Parkcare Homes (No.2) Limited

Lammas Lodge

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 inspection took place on 9 and 11 January 2017 and was unannounced.

Lammas Lodge provides accommodation and personal care for up to seven people who have been diagnosed with autism. There were six people living at the home when we visited.

The home is required to have 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. There was no registered manager in post at the time of our inspection. The current manager, with whom we met, was in the process of applying to the Care Quality Commission to become registered manager of the service.

At our last inspection on 28 April 2016, we found a breach of Regulation 17 of the Health and Social Care 2008 (Regulated Activities) 2014. We gave the service an overall rating of requires improvement. This breach related to the provider's failure to act on feedback gathered from people using the service regarding the quality of the care provided. The provider sent us an action plan setting out the improvements they intended to make. At this inspection, we found the provider had made significant improvements to the service.

The provider had taken steps to protect people from the risks of harm and abuse. Staff understood how to recognise and report abuse. The risks associated with people's care and support had been assessed, recorded and plans implemented to manage these. Systems and procedures were in place to ensure staff had up-to-date information about the risks to people and themselves. The manager assessed and organised their staffing requirements based upon people's individual care and support needs. The provider adopted safe recruitment practices to ensure people were supported by suitable staff. People's medicines were handled and administered safely by trained staff.

People were supported by staff with the right skills and knowledge to meet their individual needs. The manager ensured staff had the support they needed to carry out their job roles effectively. Staff sought people's consent to the care and support they provided. The provider protected people's rights under the Mental Capacity Act 2005. People had the level of support needed to eat and drink enough, and to maintain a balanced diet. People were able to access healthcare services and attend routine medical appointments and health monitoring with staff support.

Staff encouraged positive, caring relationships with the people who lived at the home. Systems and procedures were in place to encourage and facilitate people's involvement in decisions that affected them. People were treated in a respectful and dignified manner by staff who understood the need to protect people's human rights.

People received care that was shaped around their individual needs, interests and preferences. Care plans promoted a person-centred approach, and staff made use of these. People's relatives were clear how to complain to the provider. The provider had developed formal procedures to ensure their complaints handling reflected good practice.

The manager and provider promoted an open culture within the service. People's relatives found the manager approachable and had confidence in their ability to act on things. Staff felt well supported by the manager. The provider and manager made use of effective quality assurance systems to assess and address the quality of the service people received.

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 were protected from avoidable harm and abuse. The risks associated with people's care had been assessed and managed. There were sufficient numbers of staff to safely meet people's needs. People received their medicines safely from trained staff.

Is the service effective?

Good

The service was effective.

People were supported by staff who received effective training, supervision and support. Staff sought people's consent to the care and support provided. People had the support they needed to eat and drink enough. Staff supported people to access healthcare services and sought professional medical advice where needed.

Is the service caring?

Good

The service was caring.

Staff took a caring and compassionate approach towards their work. People's involvement in decision-making that affected them was encouraged by the provider. Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support. Staff understood the importance of and followed people's care plans. Any complaints received in relation to the service were investigated and responded to by the provider.

Is the service well-led?

Good

The service was well-led.

The manager promoted a positive, open dialogue with people,

their relatives and the staff team. People's relatives felt the manager was approachable and had confidence in them. Staff felt well supported by the manager. The provider made use of quality assurance systems to drive improvement at the service.

Lammas Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 9 and 11 January 2017 and was unannounced. The inspection team consisted of one inspector.

As part of this inspection, we looked at the information we held about the service and contacted the local authority and Healthwatch for their views on the home. We also checked the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection, we spoke with one person who lived at the home, eight relatives, a speech and language therapist and a consultant psychiatrist. We also talked to seven members of staff, including carers, agency staff, senior carers, the manager and the regional manager.The majority of people who lived at the home were not able to tell us in detail about how they were cared for and supported because of their complex needs.

We looked at two people's care files, incidents records, activities records, staff training records, staff duty rotas, complaints records and records associated with the provider's quality assurance systems. We also observed people's care and support in the communal areas of the home at different times of the day.

Good

Is the service safe?

Our findings

The majority of people's relatives felt the provider created a safe environment for their family members. One relative told us, "I feel he is safe where he is." Another relative said, "They take perfectly good care of him; I've never had any concerns." However, one person's relatives expressed concerns about potential inconsistencies in the way staff monitored the people living at the home. This, they told us, had impacted upon their family member's safety and wellbeing. We discussed these concerns with the manager. They assured us all staff were deployed appropriately and aware of the level of supervision and support each person needed to ensure all the people living at the home were kept safe. People's relatives were clear about how to raise any concerns regarding their family members' safety or wellbeing with the provider, and felt comfortable doing so. One relative explained, "If anything is concerning us, we know who to speak to and we don't feel like we're being brushed off (by the provider)."

