

Northam Lodge

Northam Lodge

Inspection report

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Date of inspection visit:

21 February 2018

26 February 2018

Date of publication:

05 April 2018

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

Northam Lodge is a residential care home for up to 25 people with learning disabilities and complex physical disabilities. It does not provide nursing care. The service is divided into three separate houses, Northam Lodge, Christopher lodge and Gibson Lodge. Christopher and Gibson are purpose built whilst Northam lodge is an adapted large house which has more than six bedrooms. Although the service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance, the provider was mindful about this guidance. Any future developments would be of houses for six or less people and off site. The values of the service include choice, promotion of independence and inclusion. People with learning disabilities, autism and physical disabilities using the service were encouraged to live as ordinary a life as any citizen. As such the provider was seeking ways to promote people using facilities and the local community so that Northam lodge does not become a large site where people spent all their time.

Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good

Staff had the right skills, training and support to provide personalised care which met people's complex needs. Care and support was well planned with people being at the heart of this to ensure their preferred routines and wishes were met. The introduction of active support planning will enhance this further. This will ensure people have clear goals and ambitions to develop their independent living skills, enjoy activities of their choice and remain healthy and well.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were skilled at interpreting people's complex ways of communicating their needs, including the use of visual cues and other non-verbal ways of communicating.

People were offered a choice and range of meals to help them maintain a healthy diet. Where people required support to eat and drink, this was done in a sensitive and relaxed manner. People who were at risk of choking, had detailed plans in place to inform staff about how best to support them. Other risks were also being well managed, with clear instructions for staff to mitigate and manage these risks. For example managing a person's epilepsy.

The home was required by the Care Quality Commission to have a registered manager. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the

requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager, senior team and new chief executive of the service were working hard to ensure their approach was open, inclusive and forward thinking.

They had introduced a suggestion box, more leadership and team meetings and incentives to enhance staff morale. This included gift tokens for commitment to service and the introduction of employee of the month. The management team were also actively consulting with people and their families about the future direction of the service. New initiatives included the introduction of eye gaze technology. This would enable some people to be able to communicate their needs in a way that had not previously been possible. This system allows people to use their eyes to indicate their answers to questions. They were also introducing electronic care records to better assist care staff in record keeping and care planning.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Northam 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 21 and 26 February 2018 and was unannounced on the first day. The first inspection day was completed by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing how care and support was being delivered and talking with people and staff. We met with most of the people living at the home. We spent time in communal areas of the home to see how people interacted with each other and staff. This helped us make a judgment about the atmosphere and values of the home. Most people were not able to comment specifically about their care experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people with complex needs. We spoke one relative during the inspection and one visiting healthcare professional. Following the inspection we rang six relatives and received feedback from five.

We spoke with five care staff, two service managers, a team leader, the registered manager, CEO and the cook.

We reviewed three people's care plans and daily records, medication administration records, three staff recruitment files as well as audits and records in relation to staff training and support, maintenance of the building and safety records.

Is the service safe?

Our findings

People were unable to comment on whether they felt safe. One visiting relative said they were "100% certain (name of person) was safe. Staff are very vigilant and several times they have saved her life by being so on the ball with their health care needs."

Prior to the inspection we had received anonymous concerns about staffing levels and people not receiving their allocated one to one support. We shared these concerns with the registered manager who sent us rotas showing the number of staff and when one to one care was allocated. One person, who has one to one support, would find this support intimidating if the support worker was next to them the whole time. The registered manager said they ask the named worker to be in the vicinity of the person but not to crowd them. The worker can work with other people, but if they see the person is in danger or needs support, their priority has to be to support them. The registered manager said she has tried to explain this strategy to the staff team and we saw this was included in minutes of staff meetings.

There were sufficient staff to meet the number and needs of people living at the service. Each house had an allocated rota with at least three staff per shift. In Northam lodge, which has more people, this number was six to seven staff at key times. Staff said there were enough staff, but that staff sickness at short notice had on occasion left them short. The registered manager said that staff had been "exceptional at picking up extra shifts and working on longer when staff sickness had occurred", but on occasion they had fallen slightly below their expected numbers. She did not feel people's care or safety had been compromised.

