

Lansdowne Road Limited

# Charnwood 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?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out our inspection on 17 March 2016. The inspection was unannounced.

Charnwood Lodge provides accommodation for up to 17 adults who require personal care and support. People who use the service live with a mental health diagnosis and/or learning disability.

The service had a manager who had applied to the Care Quality Commission to become the 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 and associated Regulations about how the service is run.

People felt safe at Charnwood Lodge. Staff had a good understanding of the provider's procedure to keep people safe from harm and abuse. Staff told us they would report any concerns firstly to the manager and deputy manager. The managers referred concerns to relevant authorities. Staff also knew the external agencies that they could contact if they were concerned about people's safety.

People had the appropriate level of staff support to meet their assessed needs. The provider completed relevant pre-employment checks which assured them that staff were safe to work with people.

We reviewed people's records and carried out observations which showed that people received their medicines as prescribed by their doctor.

Staff had effective training and support that equipped them with the skills they required to look after people.

Staff understood the Mental Capacity Act (MCA) 2005 and how they would practice it in their role. They supported people in accordance with relevant legislation and guidance.

People were supported with their nutritional and health needs. They had access to a variety of healthy meals that they enjoyed. They also had prompt access to healthcare services when they needed them.

People were complimentary of the caring attitudes of the staff that supported them. Staff treated people with respect and promoted their dignity and human rights. They also promoted people's right to privacy.

Staff provided the information and support that people required to make their own choices. They worked collaboratively with other professionals to enable people to make decisions about their own care and support.

People's care plans reflected their individual needs. Their care plans included comprehensive details of how they would like to receive their care and support. Staff supported people as they had requested stated in

their care plans.

People and their relatives have various opportunities to raise any concerns they had about the service they received. We saw that staff actively encouraged people to do so.

People that used the service, their relatives and the staff all had confidence in the manager and how the service was run. Staff had a shared commitment to provide an inclusive service to people.

The provider had quality assurance systems to monitor the quality of the service.

## 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.

Staff knew what constituted abuse. They knew how to report any concerns they had about people's safety.

There were sufficient staff to meet people's needs.

The provider had good practices that ensured people safely received their medicines when they needed them.

### Is the service effective?

Good ●

The service was effective.

Staff were supported and enabled to undertake training that allowed them to meet people's individual needs.

Staff understood their responsibilities under the Mental Capacity Act (MCA) 2005. They supported people in accordance with relevant legislation and guidance. They involved people in decisions about their care and support.

People had timely access to relevant health care support.

### Is the service caring?

Good ●

The service was caring.

Staff supported people in a kind and compassionate manner.

They were knowledgeable about the needs and preferences of people who use the service.

Staff respected people's wishes and choices and promoted their privacy and dignity.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Care was focused on the individual needs of people.

People using the service, their relatives and other professional involved in their care contributed to in the planning their care and support. People could also raise any concerns with staff.

People had access to a variety of activities that they enjoyed. However, they did not always have transport available when they required this.

**Is the service well-led?**

**Good** ●

The service was well-led.

The provider had a clear culture that kept people as the centre of the service it provided.

Staff told us that they received the support that they required to meet the standards that the manager expected of them.

The provider had quality assurance systems in place to monitor the quality of care that people received.

# Charnwood Lodge

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 17 March 2016 and was unannounced. The inspection team consisted of three inspectors.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law.

We gathered our evidence of how people experienced the service the service by reviewing the care plans of four people who used the service. We spoke with four people who used the service, relatives of two people who used the service, the manager, the deputy manager, four care staff which included two team leaders, and the cook. We made email contacts with health professionals who supported people in the service. We observed the support people received in communal areas within the home. We also reviewed people's medication records, staff training records, three staff recruitment files and the provider's quality assurance documentation.

# Is the service safe?

## Our findings

People who used the services at Charnwood Lodge were protected from avoidable harm and abuse. Although most people who used the service had limited communication skills, they confidently told us that they felt safe. Their comments included, "I feel safe here," "Staff help keep me safe," and "I am safe." Relatives that we spoke with agreed that people were safe. One relative told us, "[Person using service] is definitely safe here." They went on to explain that this was because staff met their needs. A health professional told us, "The staff keep the service users as safe as possible. Their risk and the activities they take part in, is constantly risk assessed."

