

Truecare Group Limited

Sennen Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out this inspection on 10 February 2016. The inspection was unannounced. Sennen Lodge provides accommodation and support for up to eight people who have a learning disability or autism. There were eight people living at the home when we carried out the inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found people's safety was compromised in some areas. There was no hand sink in the laundry as recommended by the Department of Health's guidance on infection control. People's medicines records were not always recorded appropriately.

Relevant recruitment checks were conducted before staff started working at Sennen Lodge to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

The risks to people were minimized through risk assessments and staff were aware of how to keep people safe and the information provided staff with clear guidelines to follow. There were plans in place for foreseeable emergencies.

Staff received regular support and received regular one to one sessions of supervision to discuss areas of development. Staff informed us they completed a wide range of training and felt it supported them in their job role. New staff completed an induction programme before being permitted to work unsupervised.

Staff sought consent from people before providing care and support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully. Decisions were taken in the best interests of people.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and offered alternatives if people did not want the menu choice of the day. Staff were aware of people's needs who had limited communication, to make sure their diet was healthy and balanced. People were able to access healthcare services.

People had personalised bedrooms with their own en suite; there was also a sensory room and a ball pit room.

People were cared for with kindness, compassion and sensitivity. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received

personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a wide range of activities. People also had the opportunity to go on individual holidays abroad in line with their interests and choice.

The provider sought feedback through the use of a quality assurance questionnaire and used the results to improve the service. The provider and registered manager used a series of audits to monitor the quality of the service.

A complaints procedure was in place. There were appropriate management arrangements in place and staff felt supported.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

There were no hand washing facilities in the laundry room to help reduce the risk of cross infection.

Staff were trained and assessed as competent to support people with medicines. However there were gaps on medicine administration records.

There were enough staff to meet people's needs and recruitment practices were safe.

Risks were managed appropriately and staff were aware of emergency procedures.

Is the service effective?

Good ●

The service was effective.

Staff told us they felt supported and had regular sessions of supervision and received a wide range of training.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to access health professionals and treatments.

Is the service caring?

Good ●

The service was caring.

People's families felt staff treated them with kindness and compassion.

People were treated with dignity and respect and were encouraged to remain as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care from staff that understood and were able to meet their needs. Care plans provided comprehensive information to guide staff and were reviewed regularly by their key workers.

People had access to a range of activities which they could choose to attend.

The home had a complaints procedure in place.

Is the service well-led?

Good ●

The service was well led.

People's families and staff spoke highly of the registered manager, who was approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided. Staff had regular staff meetings.

There was a whistle blowing policy in place and staff knew how to report concerns.

Sennen 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.

This inspection took place on 10 February 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the provider is required to send us by law.

We spoke with the families of three people using the service. We also spoke with the registered manager, assistant area director, activity coordinator, cleaner and three care staff members. We looked at care plans and associated records for four people, four recruitment files, accidents and incidents records, policies and procedures, minutes of staff meetings and quality assurance records. We observed how staff interacted with people whilst supporting them with a range of activities in the home.

We last inspected Sennen Lodge on 25 October 2013, where no concerns were identified.

Is the service safe?

Our findings

People's families told us they felt their relatives were safe living at Sennen lodge. One family member told us, "No problems at all, I feel they are safe." Another family member said, "When they go on holiday they always send me a risk management plan." A third family member said, "If an incident or accident occurs will always keep me updated." Comments from the latest quality questionnaire completed by people stated that people felt safe living at the home.

There were no hand washing facilities in the laundry to help reduce the risk of cross infection, as recommended by the Department of Health's code of practice on the prevention and control of infections and related guidance, 'code of practice on the control of infections.' This guidance sets out how the regulations should be met. Whilst not mandatory, if a service chooses not to implement the code they need to show they have other systems in place which are equal to, or better than the code. We spoke to the registered manager and the assistant area director about our concerns who immediately phoned up the provider's maintenance department and arranged a sink to be fitted in the next two weeks.

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. There were up to date policies and procedures to provide guidance and help support staff to manage medicines in accordance with current regulations and guidance. Training records showed staff had been suitably trained and had been assessed as being competent to administer medicines which were updated yearly. However, on some medicine administration records (MAR) there were missing signatures. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines are required to initial the MAR chart to confirm the person had received their medicine. Medicine audits were carried out by the pharmacist once a year. The provider carried out internal audits twice a year and the home carried out their own monthly audits of medicines. However, these had fallen behind in the process of changing pharmacy. The audit had not picked up this shortfall. We spoke to the registered manager who sent us an action plan setting out how they were going to ensure records were recorded appropriately.