Systems, processes and policies were in place to help safeguard people from possible abuse. Staff had received training in understanding what to look for and knew who they should report any concerns to. Staff said they had benefited from additional Devon county council safeguarding training. There have been four safeguarding alerts raised since the last inspection. These have been raised by the service who acted appropriately to keep people safeguarded from any harm. Where specialist support was needed from the local learning disability specialist team, it had been sought. This was to look at best practice in managing a person's behaviour which may challenge others or themselves.

Recruitments practices were robust to ensure only staff who were suitable to work with vulnerable people were employed. New staff did not commence work at the service until all their references and checks were in place. The service had been offering potential new staff the opportunity to visit for the day to see if they would enjoy the work and gain feedback from other staff. They have ceased this practice because they cannot guarantee the potential new staff member would be supervised at all times. Candidates are now offered the opportunity to walk around the service on the day of their interview.

Each person had been assessed to ensure that risks had been identified and where possible measures put in place to reduce the risks. For example nationally recognised clinical tools were used to assess the risk of poor nutrition, pressure damage and risk of falls. Where someone had been assessed as having a risk of pressure damage, equipment was made available to help prevent these risks. Risk assessments gave staff clear instructions about how to further mitigate such risks. Staff were able to give examples of how they

managed risks. One said one person was able to hold their cup to drink from, but would throw it when they were finished, or would sometimes throw it if it tea, rather than coffee. The staff member said, "As you saw I brought (name of person) back from the table and away from other people to minimise the risk to others if they were to throw the drink. While they are drinking a staff member stays close to them to respond to their needs and take the cup from them when they are finished, so they do not throw it."

People's medicines were being safely managed, kept secure and administered on time. Staff received training and ongoing competency checks were completed to ensure they were following the service policy and best practice in medicines management. Audits were completed for checking of medicines and any errors in records were promptly followed up.

Emergencies were planned for, such as each person having a personal evacuation plan. Accident and incident reports were signed off by the manager and any actions needed to review ways of working to reduce risks were shared with the staff team.

The home's communal areas were clean and free from odour. The service employed cleaners who ensured all part of the home were kept clean and free from risk of infection. Staff had access to protective clothes and gloves and used these appropriately when needed. Staff confirmed they had received training in infection control and understood what additional measures may be needed should they have an infection control outbreak. The service had been awarded five stars, which is the highest rating from the Foods Standard Agency.

Is the service effective?

Our findings

People were unable to comment on whether their care and support was effective. Relatives said staff were knowledgeable and understood the complex needs of their relatives. One said "I am very happy, (name of person) has come on leaps and bounds since being at Northam Lodge. They are very good, always keep in touch and if anything is wrong, they are straight on the issue."

The 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met.

Most people have varying capacity and applications have been made. Staff understood the principles of MCA and ensuring they worked in the least restrictive way. They also ensured that their everyday practice encompassed giving people maximum choice in their lives. For example, a senior staff member explained one person was now needing more assistance with failing mobility.. They were being supported by staff and healthcare team to assess their needs. It was decided that it would be better for them to have a ground floor room in Gibson Lodge. Staff said that this would enable the person to be more independent. The staff member said that, "at present they would put their hand up if they wanted to go upstairs to their bedroom, but they may have been thinking about it for an hour or so before they would put her hand up, so moving to a ground floor room will help them to be more independent as they have a walker to get around with." Staff were assisting the person with visits to the new lodge to make the transition smooth for them.

People were supported by staff who had the right training, skills and support to do their job effectively. The registered manager and CEO were ensuring training and support was available for all staff to enable them to have opportunities to develop their skills. Training was seen as key to driving improvements. This included ensuring staff had skills in all aspects of health and safety as well as in more specialised areas such as specific health conditions. Staff confirmed there were regular training opportunities. They were also offered regular supervision sessions in one to one time to talk about their role and areas for development. Staff were encouraged to complete national qualifications in care. Staff who were new to care were required to complete the Care Certificate. This helped to ensure new staff understood the key elements of delivering safe, effective and compassionate care.