Staff that we spoke with knew how they would recognise when people were at risk of harm or abuse. They had good knowledge of what constituted abuse, and how to recognise and report signs of abuse. They knew how to apply the provider's protocols in reporting any concerns they had about people's safety and welfare. They were confident that the registered manager took any concerns raised seriously and acted promptly to remove or minimize any risk to people. One member of staff told us, "I know ABC behaviour reports are completed and incident forms but I don't get too involved with that side of it that's usually done by the seniors but I raise any concerns I have with them and it gets dealt with." Records showed that staff regularly discussed safeguarding at internal meetings and that the provider encouraged staff to raise any concerns they had either internally or to external agencies such as the local authority safeguarding team and the Care Quality Commission. A member of the care team told us, "I know about whistleblowing and wouldn't stand by and do nothing if someone was not being treated properly." We reviewed records which showed that the provider promoted the use of whistleblowing flash cards. These were used to prompt and to raise awareness of safeguarding within the service.

The provider had robust systems for recording incidents, accidents and any safeguarding concerns. Staff told us that they had access to a debrief facility and used this as support to minimize reoccurrence of such incidents through action planning and supporting staff on how to promote safety more effectively. The provider also used a behaviour support system to analyse triggers and trends in incidents, and to support staff to minimize a re-occurrence of incidents.

People's care records included comprehensive risk assessments for all areas of their daily living. This identified where people could be at risk and the additional support they required to remain safe and be as independent as possible. Risk assessments took people's wishes into account. This guided staff to support people to manage the risks to their care.

There were enough staff to keep people safe and meet their individual needs. The provider determined staffing levels based on people's assessed needs. They assessed the risks of staffing ratio being below their determined levels and ensured that staff could manage such risks. We reviewed the staff rota which showed that staffing were maintained at a safe level, and that the provider was flexible with staffing arrangements to ensure that people's needs were always met.

We reviewed staff records which showed that the provider had safe and robust recruitment practices. They

completed relevant pre-employment checks which ensured new staff were safe to support people using the service. We found that the staff had a good mix of skills to meet people's needs. We reviewed records which showed that where staff had been involved in incidents of concerns regarding people's safety, the provider investigated and followed their disciplinary procedures where necessary.

People received their medicines as prescribed by their doctors. We reviewed people's medication administration records (MAR) charts. People's MAR charts were completed correctly following the provider's guidelines. We saw that staff made accurate records of medicines that had been administered. Where medicines were prescribed on an 'as required' [PRN] basis there was a clear protocol to guide staff for administering the medicine. The provider had good practices for administering medicines. We observed that when staff administered medicines to a person, they dispensed each person's medicines from the medicines room and took it to them individually. They ensured that the medicine had been taken before they proceeded to the next task. Only staff that had been trained to administer medication did so. We reviewed records that showed that the manager and deputy manager completed an annual competency assessment of staff knowledge to store and administer people's medicines correctly. Senior staff also carried out medication checks three times daily to ensure that all medication had been given and recorded correctly. People had annual medicine reviews carried out by their GP.

Medicines were stored securely and safely. This meant that medicines were safe to take when administered, and that people were protected from the unsafe access and potential misuse of medicines. We reviewed records which showed that staff completed monthly audits of the storage and recording of medicines.



## Is the service effective?

### Our findings

Staff had the relevant skills and experience that they required to carry out their role effectively. They received support to meet people's needs including managing behaviours which may challenge others. People using the service and their relatives said that the staff had sufficient skills and experience to meet their needs. One person told us, "When I first came here I was really violent – they [staff] managed to wean me off that." When we asked another person about staff skills, they responded, "[Staff] do well." One relative told us, "[Person using the service] needs stability and staff provide that." Another said, "Staff have the skills to manage behaviours such as grabbing. They ensure that [person's] nails are kept short."

Staff told us that the training they received equipped them with the skills that they required to support people using the service. They told us that they could request any additional support that they required in their role. One member of staff told us, "I have not previously had experience of dealing with challenging behaviour and this has taken a bit of getting used to but it's not too difficult when you get to know the person and what makes them unhappy." They went on to say, "The training is really helpful but only teaches you the basics, it doesn't prepare you for people with significant challenging behaviour. I have asked for further training." A health professional told us, "The staff are trained and have skills to support the service users with their behavioural needs."

