Community Housing and Therapy

# Mount Lodge

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Mount Lodge provides accommodation and support for up to 16 young adults with mental health and emotional needs, who require support to develop the skills to live independently and make decisions about their day to day lives. People and staff worked together to manage the home as a therapeutic community. This included people taking it in turns to order food and drink from local shops, cooking, with people and staff eating together and, people taking responsibility for their own rooms and keeping the home clean and tidy. At the time of the inspection there were 13 people living at the home.

The home is a detached older building in its own grounds, just off a main road through Eastbourne, with accommodation on three floors. There are large communal seating areas on the ground floor, a garden to the rear and car parking spaces to the front of the building.

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

The inspection took place on the 9 February 2016 and was an unannounced, which meant staff did not know we were coming.

People were involved in decisions about the support and assistance provided, they felt safe and comfortable. Risk had been assessed to ensure people were able to take risks and, if staff support was required this was agreed with each person. Such as, the time and day when staff were going with a person to withdraw money from their bank.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (Dols) which applies to care homes. The management and staff had attended training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and were up to date with current guidance to ensure people were protected.

There was an open and relaxed atmosphere in the home and people were encouraged to be involved in decision about the support they received. People told us they made decisions about what they did and how they spent their time. One person said, "It is up to us what we do and staff support us."

People had access to health care professionals, which included the psychiatrist, community mental health team, the GP, optician and dentist. Staff supported people to maintain a healthy diet and if they lost weight, or their appetite, there were systems in place to support them. The menus were based on people's preferences; they chose what they wanted to eat and said the food was very good.

A complaints procedure was in place. This was displayed on the notice board, and given to people, and relatives, when they moved into the home. People said they did not have anything to complain about, and relatives said they were aware of the procedures and who to complain to, but had not needed to use them.
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## 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.

People's needs and risk to people were assessed and managed as part of the care planning process, and there was guidance for staff to follow.

Medicines were administered safely and administration records were up to date.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

People were cared for by a sufficient number of staff and recruitment procedures were robust to ensure only suitable people worked at the home

### Is the service effective?

Good

The service was effective.

Staff were trained and supported to deliver care effectively.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to healthcare professionals when they needed it.

### Is the service caring?

Good

The service was caring.

People were treated with kindness and respect.

Staff encouraged people to make their own decisions about their care.

People were encouraged to maintain relationships with relatives

and friends, and relatives were made to feel very welcome.

## Is the service responsive?

Good

The service was responsive.

People's care plans were reviewed and updated with people's involvement.

People decided how they spent their time, some people used the communal areas, others remained in their rooms and others went out.

People were given information about how to raise concerns or make a complaint.

## Is the service well-led?

Good

The service was well-led.

Weekly meetings enabled people to give regular feedback about the support provided.

Staff felt able to discuss the support provided with each other and the management, and were encouraged to suggest improvements.

Quality assurance audits were carried out to ensure the safe running of the home.

# Mount Lodge

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2010.

This inspection took place on 9 February 2016 and was unannounced. The inspection team consisted of an inspector and a specialist advisor.

We looked at information we hold about the home including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the home is required to send us by law.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we spoke with 6 of the people living in the home, two relatives, two staff, the deputy manager, registered manager and the provider. We spoke to two health professionals after the inspection.

We observed staff supporting people and reviewed documents; we looked at four care plans, medication records, two staff files, training information and some policies and procedures in relation to the running of the home.

Good

# Is the service safe?

## Our findings

People told us the staff were very helpful, "If we need it" and, supported them to do things on their own. One person said they were, "Very safe here." A relative told us, "He has improved a lot since moving here, considering the difficulties he has had in his life, and he feels safe which is important." Health professionals said people were supported to make safe choices. People were aware when their medication was due and asked staff for 'as required' (PRN) medicine. One person told us. "They give it to me when I need it."

A number of risk assessments had been carried out depending on people's needs. They were specific to each person and included guidance for staff to follow to ensure people were supported to be independent. Each assessment looked at the area of concern; the outcome the support aimed to achieve, the action the individual should take with staff support and what was actually achieved. One example of a desired outcome was, 'To build meaningful relationships with other members of the community".

