Sunderland City Council

Villette Lodge Assessment and Re-enablement Service

Inspection report

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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

This announced inspection took place on 21 March 2016. The last inspection of this service was carried out on 14 January 2015. The service met all the regulations we inspected against at that time.

Villette Lodge Assessment and Re-enablement Service provide care and support for up to seven people who have learning disabilities or autistic spectrum disorders. At the time of our visit five people were using the service.

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.

Relatives made positive comments about the service and said people were doing well at the home. They described the service as being safe for their family member. One relative told us, "It's very safe there for [family member], with good staff they are helping [family member] to be more independent." One person told us, "They help me with my washing, they give me the help I need."

One social care professional who worked closely with the home to support one person told us, "They have a good approach and work with people to keep them safe."

Staff had a clear understanding of safeguarding and whistleblowing. They were confident any concerns would be listened to and investigated to make sure people were protected. Staff understood the process of raising a safeguarding alert and the importance of timely recording. Records were maintained of all safeguarding alerts which showed appropriate action had been taken.

Recruitment practices at the service were thorough, appropriate and safe so only suitable people were employed. Staff had received regular supervisions. However, we found some staff appraisals were out of date. The registered manager had already put plans in place to address this over the next few months, with appraisals now being undertaken.

We viewed historical and current staffing rotas. Enough staff were employed to make sure people were supported taking into account people's one to one support. The home had a stable staff team and many were long standing members of staff. One social care professional told us, "There is always a member of staff available for me when I visit, they always have the information I need."

Staff understood the Mental Capacity Act 2005 (MCA) regarding people who lacked capacity to make a decision. They also understood the Deprivation of Liberty Safeguards (DoLS) to make sure people are not restricted unnecessarily.

People's choices were acknowledged. Each person had a range of social and leisure activities they could take part in. One person was attending a day service for woodworking skills. People's dietary needs were respected and were used to develop a weekly menu which met the preferences, choices and needs of each person. People were supported to be as independent as possible, shopping for and preparing their own meals as part of the assessment and re-enablement process.

People's healthcare needs were monitored and assessed; contact was made with other health care professionals when necessary. Staff helped people to lead a healthy lifestyle and supported them to health care appointments.

Relatives felt involved in their family member's care and were able to speak with staff. For example one relative commented, "They have carried out the assessments they needed to, we have talked about [family member] moving on."

People's care records and risk assessments showed people were involved in their care. The service also followed the commissioner's plans for assessment.

The service had systems in place to ensure medicines were managed in a safe way. Medicine Administration Records (MAR) were up to date with no gaps or inaccuracies.

Systems were in place for recording and managing safeguarding concerns, complaints, accidents and incidents. Relatives and people we spoke to knew how to make a complaint. Information was available in pictorial form on how to make a complaint. At the time of the inspection the service had not received any formal complaints.

Relatives, staff and people told us the organisation was well run and the home was well managed. Staff told us they felt the management was open, honest and approachable and the service promoted a positive culture for staff and for the people they supported. One relative told us, "I have never needed to complain but if I did I would go to the manager."

People had accommodation which allowed privacy with lockable doors; rooms were comfortably furnished in accordance with people's choices and preferences. The home was clean and airy with communal areas for people to sit and relax. A fully functional kitchen was available along with laundry facilities.

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. Relatives told us they felt people were safe in the home and with the staff who supported them.

There were enough staff to meet people's needs.

Processes were in place to ensure peoples medicines were managed in a safe way.

Is the service effective?

Good

The service was effective. Relatives felt the service was effective in meeting the needs of people.

Staff had a clear understanding how to apply the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily.

People were supported to have a healthy and varied diet.

Is the service caring?

Good

The service was caring. Relatives we spoke to felt the service was caring.

People's privacy and independence was promoted. Staff respected people's dignity.

People were encouraged to make choices and decisions about their lives.

Is the service responsive?

Good

The service was responsive. Relatives felt involved in their family member's care.

People were supported to be involved in their support plans. People had activities which promoted life skills.

People had information about how to complain in an easy read format. Relatives knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

Relatives told us management in the home was approachable, open and supportive.

People's safety was monitored and the provider had systems for checking the quality of the care service.

The provider ensured statutory notifications had been completed and sent to CQC in accordance with legal requirements.

