Care Quality Commission

Gateshead Council

Blaydon Lodge

Inspection report

Shibdon Road
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Tyne and Wear
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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

This was an unannounced inspection carried out on 13 November 2015.

We last inspected Blaydon Lodge in September 2014. At that inspection we found the service was meeting the legal requirements in force at the time.

Blaydon Lodge is a two bedded resource that provides a short break service to adults with learning disabilities/ autism and some behaviours that may challenge.

A registered manager was in place. 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.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. Staff were aware of the whistle blowing procedure which was in place to report concerns and poor practice.

Summary of findings

Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, where decisions were made on behalf of people who were unable to make decisions themselves. Other appropriate training was provided and staff were supervised and supported.

People received their medicines in a safe and timely way. People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed.

Menus were individual and staff were aware of people's likes and dislikes and special diets that were required. Activities and outings were provided according to people's preferences.

Staff knew the people they were supporting well. Care was provided with patience and kindness and people's privacy and dignity were respected. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

People we spoke with said they knew how to complain but they hadn't needed to. The provider undertook a range of audits to check on the quality of care provided. There was regular consultation with people and/ or family members and their views were used to improve the service.

Staff and relatives said the management team were approachable. Communication was effective ensuring people and their relatives were kept up to date about any changes in people's care and support needs and the running of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from abuse and avoidable harm as staff had received training with regard to safeguarding. Staff would be able to identify any instances of possible abuse and said they would report it if it occurred.

Policies and procedures were in place to ensure people received their medicines in a safe manner.

There were enough staff employed to provide a supportive and reliable service to each person.

Good

Is the service effective?
The service was effective.

Staff had received the training they needed to ensure people's needs were met effectively. Staff were given regular supervision and support.

People received appropriate support to meet their healthcare needs. Staff liaised with GPs and other professionals to make sure people's care and treatment needs were met.

People received an individual and varied diet.

Good

Is the service caring?
The service was caring.

Relatives and people we spoke with said staff were kind and caring and were very complimentary about the care and support staff provided.

People's rights to privacy and dignity were respected and staff were observed to be patient and interacting well with people.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide individualised care to the person.

People were helped to make choices and to be involved in daily decision making.

Good

Is the service responsive?
The service was responsive.

People received support in the way they needed because staff had detailed guidance about how to deliver people's care. Support plans were in place to meet all of people's care and support requirements.

People were provided with a range of opportunities to access the local community. They were supported to follow their hobbies and interests and were introduced to new experiences.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The service had a registered manager in post. People using the service, their relatives and staff praised their approach and commitment.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service, their relatives and staff. Action had been identified to address shortfalls and areas of development.

Blaydon 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.

Before the inspection we reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

The inspection took place on 13 November 2015 and was an unannounced inspection. It was carried out by an adult social care inspector.

Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. During the inspection we spoke with one person who was supported by Blaydon Lodge staff, two support workers and the registered manager. After the inspection we telephoned four relatives to obtain their views of the care provided by the service.

We reviewed a range of records about people's care and checked to see how the service was managed. We looked at care plans for five people, the training and induction records for three staff, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and the quality assurance audits that the registered manager and other managers external to the service completed.

Good

Is the service safe?

Our findings

Due to people's complex communication needs they were not able to communicate verbally with us. People appeared calm and relaxed as they were supported by staff. Relatives' comments included, "(Name) is absolutely safe, I have every confidence in the staff." I don't worry because staff know (Name) so well.", "Takes a weight of my mind as I know (Name) is so well looked after, I used to phone other places to check them but don't need to here as I'm confident (Name) is safe.", "I wouldn't let (Name) go if I had concerns)" and, "Now I know (Name) is settled I can relax."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were aware of the provider's whistle blowing procedure and knew how to report any worries they had. One staff member said, "If I had any concerns about anyone's care I'd report it to the person in charge." Staff told us, and records confirmed they had completed safeguarding training. They were able to tell us about different types of abuse and were aware of potential warning signs. They described when a safeguarding incident needed to be reported. The registered manager was aware of incidents that should be reported and the authorities and regulators that should be contacted. They told us of a recent incident that had been discussed with the local safeguarding team. However, the incident had not been logged in the service to record the minor safeguarding issue which had been dealt with by the provider.