People were supported to eat and drink enough to maintain a balanced diet. People's dietary needs and the way their food should be prepared to keep them safe from choking was clearly identified within their care plan. The cook said she offered a choice of meals and staff from each lodge would take the meals and then

ensure the consistency was right for each individual. Some people required soft diets or pureed food and thickener in their fluids to help prevent choking. Staff were skilled at assisting people to eat at their pace and promoting independence where possible.

People's healthcare needs were well met because staff were skilled at understanding and planning for individual's health and wellbeing. Relatives were all complimentary about staff ensuring their relative's healthcare needs were met. One said "Any issues even if (name of person) is here, they come straight over and check, they even advised me to call an ambulance and met me at the hospital." Another parent said "I cannot praise the staff enough. They go above and beyond where health is concerned. They always make sure someone is at the hospital if an admission is needed." Staff from healthcare settings had written to the service to thank them for their involvement and recognised the skills of staff. One senior nurse said "I just wanted to thank staff who came to support one of your residents on the ward. They have been a real goldmine of information and support and they are a real credit to you." Another hospital out of area wrote, "I wanted to say how brilliant staff were in caring for (name of person)...please could you pass on how impressed we were with them and how it helped us out massively. We also thought the home manager was very kind and professional and the organisation of documents was excellent."

People had hospital passports which helped tell hospital staff how best to support the person. There was good partnership working with health and social care professionals to ensure people's needs were being met. For example for two newer people coming to the service, there was lots of liaison with their current care givers and school to ensure their care and support was well planned. This included the use of assistive technology, such as computers.

People's communication needs were being well met by staff who were skilled at understanding their complex ways of communicating. Pictures and photos were used to help people make choices. The building has been adapted to be suitable for people using wheelchairs or have mobility and sight issues. There was equipment available to ensure people's moving and handling could be facilitated safely. Consideration had been given to ensuring some areas of the service were stimulating with lights and sensory equipment and others areas provided a more relaxing and calm environment.

Is the service caring?

Our findings

People were unable to directly comment on the way they were being treated. Our observations showed people were treated with kindness and respect. Relatives were extremely complimentary about the caring and kindness staff showed towards their family members. One said "We could not ask for more, staff are wonderful, so caring. I feel I can relax knowing (name of person) is in such good hands. All staff are good, some are exceptional." Another said "Staff are very caring towards people and very caring to us as relatives. We are included in all aspects of (name of persons) life and we are always given a very friendly welcome."

We observed caring and supportive interactions between staff and people living in the home. Staff were skilled at interpreting people's complex ways of communicating their needs, including the use of visual cues and other non-verbal ways of communicating. For example one staff member said, "One person would make a high-pitched screaming noise and run their hands on their face if it was a particular type of music they disliked." Staff were able to describe ways in which they supported people to maintain their dignity and respect. Daily records showed how each person had one to one support to chat and help them with any personal care needs.

Staff took pride in ensuring people were well groomed to maintain their dignity. After mealtimes people were assisted to clean their hands and face if needed. People were dressed in their individual styles and were assisted to have their hair and nails done. One staff member said "We make sure people have a choice about what they wear and how they like to dress or have their hair done in a certain style."

People were afforded choice and respect in the way their care and support was delivered. This took into account people's diverse needs. For example where people had a passion for particular genre of music, staff looked for events and activities which included this type of music. Another person had a passion for trains; their staff team ensured this was met with regular outings to places which included train journeys.

Staff showed compassion and patience when working with people. Staff spoke about people in a respectful way. There were strong bonds between some staff and people who lived there. There was lots of laughter and chat between staff and people. One relative said "This is the norm; it's not put on just for you or me. There is always a lot of fun, sharing of laughter. I can't praise the staff enough for the loving atmosphere they help to create here."

