

The Lodge Health Care Limited

The Lodge

Inspection report

109a Worksop Road
Swallownest
Sheffield
South Yorkshire
S26 4WB

Tel: 01142942090

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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

We inspected The Lodge on 16 January 2016. The inspection was unannounced. The Lodge was last inspected in July 2014, no concerns were identified at that inspection.

The Lodge provides accommodation and support for up to six people with learning disabilities and autistic spectrum disorders. On the day of the inspection six people were receiving care services from the provider. 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.

During our inspection we spoke with two people who used the service. We also spoke with four members of care staff, the registered manager and two nurses. During our visit to the service we looked at the care records for six people and looked at records that related to how the service was managed.

People who used this service were safe. The care staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety.

The care staff knew the people they were supporting and the choices they had made about their care and their lives. People who used the service, and those who were important to them, were included in planning and agreeing to the care provided.

The decisions people made were respected. People were supported to maintain their independence and control over their lives. People received care from a team of staff who they knew and who knew them. People were treated with kindness and respect. People we spoke with told us, "Staff are nice and friendly, I like them a lot."

The registered manager used safe recruitment systems to ensure that new staff were only employed if they were suitable to work with vulnerable people. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service or to the local authority or CQC.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs. The service was well managed and took appropriate action if expected standards were not met. This ensured people received a safe service that promoted their rights and independence.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development. There was a positive culture within the service which was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to maintain their independence.

The service was well-led. There was a comprehensive, formal quality assurance process in place. This meant that all aspects of the service were formally monitored to ensure good care was provided and planned improvements and changes could be implemented in a timely manner.

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 was safe. Staff understood their responsibility with regard to safeguarding adults and systems were in place to help protect people from the risk of abuse.

Risk assessments were in place which set out how to support people safely and there were guidelines about supporting people who exhibited behaviours that challenged the service.

There were enough staff working at the service to meet people's assessed needs. Robust staff recruitment procedures were in place.

Medicines were managed in a safe manner.

Is the service effective?

Good ●

The service was effective. Staff undertook regular training and received one to one supervision from a senior member of staff.

The service operated within the Mental capacity Act 2005. No one living at the service was subject to a DoLS authorisation and people were able to make choices about their daily lives. This included choices about food.

People had regular access to health care professionals.

Is the service caring?

Good ●

The service was caring

People were well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to make decisions about their care and support.

People's needs and wishes were respected by staff. Staff ensured that people's dignity and privacy were maintained.

Staff respected people's need to maintain as much independence as possible.

Is the service responsive?

Good ●

The service was responsive

Assessments and support plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

There was a clear complaints procedure in place.

Activities were planned into each day. Support plans recorded people's individual interests and hobbies.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager employed. The registered manager set high standards and used good systems to check that these were being met.

People who used the service knew the registered manager and were confident to raise any concerns with them.

A system was in place to regularly assess and monitor the quality of service people received, through a series of audits.

There were good systems in place for care staff or others to raise any concerns with the registered manager.

The 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 16 January 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we examined information we already held about the service. This included details of its registration, feedback from stakeholders and any notifications the provider had sent us. We contacted the relevant local authority with responsibility for commissioning care from the provider to gain their views.

During the inspection we spoke with one people that used the service and we observed how staff interacted with people. We spoke with four members of staff and the registered manager.

We examined various documents. These included six care records relating to people, three staff recruitment, training and supervision records, medicines records, quality assurance documentation, minutes of staff and residents meetings and various policies and procedures.

Is the service safe?

Our findings

People told us they felt safe using the service and that staff would help them to keep safe. The provider had a safeguarding procedure in place. This made clear their responsibility for reporting any safeguarding allegations to the local authority and Care Quality Commission. There was also a whistleblowing policy which made clear staff had the right to whistle blow to outside agencies if appropriate. The registered manager was aware of their responsibility for reporting any safeguarding allegations. Staff had a good understanding of safeguarding issues and were aware of their responsibility to report any safeguarding allegations to their manager.

Staff recognised people's rights to make choices and take everyday risks. Assessments had been carried out to identify any risks to the person and the staff supporting them. This included risks relating to the environment as well as risks associated with people's support needs and lifestyle choices. Assessments included information about any action needed to minimise the risk of any harm to the individual or others, whilst also promoting and recognising the person's rights, choices and independence. For example, one person enjoyed helping to prepare meals. Each process of the meal preparation had been assessed to ensure safety of the individual whilst promoting as much independence as possible.

Risk assessments also included supporting people that exhibited behaviours that challenged themselves and others. Staff told us the service did not use any form of physical restraint with people and this was in line with information provided in risk assessments. Risk assessments included information about seeking to use distraction techniques when people were becoming agitated.

The service held money on behalf of one person that used the service which was kept in a locked container. Records were maintained of any monies spent as were receipts. Staff signed when they spent money on behalf of the person. We checked the money and found the amount held tallied with the amount recorded.

