

Vivo Care Choices Limited

Lightfoot Lodge

Inspection report

Lightfoot Street

Hoole

Chester

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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

We inspected this service on 6 October 2015 and gave short notice to the provider prior to our visit. This service was registered with the Care Quality Commission in December 2014 and this was their first inspection.

This respite service is owned by VIVO Care Choices Limited and registered to provide short stay and respite care and support people over the age of 65. The service can accommodate 12 people. The service is situated in Hoole, a suburb of Chester. It is close to local shops. At the time of this visit there were three people staying at the service.

There was a registered manager employed to work at the service. 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.

Summary of findings

People told us staff were patient, kind, and supported them well. A relative said they were happy with the support provided and that the staff were very caring. Comments included “The staff are lovely” and “The staff are very friendly.”

Care plans were person centred and gave good information about the person’s individual needs. They were well written and included a range of risk assessments which were tailored to each person’s needs. Some people were supported with their medications and we saw that safe systems were in place for the storage and administration of medication.

The service was clean and well maintained. Procedures were in place to ensure all appropriate safety checks had been undertaken on the building and equipment used, on a regular basis.

People and relatives said they were safe in the support of the staff. Staff were aware of safeguarding policies and procedures and had undertaken safeguarding awareness training. The registered manager understood the principles of the Mental Capacity Act (MCA) 2005 and

Deprivation of Liberty Safeguards (DoLS) and the implications of these on people who used the service. Staff had an awareness of the MCA 2005 and DoLS through the induction process and safeguarding training.

There were robust staff recruitment processes in place which meant that people were protected from staff that were unsuitable to work with people who may be deemed vulnerable. Staff had undertaken an induction process and had access to supervision sessions, staff meetings and training relevant to their job role.

People had access to information about the service that included a statement of purpose and service users guide. These were written in large print and included pictures to make it easier to understand the information provided.

A complaints policy was available and processes were in place should a complaint be received. The registered provider had not received any complaints and CQC had also not received any complaints about this service.

Quality assurance processes were in place which included meetings held with people who used the service and a range of quality audits were also undertaken in relation to the service provided.

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.

Staff had received up to date training in safeguarding adults and policies and procedures were in place. Policies and procedures were in place to make sure that unsafe practice was identified quickly so that people were protected. Staff managed people's medicines safely as required.

Robust recruitment practices and processes were in place.

The service was clean and well maintained.

Good



Is the service effective?

The service was effective.

People told us they enjoyed the food provided and relatives said the food was good and they would know if someone didn't like the meals.

Staff had access to relevant training and received supervision. This meant that the staff had the opportunity to discuss their work and the support provided.

The registered provider had policies and procedures in relation to the Mental Capacity Act 2005 (MCA). From discussions with the registered manager and staff we noted they were aware of the principles of the Act and when this may need to be applied.

Good



Is the service caring?

The service was caring.

Staff engaged with people in a friendly and caring manner. People told us that they were supported as they preferred during their stay. Staff had a good rapport with people and staff were patient and considerate in their approach. Staff encouraged people to make decisions with day to day tasks.

Good



Is the service responsive?

The service was responsive.

People knew how to make a complaint if they were unhappy and their relatives commented that they had no concerns. We looked at how complaints would be dealt with, and found that no concerns or complaints had been made although processes were in place if needed.

People were supported with healthcare needs by the staff if needed and they were involved in their care plans.

Good



Is the service well-led?

The service was well led.

The service had a registered manager in place. The registered manager had worked for the registered provider for a number of years. People, relatives and staff spoken with told us the registered manager was approachable and managed the service well.

Good



Summary of findings

The registered provider had a range of quality assurance systems in place to monitor the service provided. Audits were completed with actions taken as appropriate.

Lightfoot 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.

We inspected the service on 6 October 2015. We gave short notice to the provider because the location provides a short stay service and we needed to be sure that someone would be available for our visit. The inspection team consisted of an adult social care inspector.

We spent time at the service looking at records. This included three people's care and support records, two staff recruitment files and other records relating to the management of the service.

Before our inspection, we reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public. Before the inspection we looked at notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We contacted the local authority safeguarding and contracts teams for their views on the service. None of these people had any concerns about this service.

On the day of our inspection we observed staff supporting people who used the service. We spoke with the three people who were staying at the service, one relative, the registered manager and four staff.

Is the service safe?

Our findings

People who were staying at the service said they felt safe and comfortable at Lightfoot Lodge. Comments included “I am safe here”, “Yes I feel safe” and “I feel safe with the staff.” One relative said “[Name] is very happy and safe here.”