There was an open door policy at the home and people came and went as they wished and people had their own keys for the front door and their bedroom door; unless a risk assessment identified they were unsafe in the community on their own. In which case staff would arrange to go out with the person at an agreed day and time. Plans were in place to reduce risks including emergency plans, for example missing persons with details of each person included and behaviour management plans.

As far as possible people were protected from the risks of abuse or harm. Staff had received safeguarding training. Staff understood the different types of abuse and described the action they would take if they suspected abuse was taking place. They told us they had read the whistleblowing policy and would report any concerns to the registered manager or provider, or the local authority and the Care Quality Commission (CQC), if they felt their concerns had not been addressed. People and relatives said people were safe living in the home; the staff understood each person's specific needs and knew how much support they needed to be independent.

There were systems in place to manage medicines safely. The medicine administration record (MAR) charts clearly stated the medicines people had been prescribed and when they should be taken. MAR charts included people's photographs and any allergies they had. All the MAR charts were up to date, completed fully and signed by staff that had completed appropriate training. We observed staff when they gave out the medicines. Medicines were given out individually from the locked medicine cabinet in the office, staff ensured people took the medicines and then signed the MAR charts. A fridge was available to store medicines. Staff followed the medication management policy in relation to medicines given 'as required' (PRN). They said a separate part of the MAR had been completed when PRN medicines had been administered, such as paracetamol, and we saw these had been filled in. Records showed the MAR charts were audited monthly to ensure staff completed them correctly, and there were records to show medicines were ordered monthly.

Risk assessments had been completed to ensure that staff were only responsible for medicines if it was not safe for people to look after their own medicines. One person told us, "I prefer to do my own medicines, but I

wasn't given that choice. I am very knowledgeable in my medication." There was evidence that the person had been responsible for their medicines, but they had forgotten to take them at the prescribed times. Their health and wellbeing had been assessed as at risk because of this, so staff took responsibility for their medicines after discussions with the person and their GP.

People said there were enough staff working in the home and relatives felt there were enough staff to support people. There were five staff working in the home at the time of the inspection, including a student nurse from Brighton University and a volunteer. There were two staff on nights and one was a 'sleep in'. A sleep in is somebody who works for an agreed number of hours at the start and end of a shift and may be called on at any time during the night depending on people's needs. Some of the staff said, "I wish we had more staff" and, "We would love to have more staff." The registered manager said there were enough staff working in the home to provide the support people needed, based on an assessment of their needs. "If we thought there wasn't enough staff, we would contact the agency we use, there wouldn't be a problem." They said the changes made by the provider in 2015 meant two permanent staff were replaced by agency staff, and this may have affected how staff felt they could provide support. The registered manager said they were reviewing this and had been assessing the support provided to see if there had been any impact on the support provided for people living in the home. However, we saw staff had time to spend with people, they arranged to go into town with one person and there were no negative comments from people about the staff numbers. The permanent staff had worked at the home for long periods and the registered manager said they had built up a stable staff team and, they covered each other's shifts if they were off sick or on holiday.

Recruitment procedures were in place to ensure that only people suitable worked at the home. We looked at personnel files for two new staff; they included completed application forms, two references, Disclosure and Barring System (Police) check, interview records and evidence of their residence in the UK.

Environmental risk assessments had been completed to ensure the home was safe for people living there. The home was clean and well maintained. Staff reported any repairs and these were recorded in the diary and dealt with as soon as possible. There were records to show relevant checks had been completed, including lighting, hot water, call bells and electrical equipment. The fire alarms system was checked weekly and fire training was provided for all staff and the records showed they had all attended. External contractors maintained electricity supply and kitchen equipment, and if there were any problems staff were able to access their contact details.

There were systems in place to record accidents and incidents, carry out investigations and prevent reoccurrence. Incidents were reported to the local authority and CQC, with details of any actions taken.