There were sufficient numbers of staff available to keep people safe. Staffing levels had been organised for each person dependent on their assessed need. Support plans clearly described how these staffing levels were organised and the support required by each person concerned. During the inspection we saw there were enough staff to support people with their daily care needs and to take people out when they needed or requested to. Whilst one member of staff told us, "There is not always enough staff." Three other staff we spoke with said the staffing arrangements were well organised and sufficient to keep people safe. Comments included, "We have plenty of time to support people, do the things we need to do and also spend time chatting and relaxing with people."

We saw robust recruitment and selection processes were in place. We looked at the records of three members of the staff team. We found appropriate checks had been undertaken before people started work. The staff files included evidence that pre-employment checks had been made including requests for written references from previous employers, Disclosure and Barring Service clearance (DBS) health screening and proof of identity. These checks helped ensure staff employed by the provider were fit and appropriate to

work with vulnerable people.

We found one instance where medication stocks did not tally with the medication administration record (MAR) quantity expected. The MAR for one person indicated that there should be 29 tablets in stock however there were none to be found. We told the registered manager about this who described how they would investigate this issue and plan to minimise similar future events. All other medicines were managed, stored, given to people as prescribed and disposed of safely. People's care records included clear information regarding their medicines and how they needed and preferred these to be given to them. Medicines were administered by qualified staff who understood the importance of safe administration of medicines. The registered manager had the responsibility of overseeing medicines in the home and regular audits were undertaken to ensure practices remained appropriate and safe.

The provider had taken steps to maintain safe premises. We saw evidence of fire alarm testing and audits as well as accident and incident reports, which documented any relevant actions that were taken. Building checks were carried out and we saw the relevant certificates.

Is the service effective?

Our findings

People told us they were happy with the service provided. One person said, "I like it here, it's lovely." The same person said of the service, "There is not really anything I would want to change, I feel like it's my home."

People received care and support from staff who knew them well and who had the skills and training to meet their needs. Staff told us they had lots of opportunities to develop their skills and training was relevant to the needs of people they supported. Staff confirmed they undertook a thorough induction when they first started working in the home. Comments included, "I received lots of training, read policies and procedures and shadowed experienced staff before working alone."

Most staff told us they felt well supported by their colleagues and the registered manager. Comments included, "I have regular supervision with the manager and we also meet regularly as a staff team to discuss practice and share ideas." and "I can always speak to the manager if I need advice or support." One staff member did not believe the registered manager was always supportive. They told us, "There can be a lack of support and confidentiality." Records confirmed regular one to one supervision sessions took place as well as daily hand-overs and staff meetings.

We saw evidence that the service was seeking to meet people's health. For example, one person using the service had support from an optician and we saw documentation of this. We saw in all of the care plans that people had access to health care services ranging from physiotherapy to dentist appointments and that they were all supported to attend appointments when necessary.

Care plans included contact details of next of kin and medical professionals so relevant people could be contacted in an emergency. People told us staff supported them with medical appointments. One person said, "If I was poorly they (staff) would send for a doctor."

People's consent was sought before care and support was provided. We saw staff speaking to people as they provided support and checking they were happy with the care being provided. Staff provided people with advice, such as appropriate clothing to wear out for certain weather conditions but also respected the person's right to make their own choice.

People's health and dietary needs were understood and met. We saw how people were fully involved in the planning and preparation of their meals. We saw people were familiar with the kitchen area and were able to prepare simple snacks and drinks and help staff prepare their main meal for the day. People's daily routines were documented as part of their support plan and included information about particular likes and dislikes as well as when they liked to have drinks and snacks during the day. One member of staff said that people in the home did not have any specific dietary needs but would be

helped by staff to consider healthy food options.

Is the service caring?

Our findings

People were supported by staff who knew them well as individuals. They were able to tell us about people's needs, choices, personal histories and interests. We observed staff talking and communicating with people in a caring and professional manner and in a way people could understand. One person who used the service said, "Staff are nice and friendly, I like them a lot."

Staff spoke with people in a kind and respectful way. They demonstrated warmth and it was clear that all staff we spoke with were genuinely fond of the people they supported. Staff told us meeting people's individual needs was the most important thing they did each day. They told us they put people first to improve their lives and enable them to have more choices. We observed people enjoying themselves in the company of staff. People told us they were well looked after and happy living at the home. One person said, "Everything is good, staff, food, things I can do, everything."

People had timetables of activities for each day, however they were supported and encouraged to make choices for each day. For example, people chose when they got up or when they went out. Staff knew how people liked to spend their time at the home. Some liked to stay in their bedrooms and others preferred to be in the communal areas and staff supported them in their choices. People spoke positively about the recent Christmas holidays. One person told us, "Decorations were great, we helped to make some."

People's privacy and dignity was respected. People were supported and encouraged to go to their bedroom, bathroom, or toilet whenever they needed to address aspects of personal care that was inappropriate in a communal area. This support, where it was required, was discreetly managed by care staff, so that people were treated in a dignified way in front of others. For example, we observed a staff member gently suggest to a person they may like to change their clothing. The staff also made sure that doors were kept closed when they attended to people's personal support needs. Staff knocked on people's doors and waited for a response before they entered the room. Staff told us they maintained people's dignity by promoting their independence and involving them in decisions.