A system was in place to deal with people's personal allowances and any money held on their behalf for safe keeping.

We checked the management of medicines. People received their medicines in a safe way. All medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines.

Medicines were given as prescribed and at the correct time. Both staff members told us medicines would be given outside of the normal medicines round time if the medicine was required. For example, for pain relief. We saw there was written guidance for the use of "when required" medicines, and when these should be administered to people who showed signs of agitation and distress.

Documentation was available for one person who required the covert administration of medicines as the people did not have mental capacity to make decisions about their medicines. However, although a 'best interest' meeting had taken place the decision making did not adhere to the National Institute for Health and Care Excellence (NICE) guidelines as a 'best interest' meeting had not taken place with the relevant people that included the pharmacist. A best interest meeting involves relevant staff, the health professional prescribing the medicine(s), pharmacist and family member or advocate to agree whether administering medicines without the resident knowing (covertly) is in the resident's best interests. We discussed this with registered manager who told us it would be addressed.

The registered manager told us that all staff received basic life support training in order to provide the necessary care to a person in an emergency situation until the required medical assistance arrived at the service.

Assessments were undertaken to assess any risks to people and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. These assessments were also part of the person's care plan. There was a clear link between care plans and risk assessments addressing for example, nutrition, epilepsy, mobility needs and risks. Risk assessments were also in place to help maximise people's independence and to encourage positive risk taking and at the same time keep people safe.

Care plans were in place to show people's care and support requirements when they became distressed. Information was available that detailed what might trigger the distressed behaviour and what staff could do to support the person. For example, "Epilepsy has a huge impact on my life, seizure activity occurs at any time which in turn effects my behaviour. I get confused, frustrated, frightened." Care records provided detailed and up to date information for staff to provide consistent support to people and help them recognise triggers and help de-escalate situations if people became distressed and challenging. For example, part of one care plan stated, "Staff need to be consistent with their approach so I know that when I hear something it always means the same thing no matter who says it."

Good

Is the service safe?

Regular analysis of incidents and accidents took place. The registered manager said learning took place from this as it helped identify any trends and patterns and to take action to reduce the likelihood of them recurring. For example, with regard to distressed behaviour a person would be referred to the behavioural team when a certain amount of incidents had occurred.

The service did not provide permanent care to people. The service provided short stay breaks for a maximum of two people who needed respite or a holiday. There were sufficient numbers of staff available to keep people safe. All people we contacted by telephone said there were sufficient staff. One relative said, “There are enough staff.” The registered manager told us staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting people when they came to stay could be increased or decreased as required. At the time of inspection there was one person staying at the service and they were supported by two support workers during the day and one sleep in and one waking member of staff overnight because of their health care needs.

The registered provider had arrangements in place for the on-going maintenance of the building and a maintenance person was employed. Records we looked at included, maintenance contracts, the servicing of equipment contracts, fire checks, gas and electrical installation certificates and other safety checks. Regular checks were carried out and contracts were in place to make sure the building was well maintained and equipment was safe and fit for purpose.

Good

Is the service effective?

Our findings

All relatives said communication was excellent. They told us they were kept informed and given information after each stay of the person at the service. Relatives' comments included, " Communication is excellent, the staff tell me what (Name) has been doing and where they've been," "They keep in touch and let us know how (Name)'s stay has been and it all adds to our confidence in the service," "The staff let me know if anything is needed and I'll pop in," "I know how (Name) has been and what they've been doing as staff and I use a book to record how (Name) is," "If there is any problem they can't handle they'll give me a ring." A staff member commented, "We have brilliant communication with home. When a guest is coming to stay we collect them from their day service and also find out from there how the person has been during the day." This communication helped identify any change in the guest's needs since their last stay, so staff could provide the correct support during their stay.

Staff told us communication was effective and a written handover was available from each shift to keep staff up to date with the current state of people's health and well-being. Staff members' comments included, "The diary and communication book are used," and, "We read people's care plans at each shift as the communication book directs us to the care plans if there has been a change in someone's needs," and, "We sometimes phone each other when we go off shift and will tell the staff member then." A verbal handover was unable to take place with staff at the beginning and end of each shift due to the nature of the service as staff shifts did not overlap.