We spoke with people and a relative about the staffing levels. People said there was always staff available to support them and when they were in their bedrooms call bells were answered promptly. One relative commented that there seemed to be a lot of staff available and that staff are very friendly. We looked at the rotas and saw that there was a staff member available 24 hours a day. The number of staff on duty depended on the number of people who were staying at the service. On the day of our inspection there were three people staying at the service. The registered manager confirmed that staffing levels were adjusted in line with who was staying at the time. Currently only one member of staff was needed. The registered manager confirmed that any sickness or annual leave was usually covered by the staff team and the no agency staff were used.

Recruitment processes within the service were reviewed. We looked at two staff recruitment files and found the information was well presented. Files contained a range of documents which included application forms, two references, identity checks and a Disclosure and Barring Service (DBS) check. A DBS is undertaken to ensure that staff are suitable to work with people who may be deemed vulnerable. Application forms had been completed and showed the employment history of the staff member. All documents were up to date and a recruitment checklist at the front of each file showed the documents available and was used by staff as a quick reference guide. This meant that appropriate recruitment processes were in place to ensure people who used the service were not at risk of being supported by unsuitable staff.

We spoke with staff about how people are kept safe from abuse. They gave examples of types of abuse that could occur and one staff member said that “A person having their choices taken away is a form of abuse as well.” Staff said they had undertaken training on safeguarding and records confirmed this training was up to date. Staff were aware of how to report any concerns to the registered provider. The registered manager showed a knowledge and understanding of the processes and policies which related

to adult abuse and confirmed they had a copy of the local authority safeguarding policy. The registered provider also had a safeguarding policy and statement. Staff had access to a “what to do” file, which contained information on what to do if they suspected abuse had taken place.

We looked at how medication administration was undertaken within the service. We saw that people brought their medication with them and this was securely stored in their bedrooms with any excess stock or controlled drugs stored in a locked room within the building. Controlled Drugs (CDs) were stored appropriately and we checked the amounts against the record in the CD book. These records tallied with each other. The Medication Administration Record (MAR) sheets were seen and showed that staff had signed them when administering medication. Staff told us about how they administered medication and demonstrated a good knowledge of the medication policy and processes to be undertaken. Staff also said they had undertaken medication awareness training and training records confirmed this.

People who were staying at the service had a range of risk assessments in place. These included personal care, medication, moving and handling and burns and scalds. All risk assessments were up to date and personalised to the individual which meant that each person had a range of assessments to help meet their needs. Each person had a personal emergency evacuation plan (PEEP) in place which described how each person should be assisted to leave the service. For example one person required their walking frame to be nearby to assist them to mobilise. However, the PEEP plans had not been signed by the people who used the service, although the document indicated that a signature was required. This was brought to the attention of the registered manager who said this would be addressed.

People who were staying at Lightfoot Lodge said it was clean and didn’t have any unpleasant odours and observations during our visit confirmed this. Staff confirmed that processes were in place to help maintain the environment and to keep it clean. We looked at the safety of the service and the maintenance of equipment and other checks that were undertaken. Equipment such as hoists, thermostatic valves on hot water taps, and the

Is the service safe?

fire alarm system were serviced and checked regularly. We saw certificates which showed the electricity and gas safety were up to date and these helped ensure that people were staying in a well maintained environment.

Is the service effective?

Our findings

People who were staying at the service said staff were very good and well trained. Comments included “The staff are very good”, “The staff are friendly” and “The staff are kind.” One relative said “Staff are very friendly and they will share banter with [name].”

Staff told us about the training they received and said it was good. They said that they had enough training and knowledge to support people who used the service. Training records showed that staff had undertaken a range of training that supported them to undertake their role which included safeguarding, moving and handling and medication.

The registered manager told us that staff received regular supervision, annual appraisals and were invited to attend regular meetings. Records of supervisions and meetings showed staff had access to a range of support and the opportunity to discuss any concerns or issues which related to their role. Staff told us that the support they received from the registered manager and senior staff was good. One staff member said “Meetings are good, we get feedback and are able to ask questions.”

Staff confirmed that they undertook an induction programme at the start of their employment. This included a range of training that was relevant to the job role and was followed by two days shadowing an experienced staff member. The registered manager said that the induction programme had been reviewed and amended to correspond to the information required in the care certificate. The care certificate was developed by the Skills for Care organisation and is an identified set of standards for health and social care workers at the start of their career journey but is only one element of the training and education that will make them ready to practice. This was then followed by a range of training relevant to their job role.