There were enough staff to meet people's needs and keep them safe. We saw that a family member had complained about staffing levels and as a result of this staffing levels had increased. A family member told us there was, "Always enough staff, lots of staff on." We observed that staff were available to support people whenever they needed assistance. The registered manager kept the staffing levels under review and staffing was adjusted to meet people's needs. Staff informed us they felt the number of staff was sufficient to look after people's routine needs and support people individually to access community activities. One staff member told us, "I feel enough staff." Another staff member said, "Finally got the numbers right for staffing."

Robust recruitment processes were followed that meant staff were checked for suitability before being employed in the home. Staff records included an application form and a record of their interview, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working at the home. A staff

member told us, "My recruitment process was very professional and the home applied for references and a DBS."

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One staff member told us, "If I witnessed abuse I would make sure the person was okay and remove them from danger and call the police and record what happened and inform safeguarding and the manager". Another staff member said, "I would report it straight away. Wouldn't hesitate as long as the guys stay safe." A third staff member said, "If I saw any issues I would send the member of staff home wouldn't hesitate to report it." An appropriate safeguarding policy was in place and staff were required to read this as part of their induction.

Where people found it difficult to manage their money independently, the registered manager had systems in place to support people appropriately and to protect them from financial abuse. This included money which was held, and spent, by people living in the home.

People were supported to take risks to maintain their independence whilst any known hazards were minimised to prevent harm. For example one person wanted to manage their own laundry. The home worked with the person and they were given a set time each week to carry out their laundry and were left a measured dose of washing power and softener and had access to the laundry room by knowing the access code. This meant they could carry out their laundry independently and safely.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Risk assessments covered personal care, support for when people when they went out in the community and participated in social and leisure interests.

People had emergency evacuation plans in place detailing the support they would need in an emergency. There were plans in place to deal with foreseeable emergencies. Staff were aware of what action to take in the event of a fire and fire safety equipment was maintained appropriately. Safety checks of gas and electrical equipment were conducted regularly.

Is the service effective?

Our findings

People who used the service appeared happy with the care and support they received. A family member told us, "Very good at meeting needs and going out of their way to meet them." Another family member said, "Quality of life, their personal care, all his needs excellent, definitely his home."

People were cared for by staff that were well-motivated and told us they felt valued and supported appropriately in their role. People were supported by staff who had supervisions (one to one meeting) with their line manager. Supervisions provided an opportunity to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff informed us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "I have supervisions once a month and I feel supported and able to speak about any concerns I may have." Another staff member said, "Supervision is brilliant have them once a month. Never got any problems and don't see any problems." Records also showed that all staff were checked for understanding on the Mental Capacity Act, 2005 (MCA), abuse and safeguarding to check vital knowledge as well as company policies and procedures.

Staff praised the range and quality of the training relevant to their roles and responsibilities. One staff member told us, "I've had lots of training and really enjoyed training on epilepsy and autism and intensive interaction which has really helped." Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Training was a mixture of on line training and face to face training.

New staff completed a comprehensive induction programme before they were permitted to work unsupervised. New staff were working towards the care certificate. This is awarded to staff new to care work who complete a learning programme designed to enable them to provide safe and compassionate care.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people had been assessed as lacking capacity, best interest decisions about their care had been made and documented, following consultation with family members and other professionals, where relevant.

A best interest decision was being planned for one person as they required a blood test for medical concerns. We spoke to a staff member who informed us that a meeting was planned involving the person, staff, their parents and the doctor. Best interest decisions were in place for people who are unable to give consent in line with the MCA.

People can be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS had been authorised for seven people and an application had been made for a further person, which were being processed by the local

authority. Staff were aware of the support required by people who were subject to DoLS to keep them safe and protect their rights.

Staff were aware of people's dietary needs and preferences. Staff informed us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. One staff member said, "We ask people what they would like, for lunch and dinner, they get a choice of two options and snacks are available throughout the day, fruit, yoghurt and crisps." The care records for one person stated 'able to feed themselves but requires the use of a plate guard. Also requires support in choosing their meals staff to ensure that they receive a healthy and balanced diet.' For another person it stated, 'communication for food e.g. when I am hungry I may take your hand and lead you to the kitchen. I may also make loud vocalisations and begin to bite my hand or finger.' We observed a meal time whilst at the home and people seemed to enjoy their food. A family member told us, "Food and diet are good."

People's health care needs were monitored and any changes in their health or well-being promoted a referral to their GP or other health care professional. A family member told us, "Any medical concerns are taken seriously and the home follow up straight away." Another family member said, "My relative was really poorly recently and they were very good at contacting the doctor straight away." The home held information about the person's health needs, their medicines, information as to their likes and dislikes and communication needs. In addition each person at the service had a hospital passport. This would go with the person should they need to access emergency or planned medical treatment, to assist health care staff in the provision of the person's care and support.