Some staff told us they had worked at the service for several years. They said when they began work they had completed an induction. They told us they had the opportunity to shadow a more experienced member of staff. This made sure they had the basic knowledge needed to begin work. Staff told us they were kept up to date with training. Comments from staff included, "We get opportunities for training," "I've just been doing a safe handling of medicine's course," and, "There's a variety of training courses, we talk about them at supervision."

The staff training records showed staff were kept up-to-date with safe working practices. The registered manager told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people's needs and this included a range of courses such as, equality and diversity, nutrition, dealing with difficult situations, stress management, lone working, epilepsy, autism, communication and sensory awareness, sign language, Percutaneous Endoscopic Gastrostomy (PEG) training. PEG is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicines. Management training was also provided to managers and senior staff and this included Duty of Candour training. This is training is about the duty of providers to be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment,giving them reasonable support, truthful information and a written apology.

Staff said and training records showed they received regular supervision from the management team, to discuss their work performance and training needs. One person said, "I have supervision every three months." They said they had regular supervision to discuss the running of the service and their training needs. They told us they could also approach the registered manager at any time to discuss any issues. They said they felt well supported by colleagues and worked as a team. Staff told us they received an annual appraisal to review their work performance. One staff member commented, "I have an appraisal every year but we talk about progress half way through the year."

CQC monitors the operation of the Mental Capacity Act 2005 (MCA). This is to make sure that people who do not have mental capacity are looked after in a way that respects their human rights and they are involved in making their own decisions, wherever possible. Staff were aware of and had received training in the MCA and Deprivation of Liberty Safeguards(DoLS). DoLS are part of the MCA. They are safeguards put in place to protect people from having their liberty restricted without lawful reason. The registered manager told us authorisations were in place for all nine people who used the service.

Records showed assessments had been carried out, where necessary of people's capacity to make particular decisions. Records contained information about the best interest decision making process, as required by the Mental Capacity Act. Best interest decision making is required to

Good

Is the service effective?

make sure people's human rights are protected when they do not have mental capacity to make their own decisions or indicate their wishes. Information was available to show if people had capacity to make decisions and to document people's level of comprehension. Staff, because they knew people well, could also tell us about people's levels of understanding.

We checked how the service met people's nutritional needs and found that systems were in place to ensure people had food and drink to meet their needs. For example a care plan stated, "I do need encouragement to drink fluids from staff. Staff to ensure I am taking regular drinks." Records showed people had completed questionnaires so staff were aware of their likes and dislikes. A staff member was preparing a salmon omelette for the person who had arrived to stay for the weekend. The menu was individual for each person and food was purchased individually for each person's stay according to their likes. Information was included in people's care records that gave guidance about what they may like to eat. For example for breakfast, "At home I usually have three Weetabix with hot water and milk. I don't have sugar and I also like orange juice to drink."

The registered manager had set up a Healthy Diets and Hydration Guidance file to use in conjunction with support plans to ensure staff had the latest guidance on food safety, healthy eating, food allergies, diet in relation to culture and medical conditions such as autism and dysphagia. People's care records included nutrition care plans and these identified requirements such as the need for a modified diet. For example, "I eat finger foods and eat a soft meal with a spoon if you put it in my hand. I use the fat handled spoon for a better grip." Risk assessments were in place to identify if the individual was at risk when they were eating or had specialist dietary requirements. We noted that the appropriate action was taken if any concerns were highlighted. For example, advice was available from a speech and language therapist for a person at risk of choking. The person's record stated, "Food and fluid may go down the wrong way and cause chest infections particularly if I'm not concentrating."

People were supported by staff to have their healthcare needs met. Records showed the health needs of people were well recorded. Information was available in their records to show the contact details of any people who may also be involved in their care. Care records showed that people had access to a General Practitioner (GP), dietician, speech and language therapist, occupational therapist and other health professionals. The relevant people were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met. One relative had commented in response to a provider's survey from 2015, "I am so grateful and thank you so much for arranging (Name)'s eye test for new glasses."

Good

Is the service caring?