The service had received many compliment cards which detailed the care and compassion staff showed towards people. One said "We attended the Elvis tribute show with some of the people from Northam lodge and had to write to say the love and attention (they) received was second to none"

Visitors were made welcome and people were supported to maintain their friendships and links with the local community. Several people attended local churches and local events. One church sent a thank you card saying how "lovely it was to see the residents and staff at our Golden rendezvous."

Is the service responsive?

Our findings

The service understood the needs of people, and delivered care and support in a way that met these needs and promoted equality. It was clear from discussions with staff, interactions and in the detail of support plans, that equality and celebrating people's individuality and diversity was central to how staff worked with people. Staff had detailed knowledge of people's passions and what helped them have a sense of well-being. The sorts of activities which were planned were attuned to this knowledge and understanding of people's likes preferences and wishes.

The staff team were working on a project to further promote people's individualised plans by the use of active support planning. This looked at goals for people to achieve which may be in small steps but ensured they are personalised to the individual. Goals may include promotion of independent living skills, looking at ways of increasing choice and ensuring activities are centred on the preferences of people.

Staff confirmed people had a wide choice of activities and interests to keep them engaged, encourage community participation and enable people to have fulfilling lives. People were supported to go out shopping, eat out, go swimming and use local facilities. People also had the opportunity to go on holiday if they wished with support from staff.

We looked at how provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans included how staff needed to consider people's sensory or hearing impairment. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. Areas of the service were sign posted with pictures such as people's rooms, toilets and lounge areas. New initiatives included the introduction of eye gaze technology. This would enable some people to be able to communicate their needs in a way that had not previously been possible. This system allows people to use their eyes to indicate their answers to questions

Staff said they had access to the right information in people's care plans and daily records to ensure their care was responsive and personalised. One staff member said "We have detailed records to review so we understand people's health issues, what they enjoy and how they communicate. We also have handover meetings to ensure any updates are passed on so if we have been off for a day or two, we are updated on people's health, what's been happening and so on." The service was introducing electronic care records to better assist care staff in record keeping and care planning.

The service had a complaints process with written details of who people could make their concerns and complaints known to. Relatives said they were confident any concerns they raised would be listened to and resolved. The complaints log detailed what actions had been taken following a complaint issue being raised.

Is the service well-led?

Our findings

The service 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.

The service had recently had a change in management and a new Chief Executive officer (CEO) had been appointed. They have instigated more family, staff and people engagement to share ideas and plans for the future and to ask for ideas and support in moving the service forward. The vision for Northam Lodge was to remain as a charity organisation in its own right, but to expand its potential and look at better community involvement. One staff member said they had reintroduced a suggestion box with a bottle of wine each month for the best ideas and suggestions." One relative said "We have recently had discussions and a meeting with the new CEO, it seems very positive and we are pleased with the direction Northam Lodge is going in."

Staff said the management team were open and inclusive. They felt their ideas and suggestions were valued and they were encouraged to develop their skills via learning and development programmes. One staff member said "They are very open to us achieving our potential and always encouraging us to do additional training."

The CEO and registered manager was looking at developing more partnership involvement and spoke about a possible link with a local theatre which could develop some opportunities for people. They also hoped to have a local presence in the town, maybe a café or shop which would provide work opportunities for people living at the service.

Systems and audits were in place to review the quality of care and support and ensure safe working practices. The senior management team which included service managers for each house were completing weekly and monthly audits on medication records, care plans risk assessments as well as environmental audits to ensure the building and the surrounding areas remained safe for people. The registered manager said checks were completed on window restrictors but these were not recorded.

We recommend audits include documenting that window restrictors were checked at regular intervals to ensure people's ongoing safety.

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of accident and incidents. They also checked for trends and patterns to see if what learning could be done and how to mitigate risks for people.

The provider had ensured their previous inspection report and rating was displayed in the main hallway of the home and on their website.