People had their own bedrooms, which were all en suite and free use of a communal lounge, dining room, kitchen and garden with a summer house. The home also provided a quiet lounge, sensory room with two large water filled bubble lamps and a large projector, which created lights and images on the ceiling and walls and ball pit that people living at the home were free to use. People's rooms were personalised. One person liked to look in mirror's so had lots of mirrors on the wall. A family member told us, "The bedroom just been redecorated and the home and bedroom is spotless." The registered manager told us, "One person loves water and likes to go to the hydro pool, so we have now fitted a Jacuzzi bath in their en suite which they absolutely love."

Is the service caring?

Our findings

People's families told us people were treated with kindness and compassion. One family member said, "The staff think the world of the people that live there." Another family member said, "Staff very friendly, informative and courteous." A third family member said, "Caring people very person centred."

Staff built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. One staff member told us, "I love working here; the best thing is the people who live here, it's very rewarding." Another staff member said, "I really enjoy working here; coming here and seeing the way people are treated has made me love my job again." A third staff member said, "I love this job, really love my job I think the world of the person I look after and would go round the world for them." Staff also demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. We saw how they have taken the time to get to know people by addressing them using their chosen name, maintaining eye contact and ensuring they spoke to people appropriately. Within the staff questionnaire, when asked what they enjoyed most about working here, the response was 'the people they support.' A comment from a quality questionnaire sent to families stated, 'Over the years the staff have shown they care for our son by their continued dedication and commitment.'

People appeared to understand when staff spoke with them and often responded with smiles or sounds which indicated they were happy. One staff member told us, "I am a keyworker for a person who lives here and we use a little bit of Makaton." They also told us, "I know them like the back of my hand now, and can tell what they want and where they want to go." Makaton is a language programme using signs and symbols to help people to communicate.

Throughout the course of our inspection we observed staff treating people in a respectful and dignified manner. Staff took their time and gave people encouragement whilst supporting them. Staff told us privacy and dignity was always respected. One staff member told us, "We always knock on the door to respect people's privacy and dignity." Another staff member said, "I always knock first and let them answer and when providing personal care I make sure the bedroom door is locked so no one can come in."

The registered manager told us, "I will often go out and listen to reactions on the floor, so I know what my staff are doing and lead by example, making sure staff have completed their training and staff are knocking on doors."

Staff understood the importance of promoting and maintaining people's independence. A staff member told us, "A few people have epilepsy, so we have to stay in the room while they are bathing to keep them safe, but allow them to wash themselves." A family member told us, "Very person centred and looked after well." Another family member said, "No concerns about wellbeing."

Confidential information, such as care records, were kept securely and only assessed by staff authorised to view them. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

Is the service responsive?

Our findings

People received personalised care from staff who supported people to make choices. A family member told us, "Goes on fabulous holidays, and they are his thing he loves them." Another family member said they are, "Listened to very good." A third family member said their relatives', "Quality of life was excellent."

Care plans were detailed and provided information about how people's care and support needs should be met. They contained information about people's medical and physical needs. A family member told us, "When the new manager started we were invited into the home for a review of the care plan and to go through their history." The registered manager told us, "When I first come here the care plans were quite basic, so I met up with peoples families to make sure they were all up together."

Care plans were personalised and easy to follow, and showed how people should be supported to make choices. For example for one person it stated, "I will lead staff by the hand to take them to what I want. If I do not like something or do not want something I will push it away." They included information about what the person could do and what they required support with. A staff member told us, "I find the care plans quite detailed."

People's families told us they had a keyworker. A keyworker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and would spend time with them. A family member told us they find his keyworker "the perfect person for him an excellent match." Keyworkers have monthly meetings with people where they go through any changes to health and medicines, health appointments, activities and summary of behaviour. One staff member said, "As a keyworker we meet up once a month and review their care plan and have a chat."

People were encouraged and supported to develop and maintain relationships with people that mattered to them and to avoid social isolation. A family member said, "Keyworker brings him down to see me every now and then for a few hours which is great." A staff member told us, "I am a keyworker for one person living here and we have been on holiday to Spain, where they loved watching all the shows and have also been to Euro Disney the theatre and a few concerts. They really love the Beatles, so I'm looking if we can get tickets to see a show on the Beatles."

People were supported to participate in a range of social and leisure activities in line with their interests. A family member told us, "My daughter is a lot happier since there has been big improvements in activities." We spoke with the activities co-coordinator who informed us "I talk to people about their likes and dislikes and if they can't communicate we look at records to see what they enjoyed and speak to staff and family members". Activities are planned seven days a week in the morning afternoon and evening. They told us, "We always have two-three group activity and plan on five of the seven days out of the home." On the day of our inspection people were on a day out to Weymouth. A staff member told us, "We went to Weymouth today, they all enjoy going out in the car, we sat on the seafront and had sausage and chips for lunch it was lovely."