People were supported by staff who had training, instruction and information on how to protect them from harm and abuse. Staff demonstrated an understanding of the different forms and potential signs of abuse, and their broader role in keeping people safe. They recognised the need to report any abuse concerns to the manager or senior on duty without delay. The provider had developed formal procedures requiring that any actual or potential abuse was reported externally and appropriately investigated. Our records showed they had made appropriate referrals to the local authority's safeguarding team in line with these procedures.

The provider had assessed the risks connected with each person's care and support. This assessment encompassed important aspects of the person's safety and wellbeing, including their physical and mental health, their mobility, behaviour and nutrition. The manager had implemented plans to reduce the risks to individuals whilst recognising the need to keep restrictions on people to a minimum. People's relatives told us the manager and staff tam consulted with them about any risks affecting their family members and the management of these. Staff demonstrated a good insight into the particular risks to individuals and the agreed strategies for keeping people safe. We saw staff working in accordance with people's risk assessment as, for example, they supported people to eat and monitored their movements around the home. Staff told us communication within the home was good, and that management kept them up-to-date with any changes in the risks to people or themselves. Staff participated in a daily handover and use was made of a staff communication book to pass on other important information. Handover is the means by which staff leaving shift pass on key information about people, face-to-face, to those arriving on duty.

The provider had put procedures in place to ensure any accidents or incidents involving people who lived at the home were investigated and learned from. Staff were aware of these procedures, and the need to record and report any such events without delay. We saw the manager and provider analysed accident and incident reports, on an ongoing basis, to identify the actions needed to minimise the risk of reoccurrence. Significant patterns in incidents were discussed as part of the regular multi-disciplinary meetings held at the home. Analysis of recent incidents involving one person had led the manager to contact the consultant psychiatrist, GP and behaviour specialist. The purpose of this had been to identify any underlying causes for the change in this person's behaviour, and establish how best to support them.

The manager described how they assessed, monitored and organised staffing levels at the home based upon people's individual care and support needs. They felt confident about discussing any changes required in staffing arrangements with the provider. During our inspection, we saw there were enough staff on duty to meet people's needs safely and flexibly. The provider had undertaken a successful recruitment drive, over recent months, to fill a number of staff vacancies and minimise the use of agency staffing. Staff felt the current staffing levels enabled them to work in a safe and person-centred way. They spoke positively about the marked reduction in the use of agency staffing and improved consistency of care.

All potential employees were required to undergo checks, before starting work at the home, to ensure they were suitable to work with people. These consisted of an enhanced Disclosure and Barring Service (DBS) check and obtaining of employment references. The DBS helps employers to make safer recruitment decisions. The provider had developed formal disciplinary procedures to deal with any conduct issues once staff were in post.

We checked how the provider managed people's medicines. As part of this, we observed how staff gave people their medicines, looked at how medicines were stored and reviewed medicines records. The provider had implemented systems and procedures to ensure people received their medicines safely and as prescribed. All staff involved in the handling and administration of medicines had received relevant training. Staff had written guidance on the use of any "as needed" medicines, and knew what to do in the event of a medication error or refusal. The provider had assessed people's ability to administer or assist with their own medicines. At the time of our inspection, all of the people living at the home required full support from staff to take their medicines.

Good

Is the service effective?

Our findings

At our last inspection, staff told us they lacked the necessary skills and knowledge to communicate as effectively as they needed to with one of the people living at the home. The manager had since organised further Makaton training for the staff team to address this issue. Makaton is a language programme based upon signs and symbols used with speech to help people to communicate. Staff confirmed that they now had the right skills and knowledge to meet people's individual communication needs.

People's relatives spoke positively about the knowledge and experience of the long-term staff working at Lammas Lodge. They felt these staff members had developed a positive rapport with their family members, and knew how to meet their needs. The speech and language therapist we spoke with echoed these views about staff. People's relatives expressed some concerns about the number of new and inexperienced staff working at the home, and the unsettling effect staff changes had had upon their family members. We discussed these comments with the manager. They assured us that careful consideration was given to the mix of skills and experience on each shift whilst new recruits continued to gain in knowledge and experience. During our inspection, we saw the staff on duty met people's needs, and addressed any behavioural issues, in a confident and professional manner.