Villette Lodge Assessment and Re-enablement Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21 March 2016 and was announced. The provider was given 48 hours' notice because the location was a small care home for adults who are undergoing an assessment with a view to them returning home or to a new location. As part of their re-enablement may be to maintain or build on daily living skills and independence they could be out during the day, and we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection we checked information we held about the service and the provider. This included previous inspection reports and statutory notifications sent to us about incidents and events which happened at the service. A notification is information about an event which the service is required to tell us about by law. We also contacted the local Healthwatch, the local authority commissioners for the service, local authority safeguarding team and the clinical commissioning group [CCG]. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to decide what areas to focus on during the inspection.

During the visit we observed staff interacting with people and looked around the premises. We spoke to four people who were using the service, the registered manager, two service coordinators, two support workers, one social worker and one independent advocate and contacted one relative who was happy to speak with us.

We looked at a range of records about people's care and how the home was managed. These included the

care records of three people, the recruitment records of three staff, training records and quality monitoring records.

Good

Is the service safe?

Our findings

People felt the service was safe. One person told us, "If I go on the bus or in a taxi they [staff] come, it's safer." Another commented, "I am looked after here, I am not scared." One relative told us, "[Family member] is very safe there, we have never had any issues at all."

The registered manager told us, "When new people come in to the service, we have a house meeting to get to know people and for them to get to know us. The local police attend as well this lets customers know the police are in the community and what they do. We have found this does give reassurance to people that they are safe at Villette Lodge."

The service had a range of policies and procedures in place to keep people safe. These included safeguarding and whistleblowing procedures. Staff had a clear understanding of safeguarding and whistleblowing. They were confident any concerns would be listened to by the registered provider and investigated to make sure people were protected. One staff member told us, "I know how to raise a safeguarding alert and have done." A record was maintained of all safeguarding alerts which showed appropriate action had been taken. The registered manager told us, "We work closely with the safeguarding team and commissioners, enabling us to put plans into place to keep people safe."
We saw the registered manager reviewed all accidents and incidents to identify trends or patterns. Records were maintained with information of action taken in each instance. Lessons learnt were disseminated to staff through supervisions or team meetings. Minutes of meetings were available for staff.

There were enough staff employed to make sure people were supported. One social care professional told us, "There is always a member of staff available for me when I visit." The registered manager advised, "Staffing levels do fluctuate due to the needs of the people, to incorporate activities or when people spend time out and about, the service coordinators manage the rotas on this basis." A relative told us," I bring [family member] back after a visit home without any problems, there is always enough staff when I go".

We looked at the records of three support staff. These showed checks had been carried out with the disclosing and baring service, (DBS) before they were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. References were obtained, completed application forms, employment history and proof of identity were on file. This meant recruitment practices at the service were thorough, appropriate and safe so only suitable people were employed.

Staff had access to risk assessments covering work practices in the service, these were reviewed annually by the registered manager. Health and safety audits were carried out by the registered manager or service coordinators. The registered provider had a business continuity plan in case of an emergency. Staff had access to an emergency file held in the staff sleep in-room which held copies of people's personal emergency evacuation plans (PEEPs), emergency action plan, medicine profiles, personal information with next of kin and GP details, and a current photograph. This meant staff had information available in case of an emergency.

The service had current certificates in place in relation to health and safety for the premises. For example, gas safety and electrical installation certificates. Maintenance records were in place for pieces of equipment used to support people's needs. For example, bath seats and wheelchairs.

Medicines were stored securely in a locked cupboard. Each person had a medicine administration record (MAR) which gave instructions of what medicines people were prescribed, the dosage, route and timings. The MAR's were completed with no gaps or inaccuracies. We observed the service coordinator administering medicines, following a safe process, checking against the MAR to ensure the correct medicine, timing, route and dosage. The service coordinator addressed the person by name and obtained consent to administer the medicine, before returning to sign the MAR. Staff completed a medicine handover at each shift, checking signatures and daily running totals of medicines. Records were maintained for social leave. One person self-administered their own medicines. A medicine risk assessment and agreement form had been completed, signed and dated. Records showed an audit trail of the person's medicines had been completed weekly.

Good

Is the service effective?

Our findings

Relatives felt the service was effective in supporting their family members. One relative told us, "They have [family members] best interests at heart. They have carried out assessments as [family member] wants to be independent. The staff are good." One person commented, "I have a place to go, they are helping me to get some furniture. I have no complaints."

Staff we spoke to felt suitably trained to support people through the assessment and re-enablement process. One staff member told us, "We all did mandatory training when we started work, we then get annual refreshers as well." The service had access to a range of training provided by the local authority. We saw refresher training had been booked for safeguarding, Mental Capacity Act and Deprivation of Liberty.

Staff received regular supervision sessions and annual appraisals. However some staff's appraisals were out of date. The registered manager already had plans in place to address this, with both service coordinators taking on the role of supervisor. One staff member told us, "I have supervision and have had an appraisal." Another commented, "I can request my supervision early if I have any concerns."