Good

# Is the service effective?

## Our findings

People said the food was very good. They said, "I am happy cooking for everyone" and, "I love cooking. I like cooking and sharing, this is a good community." A relative said people chose what they wanted to eat between them and, "They eat very well I think." People told us the staff were very good and, "Know what they are doing" and, "They seem to do lots of training."

Staff said the training was very good. One staff member said, "Finding it good, welcoming, friendly, feels like I have learnt a lot already. I am fairly confident as everyone has made it clear that I can ask questions any time I want."

All of the permanent staff at Mount Lodge had completed or were working towards professional qualifications, including degrees in Psychology and were trained psychotherapists. The agency staff had completed fundamental training and had been assessed while working in the home by the registered manager. They said this ensured they had the skills required to provide appropriate support and people felt the staff, "Know how to look after us."

The training plan showed staff had attended fundamental training including moving and handling, food hygiene, infection control, health and safety, fire safety and equality and diversity. In addition all staff, including the agency staff, were required to complete conflict management training. This involved focusing on calming and de-escalating situations and encouraging non-physical responses to conflict or aggression. Staff said there was no physical intervention between people and staff at Mount Lodge, if staff were unable to calm down a situation and, people or staff were at risk, they would contact the police for support and people were aware of this.

New staff worked through a comprehensive induction programme with support from senior staff and ongoing assessments and reviews of competency. The registered manager said new staff had a book to work through over a period of three months; with weekly supervision when they commenced, then twice monthly, depending on how they progressed and what was going on in the home with regard to people's support needs. That means supervision was linked to the needs of people living in the home, to ensure appropriate support was provided. Staff said the induction programme was over a period of months rather than weeks, due to the specific needs of people living in the home. One staff member who had experience as a care worker said, "I am learning things that I have never learnt before."

Staff had attended training and had clear understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff told us everyone at Mount Lodge had capacity to make decisions and they were encouraged to do this about all aspects of their lives. People said they made decisions about everything, "This is a good place, good location, clean, staff support us to do most of the things on our own." Staff said if a person's ability to make choices was compromised, through a deterioration of their mental health, they would contact other professionals involved in the person's care,

such as their social worker, the community psychiatric nurse and the community mental health team. They would ask for a re-assessment of needs and would arrange that meetings were held to ensure that the person's best interests were upheld.

There was a programme of regular one to one and group supervision. Group supervision enabled staff to discuss people's support needs and identify any areas of concern and how the staff would support people to address these. The records were clear, with details of staff attending; the discussions that took place and the actions agreed by staff. Staff told us the supervision gave them chance to sit down and talk about anything and identify areas where their practice could improve as well as how to provide the support people needed. Staff also felt they could talk to their colleagues at any time.

People told us the food was very good. One person said, "Meals are decided at community meetings, if you don't like anything you say so. The staff are very caring." We were invited to join a community meeting and one person volunteered to make pancakes for everyone, as it was Pancake Day, and a member of staff offered to make a traditional meal. People took it in turns to order the food and drink from a local wholesaler and we saw there was a range of snacks and fresh produce delivered to the home. The meals were flexible, some people chose to eat when they went into town at lunchtime and although meals were made at specific times they were kept if people wanted them later. For example, supper if they went out for the day. Snacks and drinks were available throughout the day and people said they kept some in their own rooms to have when watching TV or relaxing. People chose where they had their meals and most people used the dining room. People's weights were monitored and recorded in the support plans, depending on what people ate and if the staff had any concerns.

People had access to healthcare professionals as required. Appointments were arranged with dentists, opticians and GPs as required. Appointments and any outcomes were recorded in people's care plans, with information about any changes to support, such as prescriptions for antibiotics. Health professionals told us the staff worked very well with health and social care professionals, and were part of the multi-disciplinary team. One said they were. "Very, very satisfied with the service."

Good

# Is the service caring?

## Our findings

Staff said Mount Lodge was a community based service and their psychological and psychosocial approach meant that people's experiences and views were central to decisions about the support provided. People told us they were involved in all decisions about the support they received and said staff, "Always discussed what's going on" and, "Ask us what we want to do." A relative said the support was based on a good relationship between people and staff.

