continued to have a robust recruitment and selection process in place, and new staff had been subject to the appropriate criminal record checks before starting work. These checks are carried out by the Disclosure and Barring Service (DBS). This helps providers to make safer recruitment decisions and prevent unsuitable staff being employed. There continued to be sufficient skilled and experienced staff to ensure people were safe and cared for. One person told us, "There are enough staff here to do things one to one with us."

People continued to be supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Medicine care plans detailed what support people needed in terms of ordering, managing and storage of medicines.

People continued to be protected through effective infection control practices. The provider had detailed infection control policies and procedures in place and staff received information around these on their induction.

Staff continued to take appropriate action following accidents and incidents to ensure people's safety. We reviewed these records and saw specific details including follow up action plans aimed at preventing a reoccurrence.

Is the service effective?

Our findings

People told us they felt confident in the skills of the staff to effectively provide support to them. One person told us, "The staff here are really good. They know what I want to do because they can look in my folder and it tells them." Another person said, "Every single member of staff is good and helpful."

Staff continued to assess people's care and support needs, so they could be certain that their needs could be met. People were supported by staff who used guidance to deliver their care effectively and safely. For example, one person with diabetes was supported to take their blood sugar levels. Staff discovered that the use of hand gel sanitizers may have an adverse effect on blood sugar readings. The person's care plan was updated so that staff ensured that the person's hands were always completely dry prior to readings being taken, and that follow up confirmation readings would be completed should any readings be high.

Staff continued to undertake a programme of essential and specialist training. This training equipped them with the skills and knowledge to provide safe and effective care for people with Prader-Willi syndrome and included training in positive behaviour support, food and nutrition, diabetes management, safeguarding and medicines. Staff developed their knowledge of Prader-Willi syndrome by reading the detailed support plans of each person in the service, and by talking to people and their relatives about how they lived with the condition. Staff received a comprehensive induction when they started working and shadowed more experienced staff to observe their practices. Staff received continued support to understand their roles and responsibilities and received supervision, where they could discuss any concerns.

People with Prader-Willi syndrome (PWS) were supported with their nutritional needs by staff who had very good knowledge of the additional considerations needed to manage this prominent symptom of the condition. People with PWS have an excessive appetite because of the genetic disorder that leads to overeating and ultimately rapid weight gain. People's conditions were managed in a personalised way that identified specific areas of support they needed to manage it. People were given choices of what food they wished to eat and, where necessary, supported to have foods that had a low-calorie content. Each person's daily food intake was recorded and monitored in great detail to inform staff when calorific levels needed to be increased or reduced. Staff managed individual risks around eating very effectively. One support plan stated, 'Staff are to be aware that if my food is hot, it will not deter me from rushing, therefore staff should prepare and dish up my meal at least five minutes before I am due to eat to reduce the risk of scalding.'

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 they 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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had carried out detailed, decision specific, capacity assessments, that covered the areas of support which were prominent for people. People's capacity was carefully considered in care assessments, so staff knew the level of support they required,

while supporting them in making decisions for themselves wherever possible. Staff had a very good knowledge and understanding of the MCA and had received training in this area.

People continued to be supported to access healthcare services and to attend appointments with their GP, or specialist health-care professionals such as diabetic nurses and speech and language therapists for support around eating and swallowing. One person told us, "I haven't been ill since I moved here, but if I was the staff would call the GP.

People's individual needs had been met by the adaption of the premises. Due to people's PWS, the larder and fridges in the communal kitchen were locked to ensure that their nutritional levels were maintained safely. People had a very good awareness of the symptoms of their condition and had consented to this practice to ensure their wellbeing.

Is the service caring?

Our findings

People and their relatives spoke highly of the care and support staff provided. One person told us, "I would give it better than 10 out of 10. The best thing about the place is the manager and all the staff. There is nothing I would change." Another person said, "The staff make me feel happy and good about myself. They are helpful and sort me out." People had established close relationships with staff members and looked happy and comfortable in their presence. We observed people's interactions with staff throughout the inspection. Conversations were friendly but professional and demonstrated that staff had a good knowledge of people's needs, preferences and behaviours. One relative told us, "I called at the weekend and he was laughing and so happy."

People and relatives told us they could express their views and were involved in making decisions about their care and treatment. Consent was always obtained by staff who ensured that people understood the information they needed to make a decision. One person told us, "If I have to sign a document they help me understand it."

People had different communication needs and staff understood what support each person needed to communicate their wishes and needs effectively. One person's care plan stated that, 'I need staff to be consistent with me at all times when providing me with answers.' We observed this practice during the inspection. The impact of this was that the person's emotional wellbeing was consistently maintained through situations where heightened behaviour was more likely.

People's diversity, identity and differences continued to be respected and promoted, according to their wishes, and staff adapted their approach, to meet people's needs and preferences. People's needs were identified and recorded sensitively. Staff demonstrated their inclusive values in actively extending support to two people from the Lesbian, Gay, Bisexual and Transgender (LGBT) community. One person spoke of staff's sensitive support in embracing their diversity and supporting them to express it. People's religious preferences and needs were recorded in detail, even when people did not require staff support to access places where they could practice their faith.