The registered manager told us, "Following any incidents in the service regarding people's behaviour, the Community Treatment Team (CTT) are involved in producing guidelines for staff to manage further situations. Lessons are learnt and staff are supported through supervision and team meetings." The CTT are a team of health care professionals who are specifically trained to support people with behaviours that challenge and are able to give advice and support to people and staff.

One member of staff told us, "We work as a team, everyone is involved in a person's assessment, gathering evidence on a daily basis." Another commented, "There is a good group of staff here, we all get on well." One person said, "I like it here, its lovely to have my own room and they give you all the help you need."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager kept records of all MCA assessments and DoLS applications made by the service. We saw evidence of DoLS authorisations which had previously been granted. Staff had received training in MCA and DoLS, and fully understood people should not be restricted unnecessarily unless it was in their best interests. They had an understanding of gaining consent before assessment, care and support was provided.

Records showed the service worked closely with other health care professionals and ensured access to health care was available for people who used the service. The home arranged for people to visit community health services as part of their daily living skills. Staff accompanied people to appointments where necessary. People's nutritional needs were screened, and if required people's weights were monitored regularly. The service worked closely with the speech and language therapists. For example, a detailed risk assessment was in place regarding a person's swallowing needs. Other records confirmed input from physiotherapists, with detailed plans for people to follow to support with mobility. Staff we spoke to were aware of these plans and told us they supported and promoted people to carry out the exercises prescribed by the physiotherapist.

The weekly menu had been developed with the inclusion of people who use the service as far as possible. We saw people were supported to maintain a varied and healthy diet, however the registered manager advised this could be difficult as people often eat whilst they are out and about. People can prepare their own meals if they choose to or have staff support them as part of their assessment. The service had an accessible kitchen area with facilities for people to use. People told us they could have an alternative meal if they did not like the choices. One person told us, "If I don't like some of the food I can ask for something else." Another commented, "They are good cooks, they write down what is to eat for Monday to Sunday if you don't like the choice there is always something else."

The home was clean, the communal areas were furnished in a homely manner. Corridors were wide to incorporate wheelchairs. People's rooms were clean, spacious and individualised, with personal effects on display.

Good

Is the service caring?

Our findings

Relatives told us the service their family member received was good. One relative told us, "They have [family members] best interests at heart. On [family members] first day in the home, we were all invited to stay and have Sunday lunch. That was really kind of them."

People commented about the approach of staff. One person told us, "We all sit together with staff and have a chat, they give me the help I need." Another commented, "I like them all, when I get upset I talk to staff which is good."

Health care professionals felt the staff were caring. One told us, "They do raise concerns with me, they have a good approach with people, they are doing their very best with [person]." Another stated, "Overall they are looking after [person], and do their utmost to meet their needs."

We observed positive interaction between people and staff. People appeared comfortable in the presence of staff, there was lots of laughter and joking, with staff using humour appropriately. Staff spoke openly with people and were respectful and polite, addressing them by their preferred name and giving time for people to respond. People were given choices in a way which was appropriate to their needs. For example, the use of pictorial information. One person was becoming upset after not being able to locate something, staff reassured them and assisted them to look for the item. When it could not be located they offered a change in activity to support them, returning to the search later.

Relatives felt involved in their family members care. One relative told us, "There is always a staff member to talk with when I go to the home. They have carried out the assessments and we are now looking at planning for [family member] to be independent."

Staff we spoke to were able to discuss people's support plans outlining how they promote independence. For example, one person is encouraged to assist in household tasks. It was clear they understood people's likes, dislikes, and needs and how to use strategies to support behaviours that challenge. Staff told us they were given time to read support plans to make sure they were up to date with people's support needs.

The service had accessible information regarding advocacy. The registered manager told us and records confirmed there was an independent advocate currently supporting one person who was using the service. Records pertaining to this involvement were seen in the person's records. Staff had a clear understanding of advocacy and how this service supported people in decision making.

People had access to a kitchen, dining area and communal lounge. The washing machine and cleaning equipment and substances were also available to people as part of their daily living support. The service had risk assessments in place for people using cleaning equipment and substances.

Good

Is the service responsive?

Our findings

Care records included personal details, guidance for staff on people's care needs, general health, social support and relationships. This meant staff had access to information about each person's wellbeing and how to support them. Support plans were written in a person centred way. People we spoke to told us they were involved in their support plans. One person told us, "I know why I am here and that soon I will be able to move out. They have helped me a lot, I have had an operation and can see better now."