Staff told us as the home was a therapeutic community with staff and people living and working together to run the home, keep it clean, cook and make sure people's need were met. We heard people and staff talking about how they were going to spend their day, as part of everyday conversation. Interaction was relaxed and friendly; we heard laughing and joking as well as one person talking about some concerns they had. Staff listened quietly to this person, they did not make any comments that might escalate the situation and the person left the office when they felt they had raised their concern.

People were encouraged to put forward their opinions, staff responded to what people said and reminded them if they had forgotten what had been agreed or wanted to change something. For example, one person wanted to go into town straight away, but needed a member of staff to go with them. The time had already been agreed between the person and the staff for later that day, when staff were available and, staff reminded them of this politely and quietly.

The home had a calm atmosphere. People were relaxed and comfortable sitting in the lounge, their own room or outside. One person sat on the front door step in the sun while they smoked and waited for their relative. People were very positive about the staff and registered manager, and they all said people were treated with respect and their privacy was protected. People told us, "We are quite free to do what we need to. I like to stay in my room most of the time." "They don't really interfere with what we do, but we are expected to treat each other and staff nicely" and, "I think they respect our privacy." Staff said, "I feel that I have good knowledge of each person needs and I think all the staff are sensitive to changes in their mental or physical health."

Staff had attended equality and diversity training and had a good understanding of the issues and their implications for the people they supported. People's preferences were recorded in the care plans. There was information about each person's life and these had been compiled with people and their families where appropriate. They contained information that staff could use to help build relationships, such as people's social history and interests. Staff said each person was different, they had their own personality and made their own choices and they enabled people to do this as much as possible.

People had personalised their rooms, and they pointed out how they had things which were important to them. The provider had redecorated the bathrooms, they were clean and light, and people had chosen what colours they had in their rooms.

Relatives and friends were welcomed into the home and people were encouraged to maintain relationships

with people close to them. People said their relatives could visit when they wanted and relatives told us the staff were always pleased to see them, and they were made to feel very welcome. A relative said they visited the home regularly, they usually went out with their family member and said people, "Have the care they need, considering they are able to make decisions about what they do.

People had access to advocates if they wished. Staff said some people may not want their relatives involved in discussions about their mental health care needs.

Good

# Is the service responsive?

## Our findings

People told us they had been involved in planning their own support and had discussed their support plans with the staff. One person said, "Staff talk to us about everything and I have seen my support plan." Relatives said staff contacted them if there were any issues or changes to people's support needs. One relative told us, "They ring me up if he is feeling unwell and they ring the doctor for him." Health professionals said staff provided support in a more sophisticated way to other homes and, work with other health professionals to ensure people's individual needs can be met.

People living in Mount Lodge were aged between 30 and 50 years and pre admission assessments had been completed before they had been offered a room. The assessment process involved staff visiting the person and discussing their needs with them and their supporting care professional. They visited the house and met people living there and the staff, so that staff had an opportunity to discuss how the community was run, if their needs could be met and if they wanted to move into the home. The registered manager said it was not a quick process, because they had to be sure the person would be comfortable moving into the home; that they would be part of the community and, that their needs could be met. For example, some people had used alcohol and drugs and these were banned from the home, this had been explained to people before they moved in and the expectation was that people would follow this.

The support plans were based on the information from the assessment and we found they clearly demonstrated an understanding of each person's individual mental health needs; how these affected their thinking and how their behaviour might change because of their mental health needs. Staff said the care plans were very clear, and gave them the guidance they needed to support people. Details of people's life histories and interests were recorded and staff said they knew how people liked to spend their time and this changed depending on how they felt on the day. People told us they had talked to the registered manager and staff about what they wanted to do, and it varied depending on how they felt. Staff said they were open to suggestions about activities, but a programme of activities was not appropriate for the people they supported. We asked people if they would like to do any activities and they said they did what they wanted to do, and if they wanted anything else they could ask staff. Staff said people chose what they wanted to do and often went into town to meet friends, out for lunch, shopping, eating out and visiting their relatives.