Upon starting work at the home, staff underwent a formal induction. During their induction period, staff completed initial training to keep themselves and others safe, read people's care plans and worked alongside more experienced colleagues. Staff felt their induction had given them a positive introduction to their job roles. Agency staff also received a condensed induction to the service.

Following induction, staff participated in an ongoing programme of training and refresher training that reflected the provider's mandatory training requirements and the needs of the people living at the home. Staff told us their training had given them what they needed to know support people safely and effectively. They felt confident about approaching their manager with any additional training requests, as needed. One staff member talked about the benefits of their recent training with a behaviour specialist, describing this as "brilliant". This had enabled them and their colleagues to better understand the triggers for a particular person's behaviours and how to manage these. Another staff member spoke about the added confidence their first aid training had given them to deal with any emergency situations at work. The manager maintained up-to-date training records to monitor and address staff training requirements.

At our last inspection, staff told us had not had the benefit of regular one-to-one sessions with the management team. The manager told us they had since brought their bi-monthly staff supervision meetings up to date, and staff confirmed this. Staff told us they received feedback on their work performance and were able to raise any work-related issues or training requests during these supervision meetings. The manager also organised 24-hour on-call management support to address any urgent advice or guidance staff may require.

We looked at whether the provider was protecting people's rights under the Mental Capacity Act 2005. 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

The provider had given staff training to help them understand people's rights under the MCA. Staff demonstrated a good understanding of what the MCA meant for their work with people. One staff member told us, "Everyone is deemed to have capacity unless their assessment says otherwise. Capacity is decision-specific and people have the right to make unsafe decisions." Another staff member said, "We have to make sure we don't make decisions on their (people's) behalf, if they can make these themselves." During our inspection, we saw that staff encouraged people's decision-making and sought their consent before carrying out care tasks. People's care plans included assessments of their capacity to make decisions and gave staff guidance on how to support people's decision-making. However, best-interests decisions made on people's behalf were not always clearly and appropriately recorded as required in line with the MCA. We discussed this with the manager who assured us they would review and improve upon this aspect of their record-keeping.

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 provider had assessed people's individual care and support arrangements and had made DoLS applications on this basis. DoLS authorisations were currently in place for two of the people living at the home. The manager confirmed they were complying with the conditions on these authorisations, and we saw evidence of this.

We looked at how the provider supported people to eat and drink enough and to maintain a balanced diet. As part of this, we observed the support people received from staff during mealtimes at the home. We also reviewed the information recorded in people's care files around their nutrition and hydration. One person we spoke with told us they liked the food and drink on offer at the home. People's relatives were also satisfied with the quality of the food and drink supplied, and the support their family members had with eating and drinking. One relative praised the manager for being "on board" with efforts to promote their family member's healthy eating. Any risks or specific needs associated with people's eating and drinking had been assessed, recorded and plans implemented to manage these. The manager confirmed that any specialist input needed from the speech and language therapy team or others was sought as part of this process. The mealtimes we observed at the home were relaxed and flexible. People chatted freely with staff as they ate their meals at the table. People's food was served to them, and they were supervised as they ate, in line with their care plans.

The manager and staff team played a positive role in helping people to maintain good health and access healthcare services. People's relatives praised the proactive manner in which staff monitored their family members' health, seeking professional medical advice or treatment whenever needed. One relative told us, "If [person's name] is unwell, they (staff) are straight on it." Staff supported people to attend routine health appointments and check-ups as part of the care and support provided. People's health needs, and the healthcare professionals involved in their care, were recorded in their care files. We saw that the manager liaised with a range of healthcare professionals to ensure people's health needs were met, including people's GP, occupational therapists, psychologists and the consultant psychiatrist.

Good

Is the service caring?

Our findings

One person we spoke with told us they liked the staff, describing them as "good". People's relatives also spoke positively about the caring approach staff adopted to their work, and the positive relationships they built with their family members. One relative said, "They (staff) are all very friendly." Another relative told us that they could tell how well staff treated their family member, by the way he reacted when they dropped him off at the home. This person explained, "When I take him back, he's not bothered at all when I leave." The staff we spoke with demonstrated a good insight into people's personalities and individual needs, discussing the people they supported with affection and respect.

During our inspection, we saw that people were at ease in their home and in the presence of staff. They readily approached staff with their requests, and chatted freely and spontaneously about things of interest to them. One person spoke with a member of staff about their plans for the remainder of the day, what they were wearing and who was on duty at the time. Staff took the time to listen to people, and responded to any requests for assistance. One person asked for help to put on a film in the home's cinema room, and this was provided without delay.