Our findings

During the inspection there was a happy, relaxed and calm atmosphere in the service. Staff interacted well with the person and spent time with them. Staff were warm, kind, caring and respectful. Relatives all commented how personalised the service was. One relative told us, "Staff know (Name) doesn't like cushions on the sofa and pictures in their bedroom so they will remove them before (Name) arrives." Other comments from relatives included, "It's a relaxing atmosphere," "The staff are very caring and very good at listening," "It's an excellent service, second to none," "(Name) is relaxed and happy and likes it there, the staff know (Name) and what they like," "It's very much about (Name)'s choice," "Particularly good because the staff have been there a long time and know the guests," "(Name)'s been going there a long time and it's important to have regular staff that know (Name), "(Name) feels happy and comfortable with the staff as (Name) knows them," "Staff will motivate (Name) and seize the moment to try and go out with (Name)," "The staff are great," "Brilliant caring staff, " "(Name) loves going there," and, "I can go away and relax and not worry as the staff are marvellous."

We saw staff were patient in their interactions with the person and took time to listen and observe their verbal and non-verbal communication. Staff asked permission before carrying out any tasks and explained what they were doing as they supported them. This guidance was also available in people's support plans which documented how people liked and needed their support from staff. For example, "I have a good understanding of how hot food and drinks are and generally wait patiently until safe to eat or drink," and, "Ensuring eye contact and getting my attention during communication is a must, I can only listen to one staff member at a time. Staff to decide who will take the lead in communication."

Not all of the people were able to fully express their views verbally. Staff made use of objects of reference, photos, read body language and employ other methods of communication to support guests with non-verbal communication to have a voice and maintain choice and control. Care plans provided detailed information to inform staff how a person communicated. For example, "I communicate by using gestures, eye contact, touch, pictures, signing and pointing." This meant staff had information to inform them what the person was doing and communicating to them. People were encouraged to make choices about their day to day lives and staff used pictures, signs and symbols to help people make choices and express their views. For example, "I can make my own decisions if given a choice." We saw information was available in pictorial format to help people make choices with regard to activities, outings, daily routines and food. Care records detailed how people could be supported to make decisions. Records showed people were able to make other choices such as what to do and when to get up and go to bed. For example, "If you offer suggestions I will say yes or no. Make sure your suggestions are 'doable'-I don't like broken promises and can become upset if my choice cannot be carried out," and, "If I'm ready for bed I'll use the Makaton (sign language) sign for this. I have no set time but it can be around 9:00pm usually."

People's dignity was respected. Information was available in people's care plans with regard to their wishes about choice of male or female carer. The registered manager told us the local authority had put written protocols in place advising that male staff did not carry out personal care with females. If two staff were required for moving and assistance people's care plans stipulated a female would carry out the personal care to protect the person's dignity if the person was female. Staff respected people's dignity as people were able to choose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people's dignity. A relative had commented in the provider's survey, "(Name) always looks immaculate after their stay with you."

Care records also showed people's privacy was respected. For example, "I can tell you if I want to be alone or in company," and, "Cat naps with a DVD on in the background, whether I choose to do this in the privacy of my bedroom or in the sitting room depends on how I am feeling at the time, if I choose my bedroom keep a check on me but never be intrusive."

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. The registered manager told us if necessary a more formal advocacy arrangement would be put in place. Advocates can represent the views of people who are not able to express their wishes.

Good

Is the service responsive?

Our findings

People were supported to access the community and try out new activities as well as continue with previous interests. Some people attended a day placement during their stay. Records and photographs showed there were a wide range of other activities and entertainment available for people. For example, going to the library, pamper sessions, trampolining, concerts and arts and crafts. Transport was available and people who used the service had enjoyed trips to a farm, a deer park, the Metro Centre and the coast. Relatives' comments included, "The staff are very good, they seize the moment and go out with (Name), if there are any problems they'll just return to the Lodge," and, "(Name) needs a bit of persuasion, can be a 'couch potato' but staff motivate (Name)," "I have a lovely collage of photographs that was sent home to show me what (Name) had been doing when they'd been staying there," and, "We get a report for each day and photographs to show us what activities (Name) has been doing." The registered manager told us, "Relatives can also get a DVD to show the activities and trips out the person has been involved in during their stay."

Some relatives we spoke with said people had been supported by staff from the service for several years. They all said they were involved in discussions about their care and support needs. One relative commented, "I always get a phone call about two days before the stay to check if there have been any changes in for example, (Name)'s medicines or their needs."