We looked at the meal provision within the service and observed the meal being served at lunchtime. The tables were set with cutlery, condiments, glasses and serviettes. Staff were aware of people’s likes and dislikes and if a person didn’t like the meal then they would be offered an alternative. People told us the meal served was “very nice” and “hot”. A relative said “The food is very nice, good and they have a good variety.” We spoke with the cook who explained that five-weekly menus were currently used. They said that there was a meat and fish main course choices each day and the main meal was served at lunchtime. Alternatives were available if people didn’t like the choice on offer. We saw the kitchen was clean and tidy and that all appropriate checks had been undertaken on fridge, freezer and hot food temperatures. A plan of cleaning for the kitchen was in place and the cook said that the majority of the cleaning was undertaken at the weekends and records confirmed this.

People’s healthcare needs were monitored during their stay as required. The staff explained that it was rare that they needed to visit or request the GP. If the person lived away from the area, then they would approach a local GP and register as a temporary patient for their stay. Healthcare notes showed that on occasions a GP had visited and that advice had been obtained via a phone call for another person.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager and staff demonstrated a good understanding of the MCA 2005 and DoLS. Staff told us they had received MCA 2005 and DoLS awareness training during their induction and within safeguarding training and records confirmed this. The registered provider had a policy and procedure in relation to MCA and a copy of the MCA codes of practice and staff had received a copy of the easy read summary of the MCA 2005.

Is the service caring?

Our findings

People said staff were very friendly, caring and kind towards them. People commented “The staff are very friendly” and “Staff are very kind.” One relative commented “The staff are very nice and always welcome us when we visit. We are always offered refreshments.”

We observed staff supporting people with dignity and a caring attitude. Staff respected people’s privacy by asking them quietly if they needed support to go to the toilet. We saw staff knock on people’s bedroom doors and wait for an answer before entering. Throughout our visit we saw positive interactions between staff and people who were staying at Lightfoot Lodge. The atmosphere was warm and friendly between them with laughter and light banter which people seemed to enjoy.

Staff spoke with us about how they helped to maintain people’s privacy, dignity and independence. They gave examples such as, we know what people can do for themselves and only offer assistance when it’s needed and this helps to promote people’s independence. In another example staff said that they didn’t discuss anything personal in front of other people, but took them to somewhere private.

Staff explained that they had access to a wide range of policies and procedures and that these were accessible to them. These included information on privacy and dignity, confidentiality and a code of conduct for staff to follow. Staff confirmed that these policies were included in the induction programme and that staff were expected to work in line with them. Staff said that they helped to ensure people were able to do as they wished, for example, people could get up and go to bed when they wanted as there were no specific times for this. Another staff member said people’s preferences were noted within care plans and that they read them regularly.

The registered provider had a statement of purpose and service users guide. The statement of purpose gave details of the registered provider, registered manager and qualifications of the staff team. It also included information regarding the purpose of the service. It was produced in large print format which meant it was easier to read for people who used the service. The service user’s guide was produced in large print format with pictures of the service and other pictures to illustrate what support could be provided to people who used the service. Information on how to make a complaint was also included.

Is the service responsive?

Our findings

People who used the service said that staff were available when they needed them and offered care and support as required. One relative commented that on the first night of [name] stay staff were very good and they visited [name] twice in the night and made them a drink when they were awake.

People who were staying at the service and a relative were complimentary about the service provided. A relative said that it was a very nice service and that they would encourage [name] to return for another short stay. Relatives said that the support received by people who used the service was excellent and the service encouraged people to remain as independent as possible. The registered provider kept a record of all compliments and comments included “Thank you for looking after me so well”, “I really appreciate what you have done for me”, “You are doing a great job” and “The kindness and politeness of the staff was wonderful.”

People said they liked it at the service and that they “had no problems or complaints.” A relative said they could raise any concerns with the senior staff or the registered manager of the service. We saw that people had access to the complaints policy which was included in the service user’s guide. The registered provider had a complaints policy which included information about timescales in which complaints would be dealt with and how people would be kept informed. The registered provider had not received any complaints since their registration and we had not received any complaints regarding this service.

We looked at people’s outcome (care) plans and other documentation relating to support. The plans were person-centred and contained good information about the individual and their support needs. It included information on staying safe, everyday tasks, enjoy and achieve, family and relationships and health and well-being. For example one person often felt very anxious and staff were aware of this and offered reassurance and time when completing

tasks so that their anxiety levels were reduced. Another person needed to be supported whilst the family were away and staff were able to explain this to them. During our observations we saw staff were knowledgeable about the people they supported. Where necessary other records were kept for example, monitoring records of people’s weight, fluid intake and weekly food eaten. All care plans were signed by the person who used the service.