We observed staff interactions when supporting people whose behaviour may challenge others, staff were confident, measured and reassuring in the support that they offered. We reviewed records which showed that staff regularly had meetings where they discussed how to manage behaviours that may challenge others. They did this by identifying possible triggers and deescalating incidents effectively.

Staff we spoke with told us that they felt supported in their role because they had regular supervision with the manager. They told us that they had previously had long gaps between supervision due to the turnover of personnel but that this had improved under the new manager. Supervision meetings are intended to provide staff with support in the form of one to one discussions with their line manager where they can discuss their role and performance, including any concerns. The provider also had a positive behaviour team which meant that a trained member of staff was available to lead and support other staff on effective methods of planning and managing the care of people who had complex physical and/or mental health needs. Positive behaviour support is an approach that supports behavioural change in the daily support of people with a learning disability. A member of staff told us that some staff received higher levels of training and acted as consultants in each region. They told us that they had achieved a higher qualification in applied behaviour analysis. This meant that the manager could refer people internally for behaviour analysis and support.

People's care and support were provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. We checked whether the service was working within the principles of the MCA. Staff we spoke with had a good awareness of MCA and Deprivation of Liberty Safeguards (DoLS) and how they would apply it to their work. They gave us good examples of how they put these in practice when they supported people. We also observed that staff supported people in accordance to relevant legislation and guidelines.

The provider had made applications to the local authority for DoLS authorisations for people who required this. We saw that where people had been deprived of their liberty, that it had been done with as minimal restriction as possible in line with the guidance.

People were supported to maintain a healthy balanced diet. We saw that staff supported people with their shopping and meal preparation where people chose to maintain their independence with this. A person told us that they preferred to make their own meals, and were assisted by staff where required. They said, "It depends, if it's something I can't do then they help me. Staff take me [shopping]. I have help. I cook all of my own meals here but occasionally have a meal from the kitchen."

The cook and other staff we spoke with were aware of people's needs, and provided meals based on their nutritional needs and preferences. The cook told us, "Since [manager] came, I have been encouraged to read people's care plans to make sure I understand their needs." The provider liaised promptly with other professionals such as dieticians and GP's to meet people's nutritional needs where required. We saw that where people required a monitoring of the daily intake of food and fluids, that staff did not always complete people's records accurately. Although this had not had a negative impact on people's health, the manager assured us that they would follow this up with staff and ensure that records were completely accurately and in a timely manner.

Staff promptly referred people to health care services when required. Relatives told us that staff supported people to see their doctor when they needed to. One relative told us, "They [staff] get the doctors promptly." They went on to tell us how staff had identified an issue with the eyesight of a person using the service. They said the doctors sorted the issue promptly which improved the person's eyesight. They said that they had been unable to achieve this before the person moved into Charnwood Lodge. Records we reviewed showed that people had the involvement of relevant health care professionals in the management of their health needs.

A health professional told us that staff proactively supported people with their health needs. They said, "The management and staff speak with me each week with regards to the service users I support and I am kept up to date with regards to any needs. If there are any issues of concern I am available to be contacted at any time of day and this has been done in the past. The staff support the service users with health monitoring and both seek and follow professional advice."

# Is the service caring?

## Our findings

People using the service and their relatives spoke fondly of the caring attitudes of the staff. A person using the service told us, "They [staff] are nice to me here." A relative said, "The staff are very caring." The information in people's care plans encouraged and supported staff to provide support in a way that made people feel they mattered and catered for their wellbeing in a meaningful manner. For example, one person's records showed that their mental health needs caused them to become delusional. Staff provided reassurance in a way that took into account that the person's delusions were real to them.

Staff understood people's individual needs and supported them to meet their needs based on their preferences. People's bedrooms were personalised to their choice. People's care plan included details of their personal histories and their preferences. Staff understood and respected people's individuality. Throughout the day of our inspection, we observed caring interactions from staff. For example, we saw that staff on duty communicated with people effectively using different ways of enhancing that communication including touch, ensuring they were at eye level with those residents who were seated, and altering the tone of their voice appropriately.