Staff demonstrated concern for people's safety and wellbeing. We saw they provided consistent monitoring, supervision and reassurance to a person who was experiencing a period of unsettled behaviour at the time of our inspection. The one-to-one support this person received from the allocated member of staff clearly had a settling effect upon them.

People were supported to have their say about the care and supported they received and to participate in decision-making that affected them. The provider had developed systems and procedures designed to engage with people and to give them a voice. These included monthly "Your Voice" meetings at which people were able to raise any concerns, ideas or suggestions about their care. We saw evidence that the manager acted upon the feedback received. This had, for example, led to the introduction of additional sensory equipment for person and the installation of blinds in another person's bedroom. The manager employed a key worker system at the home, as a further means of ensuing people's views were heard and taken into account. A key worker is a staff member who acts as a focal point for one person and their relatives, ensuring the person's individual requirements are met. We saw that people met individually with their key workers on a monthly basis.

Staff made use of different communication tools and techniques to communicate as effectively as possible with people, and to promote their choice and control. These included the use of Makaton and the Picture Exchange Communication System (PECS). PECS allows people with autism, who have little or no communication abilities, to communicate with the use of pictures.

The manager told us people would be signposted to independent advocacy services, as necessary, to ensure their voice was heard in relation to any significant decision-making. One person was currently receiving support from an advocate from the placing authority in connection with any decisions about their future accommodation.

People's relatives told us staff promoted their family members' rights to privacy and dignity. On this subject, one relative told us, "I've always found that they (staff) do. [Person's name] reflects this in his attitude towards them; he would show it if they didn't." Staff had received training in, and demonstrated awareness of, the need to treat people in a respectful and dignified way. One staff member explained, "I think you should treat people like you want to be treated yourself. You don't talk down to them; you put yourself in their position." Other staff gave us practical examples of how they promoted people's dignity on a day-to-day basis. These included the need to respect people's wishes and decisions, protect their modesty during personal care and knock before entering their bedrooms. People's relatives were able to visit them at the home without any unnecessary restrictions. Blinds had recently been erected in a small room at the rear of the property to create an additional space for private meetings. Systems and procedures were in place to protect the confidentiality of people's personal information held at the home, and we saw that staff followed these.

Good

Is the service responsive?

Our findings

At our last inspection, we found people were not receiving consistent personalised care and support. The provider was not always fully encouraging people's involvement in decisions that affected them. This was evident in the lack of choice people had about what they ate and how they spent their time.

The manager had since implemented new procedures in relation to menu and activities planning. People discussed their meal choices for the coming seven days at weekly meetings with staff, and food shopping was organised on this basis. People were encouraged to put forward ideas and suggestions for activities as part of their monthly "Your Voice" and key worker meetings. Staff made use of images and symbols to support people's decision-making in both of these areas, and to help them understand the choices they had made. On the subject of involvement, one staff member told us, "The choices people are offered at the home have improved. The culture is a lot more about working in a person-centred way."

People's relatives told us the care and support provided was shaped around their family members' individual needs. They were satisfied with the level of involvement they had in the assessment and planning of their family members' care, through attending periodic care reviews and otherwise. They felt their input was taken seriously and acted upon the provider. The key workers produced a monthly report on each person's health, wellbeing and progress, a copy of which was sent to their relatives. One relative described how they invited staff to their home, on a monthly basis, to discuss their family member's progress and make plans for their care in the coming month. They described a positive, open dialogue with staff, adding, "They ring me up if they've got any problems with anything." Another relative talked about the value of their weekly telephone conversation with staff to receive an update on their family member's wellbeing.

People's assessments and care plans reflected a personalised approach towards their care and support, and a move towards more concise and accessible guidance for staff on how to meet people's needs. Care plans included details of people's life history, interests and preferences, along with their personal strengths and abilities.
Staff demonstrated insight into people's care plans, and understood the importance of working in accordance with these. Key workers carried out a monthly evaluation of people's care plans, in addition to a periodic formal review by the manager.

People had support from staff to spend time doing things they enjoyed. One person told us they liked going to the gym, attending a local social club and going for walks. We saw staff support this person to attend a local gym during our inspection. Other people were taking part in activities such as using the home's trampoline and cinema room, relaxing with sensory equipment, helping with food shopping and colouring. People had individual activities programmes reviewed with them on a monthly basis in the "Your Voice" and key worker meetings. One person's relatives were critical of the lack of consistent support their family member received to participate in agreed therapeutic activities. We discussed this with the manager, who acknowledged this person had not received consistent support in this area, particularly during the month of December 2016. The manager had introduced a new system to keep better track of this person's activities to ensure these took place on a more consistent basis moving forward. Two people's relatives felt their family

members could be supported to participate in a broader range of activities. The manager acknowledged the need for greater creativity and fresh-thinking in the range of activities on offer. They assured us they had plans in place to address this issue, which included allocating specific responsibilities in relation to activities planning to a particular member of staff.