Other documents in the care plan folders included an “about me” form which gave information to assist staff to have a better understanding of the person they were supporting. For example details about the person’s hearing, eyesight, mobility, communication, sleep pattern and personal care was included. Also information about preferred activities, and what may worry the person was included. On each admission a sheet was checked to ensure that all known information was reviewed at this time. Information included any changes to the previous care plan, medication, checking the room is ready, showing them to their room and offering refreshments were all noted. This helped to ensure that the most up to date information was known and available to the staff team.

Daily record sheets were kept about what each person had been doing that day and the support they had received. It included information on support with personal care and what they had been doing. Examples included “[name] was prompted when walking with minimal assistance needed” and “[name] enjoyed socialising and watching TV.” The records gave a good account of the individual’s activities.

We saw staff sitting with people who were staying at the service. One staff member was helping a person with a jigsaw and they were chatting about it as they completed it. Another staff member was sitting talking to a person about their family who was away at that time. People said they enjoyed the activities and that they could join in or not as they chose. A range of activities were available which included quizzes, art group, exercises, reminiscence sessions, bingo, reading newspapers and crafts and flowers. The hairdresser also visited each week.

Is the service well-led?

Our findings

The manager has been registered with the service for eight months but had worked for the registered provider for a number of years. She had a wealth of experience and during discussions she showed she understood the needs of the people who stayed at Lightfoot Lodge.

People and relatives told us positive things about the registered manager. They said she was approachable and well liked. One relative said “The manager is very good.” Staff told us they had good support from the registered manager and senior supervisors. They said “The manager is approachable and if you have a problem she will help” and “She is very good and honest.”

People who stayed at the service were asked to give their views about their stay. A feedback log was kept of the information and we saw that people were happy with the support they received. Comments included “A good service”, “A friendly service”, “Welcoming staff” and “A nice place.”

We asked people about how the service was managed. A relative said the service was well managed and they were happy with the support their relatives received. Comments included “I have no concerns, the staff are very kind and work as a team.”

During discussions with the registered manager she demonstrated that she was aware of the notifications that needed to be sent to the Commission. Notifications are a legal requirement and cover a range of information. She confirmed that she had not needed to inform the Commission of any notifications since registration of the service.

A range of quality audits were completed at the service. The service supervisors undertook a monthly self-inspection audit. This included information about the people who used the service, and staffing including, staff supervision and training, care documentation, people’s healthcare needs, health and safety and improvements. A range of recommendations were made and the person responsible to take corrective action was noted. A monthly health and safety inspection was also undertaken. This included information on access to the building; movement around the building, fire safety, electrical safety, hazardous substances and hygiene. These included areas to be addressed and any required actions. A medication audit

was completed on a weekly basis. We saw that there had recently been “gaps” of signatures on the Medication Administration Record sheets which meant that staff had not signed the sheet to show the medication had been administered. This had been discussed with the staff responsible and the registered manager said if it continued then the staff would undertake a competency test and further training until they were deemed competent to undertake medication administration. All actions were signed off by the registered manager. The information from these audits was fed into the registered manager’s audit of the service. The registered manager said that during her audit she checked to ensure that actions raised had been addressed and the provider audit confirmed this.

The registered manager explained that she attended a range of meetings which included meeting with managers of services owned by the registered provider and supervision sessions with her line manager. She said her line manager was approachable and available for advice and support. She said information from her meetings was relayed to the meetings she had with senior staff and information cascaded through them to the rest of the team. Records showed that the same areas were included in all meetings and were reviewed during each session. Areas included information about people and their files, health and safety, complaints and compliments, safeguarding referrals, staff rotas, staffing issues and training. Records showed that these meetings were held regularly and that minutes were kept and any actions identified were addressed.

Staff explained that they had access to a wide range of policies and procedures and that these were kept in the “seniors” office so that staff always had access to them. Staff went on to explain about the “what to do if...” folder. They explained that it gave clear details of what to do if there was a problem such as how to support a person who used the service to manage their medication or what to do if a person is unwell. Staff confirmed that the guide was a useful addition and that it was easily accessible and gave them the opportunity to address a situation rather than initially going to a senior staff member. Records showed that the guide was reviewed on a regular basis.

We discussed with the registered manager what would happen if a major incident occurred at the service. She explained that a business continuity plan was in place. This

Is the service well-led?

included what to do if there was a loss of building or staff, impact of bad weather, heat wave, flu pandemic or power failure. An action plan for all these situations was included in the plan.