Staff told us they were kept up to date with people's needs through handovers at the beginning of each shift, staff meetings and group supervisions. We joined staff for a handover and found it was informative, with details of any changes in people's behaviour and their needs. Staff demonstrated a good understanding of how some people's needs had changed day by day and how they had responded to make sure the person received the support they needed. Staff used a diary to record appointments, visits from health professionals and people's birthdays, which they said meant that nothing was missed.

Staff responded to people's needs and provided assistance with personal care if appropriate, they applied cream to one person's sore foot as they were unable to do this themselves. Another person's physical health had deteriorated, staff had discussed this with the GP and had made appropriate changes to the support provided to ensure they continued to meet their needs and they were safe remaining at the home.

People were supported to maintain their own health and independence, and make decisions about how they wanted to lead their lives. One person told us, "I do my own laundry. I quite like it here, we have our ups and downs, but on the whole it is good." This included enabling people to develop the confidence and skills to move out of the home into their own accommodation. The registered manager said one person was expecting to move into a flat within a few months as their support needs had changed, they were more independent and able to make safe decisions.

A complaints procedure was in place; a copy of this was displayed in the entrance hall, and given to people and their relatives. Staff told us if there were any issues it was usually about, 'niggles between people', and they could deal with them at the time. There had been no complaints about the support provided and people told us they had nothing to complain about. A relative told us they had no concerns about the support or about the home, but were confident if they did the staff would deal with it.

Good

# Is the service well-led?

## Our findings

The culture at the home was open and relaxed, with people, staff and visitors encouraged to contribute and make comments or suggestions about how the support might be improved. People were involved in all the decisions and they were able to comment on, "What is happening." People said they routines were relaxed, but there were rules about no alcohol or drugs in the home, and they were aware that action would be taken if these were found. Relatives said the management of the home was very good, they could talk to the registered manager when they needed to and staff were always very helpful. One relative said, "The home is very well managed and people are supported to make decisions about the support they have."

There was a stable management team in place and people and staff praised them. One person said the team was, "Good, good, great, they are a great team." The registered manager had been managing the service for several years and staff felt supported by them and the provider. There were clear lines of accountability and staff were clear about their own role and responsibilities in the home and, how they provided the support people needed. Staff were aware of their colleague's role on each shift and they were flexible and supported each other if necessary. Staff said the provider and registered manager were very flexible, their main concern was to ensure people were supported, which meant they were aware of how staff provided support and ensured it was appropriate.

Discussion with staff and people showed that there was a culture of caring and compassion, with respect for each other. Staff said their philosophy was to support people to be independent, develop skills to make safe choices and eventually move out of the home. One member of staff told us, "People are individuals, with each requiring different support in terms of them leading a full and independent life."

The registered manager and staff had an understanding of 'duty of candour' and its relevance to the support of people living in the home. Duty of candour forms part of a new regulation which came into force in April 2015. It states that providers must be open and honest with people they support and other 'relevant persons' (people acting lawfully on their behalf) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. Providers must have an open and honest culture at all levels within their organisation and have systems in place for knowing about notifiable safety incidents. The provider must also keep written records and offer reasonable support to the person in relation to the incident. The registered manager said not all staff had a clear understanding of being, "Open and transparent with people and their representatives."

A system of quality assurance and monitoring was in place. The registered manager checked and analysed incidents and accidents. Audits had been completed, including medication, care plans, laundry and cleanliness. When issues had been identified action had been taken to address them, such as the cleanliness of the home, which meant people were supported to be much more involved in keeping their home tidy. Staff and people said the checks made sure the home was clean and comfortable.

The registered manager said they were reviewing the changes that the provider had made with regard to staffing and, how the employment of agency staff on a permanent basis might affect the support provided.

There were a number of opportunities throughout the week to enable people and staff to work together, to plan support and for people to provide feedback and comment on the support they received. These included the community meeting, coffee morning and informal coffee morning, therapy group, informal time, gardening group and cooking group. People said they had, "Lots of chances to talk to staff," if they wanted to.

The registered manager and staff had a good knowledge of when and how notifications to CQC or other outside organisations were required. We found they kept us informed about changes in people's behaviour, the impact on people and staff and, how situations had been addressed.