People's relatives told us they understood how to make a complaint to the provider, if they were unhappy with any aspect of their family members' care. They had confidence that their concerns would be taken seriously and acted upon. The provider had developed a formal complaints procedure to ensure any complaints were properly investigated and responded to. Easy-read materials had also been produced to help people understand the process of making a complaint. One member of staff explained to us how symbol cards were used to pinpoint how a particular person was feeling and the nature of any concerns they may have. We looked at how the provider had handled the most recent complaint regarding the service. We saw the concerns raised had been recorded, investigated, acted upon and a formal response sent to the complainants. We saw evidence of the improvements referred to in their response during our inspection.

Good

Is the service well-led?

Our findings

At our last inspection, we found a lack of consistent management presence and support at the home. This had negatively affected the care people were receiving and hampered the performance of the staff team. People had not received consistent person-centred care and their choice and control had not been fully promoted. Where people had given their views about the service, these had not been appropriately acted upon by the management team. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In the action plan they sent to us, the provider set out the steps they intended to take to ensure any feedback received about the service was appropriately analysed and responded to. This included creating specific action plans to ensure all feedback on the service was used effectively.

At this inspection, we found the provider was meeting the requirements of Regulation 17. A new manager was in post who had provided a stabilising and consistent management presence within the home. She had instigated positive changes within the service, resulting in a more person-centred approach towards people's care and support. These included the improvements made in the areas of menu and activities planning. The provider had last distributed feedback surveys to people and their relatives in August 2016. We saw that the feedback received about the service had been recorded, collated and acted upon. This had, for example, led to improvements in communication with people's relatives and the creation of a new administrator role to enable the manager to focus on the quality of people's care.

At our last inspection, people's relatives expressed concerns about the lack of clear management and leadership at the home. At this inspection, people's relatives spoke about the new manager with greater optimism and confidence. They praised her receptiveness to their views and suggestions, and her ability to make things happen. One relative explained, "She's definitely got things moving." Another relative said, "She has a sincere will to sort things out." Other relatives used words such as "capable", "hands-on", "helpful" and "strong" when describing the manager. People's relatives felt involved in decisions affecting the care and support of their family members through open lines of communication with the manager and staff team. The manager had recently introduced a quarterly newsletter, as a further means of keeping people's relatives up-to-date regarding any changes in the service.

At our last inspection, staff had not benefited from any clear sense of leadership or direction, which had impacted upon staff morale. At this inspection, staff spoke in positive terms of the impact the new manager had made on the home. One long-term member of staff explained, "The management is one hundred per cent better. [Manager] has been on the floor plenty." Another staff member told us, "Things have definitely improved. Staff seem much more positive. They are more supportive of each other and are working in a more cohesive way." This person went on to say, "She (manager) is rolling her sleeves up and getting things done, rather than sitting in an ivory tower." Staff felt well-supported by the manager, clear about what was expected of them and able to approach her with any concerns, ideas or suggestions. Although they raised no such concerns during our inspection, staff were clear how to challenge practice and decisions taken by the provider if needed. They told us they had read, and understood the purpose of, the provider's whistleblowing policy.

The manager demonstrated a good understanding of the duties and responsibilities associated with her post. In this regard, our records showed that the provider had submitted the required statutory notification to us. At the time of our inspection, the manager was in the process of applying to the Care Quality Commission to become registered manager of the service, as required under their registration with us. The manager felt well-supported by the provider who, she felt, had made the necessary resources and support available to take the service in the right direction. The manager explained how she kept herself up to date with best practice through, amongst other things, participating in further training and attending events run by the local authority.

At our last inspection, the management team had not made consistent use of the provider's quality assurance systems, with the result that they had not identified significant shortfalls in the quality of care. At this inspection, we saw evidence of a more robust and integral approach towards quality. The provider, manager and senior staff team carried out a series of quality checks and audits on different aspects of the service to check people were receiving safe, good quality care. These included the manager's monthly self-audit, monthly medication and health and safety audits and periodic inspections by the provider's quality and compliance team. These quality checks had resulted in improvements in a number of areas, including staff training, aspects of the physical environment and health and safety arrangements at the service.