We saw that each person had their own bedroom which they had personalised with items such as family photographs. Staff told us, "The bedrooms are lovely here; it's nice that people have their own identity and can create their own personal space." Staff were respectful of people's personal choices. People had access to a shared sitting room area, a dining room and an enclosed garden patio area. We observed staff asking people where they would like to be and staff ensured each person was comfortable and had all they required. This was sometimes access to activity items such as books, games or jigsaws. Staff knew what interested people to help engage in interactions which created opportunity for social interactions.

Support plans provided good information about people's likes, dislikes and preferences in regard to all

areas of their care. The service had information relating to people's close relatives and friends and there was evidence that staff supported people to nurture and maintain relationships with their relatives.

Where people did not have family members to support them to have a voice, the registered manager had good knowledge of how to access local advocacy services. Information was readily available for staff to know when and how to access local advocacy services. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw details of the local advocacy services provided within the service user guide.

Is the service responsive?

Our findings

Before people came to live at the service they had an assessment which included an extensive pre-admission questionnaire. These assessments were used to create a person centred plan of care which included people's preferences, choices, needs, interests and rights. People told us they had been involved in developing and reviewing care plans.

Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. During our visit we looked at the care plans and assessment records for six people. The care plans and assessments we looked at contained details about people's individual needs and preferences, including person centred information that was individual and detailed. Care plans and assessments had been reviewed regularly and provided good information about people's needs. These reviews had been attended, where possible, by the person who received support, representatives of The Lodge, family members and professionals external to the service, for example social workers.

Care plans were detailed enough for any staff member to understand fully the care and support required by an individual and how it should be delivered. People told us all their likes and dislikes were discussed so their plan of care reflected what they wanted. For example, it was documented whether people preferred to shower rather than have a bath, and they received this support according to their preference.

We saw that daily records were kept for each person at The Lodge. These records documented a person's daily activities, nutritional information, incidents, behaviours and events. These documents were signed by staff and formed part of a staff handover. This meant that all staff were aware of the immediate needs of all the people who lived at The Lodge.

Staff were able to describe how they would recognise if people were not happy or upset with a decision. Communication support plans identified gestures and body language that would be displayed in these circumstances. Staff described how they would work with the person to identify and resolve what had caused distress.

People knew how to make a complaint and the provider had a complaints policy in place, which was displayed. People were very complimentary about the service and told us they had no reason to complain. If they had any comments or suggestions these were taken on board and immediately actioned. Staff were clear about their responsibility and the action they would take if people made a complaint.

Is the service well-led?

Our findings

There was a manager in post who had managed the home and been registered with the Care Quality Commission for a number of years. The registered manager had experience in working with people with learning disabilities. One member of staff told us they found the registered manager, "Approachable, responsible and caring." Another said they found the registered manager and senior staff very approachable, supportive and, "Very hands on." However one staff member did not always find the manager supportive.

Staff told us they worked well as a team. One staff member said, "The atmosphere is lovely here. Its friendly and the interactions with people are good". Another staff member said, "I find my work very rewarding. We have a fantastic team". Staff described the management structure as open and transparent. We saw minutes of recent team meetings. Each meeting had a variety of topics which staff had discussed, such as days out, resident monthly review feedback and health and safety. The registered manager told us that meetings were also used to keep staff informed of any changes in the service and reviewing and introducing new ways of working. Staff told us they could voice an opinion and we saw this recorded in minutes.

The service maintained a robust and effective system for monitoring the quality of the service. Regular audits of the service's systems and processes had taken place to ensure people's health, safety and welfare. The registered manager told us and the records confirmed that health and safety, medication, support plans and accidents and incidents had been regularly checked. These were completed within the registered providers identified timescales. We found that the last medication audit had highlighted a discrepancy in stocks of medication, however the auditor had not passed on their findings or created a plan of action to address the issues identified. The registered manager told us this would be addressed at individual supervision.

We viewed accident and incident reports and these were recorded appropriately and were reported through the provider's quality assurance system. Each accident or incident that occurred was reviewed with staff and a post incident analysis was completed. This enabled the service to identify what changes were needed to minimise the risk of an incident occurring again. This meant the provider was monitoring incidents to identify risks and trends and to help ensure the care provided was safe and effective. Any changes of practice required by staff were highlighted in staff meetings so staff were aware if lessons had to be learnt from incidents. The registered manager told us that she spent time with people and staff on a regular basis to ensure she was aware of what was happening at the service and observe practise.

There were plans in place to deal with unexpected emergencies such as fire. These plans included detailed personal evacuation plans for each person living in the home as well as contingency plans should the home become uninhabitable due to an event.

We examined all the policies and procedures relating to the running of the home. We found all were reviewed and maintained to ensure that staff had access to up to date information and guidance.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The manager understood their responsibilities and knew of other resources they could use for advice, such as the internet.

The registered manager understood their responsibilities in relation to the registration with the Care Quality Commission (CQC). Staff had submitted notifications to us, about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.