We saw support plans contained minimal intervention for people, this was due to the service having a focus on re-enablement with the aim of people living independently. The assessment and re-enablement support plans contained short term goals and longer term goals. These were reviewed and updated to reflect changes, showing a progression to further goals moving closer to discharge. One person's support plan set out how visits to another setting were going to be organised before a full discharge plan was agreed. Each person had a lead worker who was responsible for completing a monthly summary which was used for meetings with social workers to review people's progress. We saw these were detailed and covered the objectives set out in the support plans. One staff member told us. "I get satisfaction when I see that they are going to the right place from here." The service incorporated information from commissioners of the service into the support plans for people.

We saw care records contained information about people's interests and preferences, these were incorporated into social and leisure activity planners. Staff felt this area was extremely important for people to be able to focus on life in the community. One staff member told us, "We go through budgeting with [person] this will help them plan to be able to do things they want to do in their support plan."

One person was being supported to visit a local service to develop woodworking skills. One staff member told us, "It is really good to see [person] have an interest. I really enjoy supporting them so they can see what they can do." Another commented, "If I can make [person's] day better than the day before then I'm happy."

Staff we spoke to had a clear understanding of what a responsive service looked like and how they were involved in supporting people through transition between the service and their own home. One staff member told us, "The best thing about my job is the customers [people who use the service]. Seeing what they are like when they come to us and supporting them so they can move on." Another commented, "I record everything I have done through my shift and how [person] has gotten on, things are done properly here." We saw the service involved other health care professionals in people's transition. For example, arranging occupational therapist assessments.

The service had a complaints procedure which was available for people, relatives and stakeholders. A policy was also available in easy read format. Relatives told us they were aware of the complaints procedure and knew how to complain. No complaints had been received since our last inspection.

The service had a, 'Tell us what you think' leaflet for people, relatives, visitors and visiting health care professionals to capture their views on the service. Although this opportunity was there, the registered

manager told us they operate an open door policy so people, relatives, visitors and other health care professionals tend to discuss concerns or issues relating to the service straightway. One relative told us, "I visit regularly so can always speak to staff if I need to."
The organisation's head office sends out the annual staff survey to seek the views of staff. Responses feed into the services development plan to ensure staff views are acknowledged. The results from the annual survey are included in the quarterly newsletter available to staff, people and stakeholders.

Good

Is the service well-led?

Our findings

At the time of the inspection, the home had a registered manager. Relatives told us they knew how to complain and felt if they needed to the registered manager would respond. They told us, "The management is good, there is a stable staff team." Health care professionals who visit the service also commented on the registered manager. One social worker told us, "[Registered manager] is always well prepared for meetings and has all the relevant information ready for us."

We examined policies and procedures relating to the running of the home. These were reviewed and maintained by the registered provider to ensure staff had up to date information and guidance.

The service had a system in place to ensure regular audits were carried out, staff were made aware of any actions set. The registered manager checked their completion at the next audit. For example, infection control and medicines.

We found evidence of accidents, incidents and allegations of abuse were reported. The registered manager told us these were reviewed to identify trends or patterns. The service had the input from of the CTT, to support people with their behaviours and to offer support through such situations. We saw guidelines and lessons learnt were disseminated to staff through team meetings and supervisions.

The registered provider ensured statutory notifications had been completed and sent to CQC in accordance with legal requirements. The registered manager kept a file of all notifications sent to CQC. The home kept all personal records secure and in accordance with the Data Procedure.

Staff told us the registered manager was open and approachable. One staff member said, "I could go to the manager and they listen. They are open and honest with you and we all get on well here." Another commented, "I get a lot of support from the manager, we also have support from an on call manager if needed."

Records showed regular meetings were held with staff and people. Many people who came into the service did not have relatives living locally. The registered manager advised relatives are contacted whenever there is a change or concern regarding their family member and the service's contact number is given to relatives so they can contact the service if they need to.

The registered provider was developing different approaches to obtaining the views of people who use the service. These included pictorial and written formats to incorporate people's differing communication needs. The registered manager explained each service had to submit a range questions they felt would be appropriate to obtain people's views. Feedback could then be gained which was pertinent to a particular service user need.

We discussed future planning for the home. The information gained from the feedback would be used alongside the views of staff and stakeholders to replace the current development plan for the service. The

registered manager explained their vision for the service in continuing to support people to be as independent as they can be, and for the service to increase and maintain life skills and educational opportunities further. The registered manager felt the service could be more proactive in supporting people through the assessment and re-enablement process and hoped to work with commissioners to ensure only people with the appropriate need for assessment were admitted to Villette Lodge.