People were involved in decisions about their care and support. The provider had arrangements to enable people to feel listened to and involved in their own care. One of the ways they did this was by allocating a keyworker and co-keyworker to each person. This meant each person had identified members of staff who ensured that their needs were met and would report any changes to a senior member of staff for follow up and further action. A member of staff told us that this system worked well and there were good partnerships between people who used the service and staff. They said, "A person's key worker is responsible for monitoring and reviewing the person's care plan each month and highlighting what the person has achieved, making sure they have choices." We reviewed records of a local authority's quality check which identified that the care of the individual they checked was one where staff supported them to have choices in their daily care and support.

People knew who their key workers were. We reviewed records that showed people had regular meetings with their key worker where they discussed people's plans for their care and support, and what actions needed to be taken to achieve these. We saw that these meetings were also used to reflect on how staff had supported people to achieve their desired outcomes and express any views. We saw evidence that people's views were acted upon.

People who required support to make decisions had access to advocacy services. We reviewed records which showed regular involvement of advocates in people's care and support planning.

Staff treated people with utmost dignity and respect. People told us that staff respected their privacy when needed. One person gave us an example of how staff did this. They said, "They [staff] make sure I'm safe in the bath. They leave me alone so I can relax." One person's records showed that staff were encouraged to respect their wishes and privacy as they may have fluctuations in their needs and ask staff to go away when upset.

We reviewed records of staff meetings which showed that the provider was developing a 'dignity charter'. They encouraged staff to volunteer themselves as 'dignity champions'. Dignity champions supported other staff to promote the interest and dignity of people who used the service. We saw that people's information had been treated confidentially. Staff stored records securely. A member of staff told us that the manager was passionate about promoting the dignity of people who used the service, and supported staff to achieve this. They said, "[Manager] is hot on dignity and making sure records were kept updated. Her arrival had been a reality check for some staff."

Staff supported people to be as independent as possible. A member of staff told us that the aim of the service was to make people more independent. A person using the service agreed, they said, "If you can do something, they [staff] make you." We saw that where possible, people had their own access and key to their own flat.

People's family and friends visited them without undue restrictions. We observed that people's relatives visited freely on the day of our inspection.

## Is the service responsive?

### Our findings

People received support that was centred on their individual needs. People's care plans included information such as their personal history, their interests, and their likes and dislikes. They included a detailed assessment of their individual needs which built a picture of the person as an individual. Staff developed care plans in collaboration with people, their relatives and other professionals involved in their care. People and the staff who supported them had regular support and input from an external psychologist who helped develop care plans. A relative told us, "Staff involve us. We are involved in review meetings. They also update us of any change or any of [person's] activities."

The provider used their key worker system to ensure that people gave their views about their support. When we reviewed people's records, we saw that staff took people's views into account when they supported them. They offered people choices and respected their choice. For example, we saw that a person who used the service had requested to change the time they received their medicine. We saw that staff had liaised with the person's GP and arrangements were made to achieve this for the person.

People were supported to engage in social activities. They had access to a range of activities that they enjoyed. This included access to a newly refurbished sensory room within the service. One relative told us, "[Person] enjoys horse riding. They [staff] take him horse riding, swimming, pub lunches etc. They took [person] on holiday to Menorca." People who used the service were assessed to require the support of at least a member of staff to access activities. Where people had limited personal budgets, we saw that staff worked creatively with other professionals to ensure that they had access to activities and were not socially isolated. For example, we saw that staff had liaised with a person's GP and probation officer to get them free access to a gym. The manager also told us that the service sometimes paid for people with a limited budget to have opportunities to access activities.

People told us that they did not always have available transport to access activities when they needed to. A person using the service said, "I go on the bus sometimes. If there is no driver I can't go out. I go out later or I wait." Another person said, "It depends, there are only two buses; you can't choose, you have to wait until a vehicle and driver is available." One staff member said that the lack of transport was a problem staff had to work around. Another staff member told us that transport was a problem. They said, "Communication and organisation are not everything it could be. For example, the number of people who can go out on a home visit or into town is limited by the transport they have available." They went on to give an example of how a person's home visit was delayed due to transport issues. They said this caused avoidable disappointment issues for the person. The location of the service was not easily accessed by public transport. We brought this issue to the attention of the manager who told us that this was something that the service was working through. They told us that people had the option of using taxis in the event of the service's transport not being available at the time they required it. We saw from records of staff meetings, that staff had raised the issue of the challenges people encountered due to transport. We saw that the provider had responded by saying that they would consider the option of an additional vehicle for the home. There was no further update on this at the time of our inspection.