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Staff told us they worked into school, day service placements and alongside relatives to develop detailed transition plans to help the person and to build up trusting relationships with the individual before they visited the service.

Records showed pre-admission information had been provided by relatives and people who were to use the service. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. Care plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, mobility and communication needs.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Records showed that meetings took place for people and their relatives to discuss their care and to ensure their care and support needs were still being met. Relatives we spoke with said they were kept informed if there was any change in the health needs of their relative whilst staying at the service. A relative commented, "We have meetings and I can call in to the Lodge to see about (Name)."

We saw several compliments had been received from relatives on behalf of people staying at the service. Comments included, "Arranging participation in Rebound therapy, (Name) is in good hands," "Very happy with the level of care and thanks to the people who care for (Name)," and, "The level of detail in support plans, staff knowledge and way we are welcomed can't give high enough testament to the way we feel about the place."

People had a copy of the complaints procedure that was written in a way to help them understand if they did not read. A record of complaints was maintained. One complaint had been received since the last inspection, investigated and resolved. Relatives' comments included, "I'd know who to speak to if I had any concerns," "Never had any complaints, but I'd know to speak to the manager if I did," "Excellent service, never needed to complain," "I had a complaint once but it got sorted straight away," and, "I have a leaflet from the service which tells me about how to complain if I needed to."

Good

Is the service well-led?

Our findings

A registered manager was in place who had been registered with the Care Quality Commission since 2011.

The registered manager and staff team were passionate about their commitment to ensure people whatever the level need received safe and individualised care.The registered manager promoted an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. The culture promoted person centred care, for each individual to receive care in the way they wanted. Staff received training when they started to work at the service to make them aware of the rights of people with learning disabilities and their right to live an "ordinary life." Information was available to help staff provide care the way the person may want, if they could not verbally tell staff themselves. There was evidence from observation and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The atmosphere in the service was friendly. Staff said they felt well-supported. Comments included, "The manager is very approachable," "I've been here for years and loved every minute of it," and, "We're a fantastic little team." Relative's comments included, ""From the manager down the service is exceptional," "Blaydon Lodge shines through," "The service is a lifesaver for me," and, "Blaydon Lodge is a service to be proud of, it should be held up as an example of excellence."

Staff told us staff meetings took place three monthly. One person said, "We just had a meeting last week." Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes showed staff had discussed finance, health and safety, service issues, training and needs of people who used the service. Meeting minutes were made available for staff who were unable to attend meetings

Records showed audits were carried out regularly and updated as required. Daily audits included checks on finances, medicines management and the environment. Weekly checks also took place that included health and safety and fire safety. Monthly audits were carried out and they included for health and safety, documentation, risk awareness and staff awareness of safeguarding. The results were sent to the line manager who had direct operational responsibility for the service. A three monthly health and safety audit was carried out by the registered manager. The registered manager told us a separate audit was carried out by a manager from another service to provide an independent view of the service. Their three monthly visit was to speak to people and the staff regarding the standards in the service. They also audited a sample of records, such as care plans and staff files. These audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required. An annual audit also took place internally to ensure the service remained safe and the required standards were maintained.

The registered manager told us the provider monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires that were sent out annually to people who used the service. Surveys had been completed by relatives of people who used the service in 2015. We saw results were very complimentary and positive about the service and staff. Comments included, "The staff at the Lodge feel more like our friends than staff," and, "It's the difference of being able to cope and not being able to cope. It's a lifeline. It's reassuring to know when things go wrong, the Lodge is there to help," "It's an excellent service which gives a break and I'm confident that any issues can be dealt with by staff."

The registered manager told us of other initiatives to check on the quality of service provided. The 'Mum's Test' is an approach used by CQC where the question is asked. "Is the service good enough to let your relative use it.? We were told staff's relative's had to comment on the quality of the service to comment if it was good enough. Mystery shoppers also contacted the service by telephone or visits to check the service and to make suggestions for improvement if required. The provider also had several initiatives in place to support staff and to assist them to feel valued and invested in. A staff member commented, "If I have an idea I can try it, sometimes it's adopted by other services." This meant checks were in place to offer assurances the service met the provider's expected standards.