Records showed that trips took place, included the new forest, museums, Bucklers Hard, aquarium, Cadburys world as well as the cinema, swimming, personal shopping trips, and meal's out. Activities in the home included arts and crafts, music sessions, pamper sessions, games, DVDs, using the sensory room and helping in the kitchen. Parents are then send a weekly email of what their children have been involved in and anything they want to add.

People had a choice staff told us, "One person was going on the trip today and got in the car, but then changed their mind and got out and stayed at the home, which is fine." The activities co-coordinator told us, "After each trip, staff are asked to review how the trip went, and what worked and didn't work, and if people enjoyed it, this helps me review and plan upcoming trips." They also told us, "I am just starting to plan holidays where I will get the parents involved. Each person living here has their own individual holiday."

Staff informed us they promote independence by making activities pleasurable but also to promote development for example, activities were all individual and personalised and for one person part of their planned activities for a couple of mornings was to get their own breakfast. Staff told us, "We are trying to get them to their full potential." The registered manager told us, "Trying to promote one person to make their own breakfast, they can put cereal in their own bowl and staff are working with them to get them to butter their own toast."

Residents meeting were held weekly and minutes showed these were in an easy read format supported by pictures. However, the registered manager found people weren't really involved and didn't want to talk and didn't always understand what was being communicated at the meetings. As a result of this the home is in the process of setting up 'living the life.' This involves the keyworker meeting up with the people weekly, where they will go through goals in five-six different areas and how the week has gone; this will then be reviewed in the monthly review. The home had its own assistant psychologist who worked alongside the provider's clinical psychologist, who will be involved in reviewing people's goals as well. This meant they are able to offer guidance and tips on how to achieve better outcomes and achievements for people living at the home.

Most people and their families were able to raise complaints. For one person we saw that they could not make a complaint themselves and their care plan stated 'that they would need staff to speak out for them if they see or hear anything happen, as they would be unable to do.' The service had a complaints procedure which was also produced in an 'easy read' format. The home had received six complaints in the last year, which were investigated and responded to with improvements made.

Is the service well-led?

Our findings

People's families told us the home was run. One family member told us, "Huge improvement since new manager been in post." Another family said, "Good manager, hope she stays as we've had a lot of management changes." A third family member told us, "The new manager turned up and things turned around. Staff feel valued with the new manager."

There was an open and transparent culture within the home. Staff felt they could raise concerns, make suggestions on improvements and would be listened to. A staff member told us, "Management are brilliant, the registered manager is really improving the home." Another staff member said, "Really good team here, seeing it improving and getting better." A third staff member told us, "One of the best management teams since I've been here." The registered manager told us, "I feel really supported by my manager and if I need any help or have any queries they are always very helpful."

Staff meetings were carried out once a month and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. One staff member told us, "Management are wonderful, left my own place as management were really bad, the manager is brilliant". Minutes from a meeting in January 2016 showed a staff member had suggested the home purchased some sit down scales as not all people liked standing on the scales. The home is in the process of purchasing the scales.

Staff were positive about the support they received from the manager. A staff member told us, "I feel supported by the manager and can for ask for help if needed." Another staff member said, "Get on really well with management, doing well." A third staff member said, "Not one bad thing about management."

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, people's finances, care plans, infection control. Safeguarding, accidents and incidents also had to be sent to the assistant area director as part of a monthly report. This meant that lessons could be learnt from it to reduce the risk of reoccurrence.

In addition to the audits, the registered manager conducted a series of spot checks of key areas of work. The assistant area director also carried out checks when they visited. All the people at the home and people's families have the contact details of the assistant area director, should they wish to raise a concern. The registered manager told us, "I carry out spot checks at night, and always ask staff questions to check their understanding and knowledge."

The provider sent out annual surveys to people and their families, staff and health professionals. The surveys seen from September 2015 showed people with happy with the service provided at Sennen Lodge. From this a summary is produced and a development plan developed. We saw that one of the plans was to provide family members with better communication as a result of this families were send weekly email on activities provided in the home. Actions from the staff survey included Increase staff development by training and supervisions and NVQ.

Policies and procedures were kept on line and accessible to all staff. When policies were updated staff were sent an update and informed that they had read the update. One staff member told us, "Policy and procedures are updated and I have access on line. I then have to read and sign to say I understood."

There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. One staff member told us, "Whistleblowing policy would be happy to report."

The provider had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The provider had appropriate policies in place for all aspects of the service.