People and their relatives had opportunities to share their experience of the service. They told us that they felt confident to raise any concern or complaints they may have about the service. All the people we spoke with told us that they had never made a complaint, but they were confident that they would be taken seriously if they were unhappy with the service. One person told us, "If I felt sad I would tell people I needed help. [Staff, team leader, manager] – they would help." Another person said, "[The manager] is strict but fair. I could tell her, she would tell me who to contact to make a complaint." A relative said, "I have no complaints about this place. If I have any concerns, I just have to ring up." Another relative told us, "If we have any concerns we are confident to approach staff. We haven't ever needed to make a complaint."

Staff used the keyworker meetings to get people's feedback about the care that they received. This was regularly reviewed at subsequent meetings to measure any improvements made to the care and support of the individual as a result of the feedback.

## Is the service well-led?

### Our findings

There was a culture of open communication in the service, and a shared commitment to provide a service that promoted dignity, respect and equality. A member of staff told us, "I have no hesitation in taking anything to [manager] who has an open door policy." At the time of our inspection, the manager had been in their role for four months. People, their relatives and staff were complimentary of the support and improvements the manager had introduced in the service. This included promoting inclusion and empowerment. For example, we saw the manager had introduced a wishes board where people could put ideas of things that they wished to see in the service. The manager told us that they would measure the outcomes achieved in the future. The manager also spoke passionately about the challenges they faced with commissioners to ensure that people's needs were paramount when they provided services within limited budgets. A relative told us, "We like the new manager. She is better than others in the past. She makes sure that we are involved." A health professional told us, "I have found the deputy manager and team leaders to be extremely good. I was concerned with regards to the number of managers this service has had, however the current manager is very knowledgeable and professional."

The manager had applied to the Care Quality Commission to become the registered manager. It is condition of registration that the service has a registered manager in order to provide regulated activities to people. The manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission. They promptly sent notifications to the Care Quality Commission when required.

The provider had a clear management structure. The manager was supported in their role by a deputy manager. They were also supported by team leaders. The provider had an effective on call system which staff accessed for management support and advice if they needed it out of hours. Staff also told us, "[Manager] popped in at week-ends and sometimes at night to make sure everything was ok."

Staff unanimously told us that they felt supported by the manager and the deputy manager. They said that they supported them to meet the standards they expected of them. They did this through supervisions and training. Staff told us that new team leaders were being mentored to help them develop their leadership skills. A team leader of staff told us, "It is quite a lot of responsibility to run a shift effectively and we are mentoring new team leaders to support them." A member of staff told us that they thought the service was well led. They said, "[Manager] is very thorough and made it clear what she expected from people. There is much more structure to everything we do since she has come. Care plans and the quality of care generally is better." Another member of staff told us that the staff team was more stable and that staff had received regular supervision since the new manager had started. They said, "[Manager] is really getting things into shape." Staff were supported to have access to counselling services where required as part of a de-briefing following an incident. This was to help them rebuild their confidence to effectively fulfil their role.

The provider had quality assurance systems procedures for assessing and monitoring the quality of the service. These included audits of people's care and support and the general maintenance of the building. They assessed the quality of service through feedback from keyworker meetings with people who used the service, communication with their relatives and feedback from staff. Staff had a suggestion box in staff room

which they could use to give feedback of the service. They also had access to a meeting where they could give their feedback. A member of staff told us, "There are staff meetings where everything and anything are discussed, from staffing to plans for developing an area for residents to garden." They said the team leaders and managers were proactive and dealt with issues. A health professional said, "Obviously throughout my time at Charnwood Lodge I have raised concerns to the management and they deal with these in a prompt and professional manner."

The manager maintained links with local organisations for support to implement some of the feedback from people. For example, the manager was working with a retailer and another public body to develop an allotment for people who used the service who wanted to grow their own vegetables. The manager maintained regular links with other service managers within the organisation to share challenges, achievements and learning to help improve the service.

Another way the manager encouraged staff to provide a good quality service was by recognising staff who had performed well. The service had a monthly recognition for staff who had shown outstanding performance in their role.