People's dignity was promoted and preserved by staff. For example, one person required the reassurance of staff when they ate to ensure they did not overeat and put themselves at risk of choking. As people ate meals together in the dining room, staff had agreed with the person to gently place the palm of their hand onto the person's hand to quietly indicate when they were putting themselves at risk. The person understood this response and would adjust their eating pattern. The impact of this was that the person's dignity was maintained in front of other people.

People's privacy was respected by a staff team that treated them with the utmost respect. Staff ensured that they made people feel they mattered and listened to them appropriately. One person told us, "The staff respect my privacy. They knock on my bedroom door before coming in, and we will go to a quiet area if we need to discuss something in private. The staff all treat me with respect." People's personal information was kept securely and staff demonstrated an understanding of their responsibilities regarding protecting

people's confidentiality.

Is the service responsive?

Our findings

People told us enthusiastically about how active their lives were, and how staff supported them, when they required it, to engage in activities. Staff actively encouraged people's independence to ensure that they could participate as much as possible. One person told us, "The staff are interested in me and fully involved in my care." One relative told us their loved one was, "always going out somewhere exciting."

Assessments were undertaken to identify people's diverse and complex needs, together with their interests and preferences. From these, personal development and support plans were completed to reflect individual areas of support. These allowed staff to deliver support in a personalised way. Care plans were reviewed regularly with the person and their relatives, and were updated when people's needs changed. One comment from a professional stated, "I have always found the staff and manager very professional in their approach and responsive to my suggestions and recommendations."

People were supported to follow their interests and take part in activities that were socially and culturally relevant to them. One person told us, "I like going to church, shopping, work, out on trips, Zumba, swimming. There are always enough staff to do what we want to." People were also supported to access work opportunities. One person had received personalised and responsive support to regain their life skills following a particularly traumatic period in their life where their mental wellbeing was affected. The person's development plan was comprehensively updated and detailed the support they needed to regain their independence. Staff produced an easy read chart to support the person to work through individual tasks to gain confidence. Staff encouraged the person to tick off each task upon completion as a reward for continued progress. The impact of the structured and personalised support were the improvements in the person's mental and emotional wellbeing. One professional we contacted spoke of the progress staff had made in responding to this increased need, "In my opinion her needs are being fully met in her present placement."

People used technology and equipment available at the service to meet their social and educational needs. People used computers and lap tops to access social media. We observed one person actively engaged with the communal computer in researching information. The provider made available educational programs for people to enhance their numeracy and literacy skills

Information about making a complaint was adapted into an accessible and easy read format with pictorial aids to ensure that people could raise concerns. One person told us, "If there was a problem I would either put it in the complaints book, speak to the manager, to the senior or one of the staff." Lessons had been learnt from issues and complaints received to improve the quality of care. The provider was proactive in ensuring that the service complied with Accessible Information Standards. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

Although the provider was not providing anybody with end of life support, management and staff had ensured that people's end of life requirements and wishes had been discussed with people, their relatives

and professionals, when it was appropriate. Staff were aware of the difficulties that some people had in processing information and conversations about this subject, so they would ensure to maintain contact with close family members if needed.

Is the service well-led?

Our findings

People, their relatives and care staff continued to be happy with the way the service was managed and led. Staff told us that they felt well supported by the registered manager and that the leadership was approachable and supportive with any issues or practice needs that they had. Management and staff ensured that an open culture existed and that people were at the centre of their care and support. We saw this in our observations between people and staff. One staff member told us, "She is absolutely great. She is very supportive and if anything new comes up, she will let us know."

The registered manager had been in post since 2015. 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.

The provider used a number of systems to monitor and evaluate the quality and effectiveness of the service. To further mitigate risks and drive improvement, detailed audit reviews were completed regularly on protocols for 'as and when prescribed' medicines, diabetes checks, infection control procedures and health and safety compliance, amongst others. Following a health and safety audit in 2017 the provider took action to refurbish some communal areas and people's bedrooms. This process was underway and the management encouraged people and staff to give their views to shape the service and they were involved in the decisions made on each element of the redecoration.

People and their relatives had meaningful involvement in the running of the service. They were involved in interviews of staff to discuss their knowledge and expectations of supporting people with Prader-Willi syndrome. One senior staff member told us that this was a positive and proactive experience that enabled them to gain further insight into her role. Quality assurance surveys and feedback systems were in place to capture people's experiences and views of the service. People, staff and relatives told us how proactive the manager was in ensuring they were informed and updated with developments. One person told us, "The manager tells us what is going on and we can make suggestions in the book." One relative said, "They keep me informed about everything."

Staff told us of the provider's commitment to ensure continuous improvement and learning. For example, following the deterioration of one person's mental health, the registered manager ensured that all staff undertook a level two qualification in mental health support to enable them to have the skills and knowledge should any further events occur. One staff member told us, "Its all about empowering people and getting the most out of their lives. The manager is very supportive professionally and personally."

Staff had made links with the local community and worked in partnership with other agencies. Staff spoke of close partnership working with health professionals such as speech and language therapists, behavioural support teams and mental health to further their support of people.