

Clandon Care Limited

Hope Lodge

Inspection report

149 Green Lane
Ilford
Essex
IG1 1XW

Tel: 02084780235

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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

Hope Lodge is a three bed care home providing accommodation and nursing care for people with mental health difficulties. At the time of the inspection, two people were using the service. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the last inspection on 20 November 2015, the service was rated 'Good'. At this inspection on 10 January 2018, we found the service remained 'Good'.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the home is run.

People continued to receive safe care. There were enough staff on duty to support people. Risks were identified and actions were taken to minimise these risks to support people as safely as possible. Staff knew how to keep people safe. People received their prescribed medicines safely and when needed. The provider's recruitment process ensured that staff were suitable to work with people who needed support. People lived in a clean, safe environment that was suitable for their needs.

People continued to be supported by experienced staff who received training and support to enable them to perform their roles effectively. People's nutritional needs were being met. The staff team worked closely with other professionals to ensure that people remained as healthy as possible and received the healthcare they needed.

People were 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 supported this practice.

People continued to receive care and support that was responsive to their complex needs.

People continued to be supported by caring staff who treated them with respect. Their privacy and dignity were maintained. People were supported and encouraged to develop and maintain their independence skills and to keep in contact with their relatives.

Management systems ensured the service continued to be well led. The management team monitored the quality of service provided to ensure that people received safe and effective care and support that met their needs.

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 safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Hope 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 unannounced comprehensive inspection took place on 10 January 2018 and was carried out by one inspector.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. Before our inspection, we reviewed the information we held about the service. This included any concerns or notifications of incidents that the provider had sent us since the last inspection. Care providers are legally obliged to inform the Care Quality Commission of certain events, such as safeguarding allegations and the death of a person using the service. These are known as notifications. We also received feedback from a health and social care practitioner.

During our inspection we spent time observing care and support provided to people in the communal areas. We spoke with two people who used the service, one member of staff and the registered manager. We looked at two people's care records and other records relating to the management of the service. This included three staff recruitment files, duty rosters, accident and incidents, complaints, health and safety and medicines records. After the inspection, we spoke by telephone with one relative and a health and social care practitioner.

Is the service safe?

Our findings

Systems were in place to safeguard people from abuse. Staff were aware of their responsibilities to ensure people were safe and what to do if they had any concerns. A health and social care practitioner told us, "Safeguarding issues are dealt with to my satisfaction."

Risks were identified and systems put in place to ensure people were supported as safely as possible. At times, some people exhibited behaviours that challenged. Risk assessments and care plans indicated how to best manage such behaviours and to minimise risks. A health and social care practitioner told us, "They (staff team) worked well to reduce aggressive behaviours." A record was kept of any accidents or incidents. The registered manager reviewed these and followed up any issues or actions that were needed to lessen the risk of reoccurrence. Any incidents were discussed at staff meetings to ensure lessons were learnt and risks were managed to ensure people were safe at all times. A member of staff told us, "At meetings we talk about incidents and how individuals feel and try to look at what triggers them and what can be done."

Staffing levels were sufficient to meet people's needs and to support them safely. This included providing one to one support to enable people to go out in the community. One person told us, "They (staff) are here for my protection. They do eight to eight shifts. There is always someone here and they make sure you get what you want."

The provider's recruitment process ensured that staff were suitable to work with people who need support. This included prospective staff completing an application form and attending an interview. The necessary recruitment checks had been carried out before they began to work with people.

People received their prescribed medicines safely and when they needed them. One person told us, "Staff give me tablets every morning and then more at six and then again at night time." The National Institute of Clinical Excellence medicines guidance for care homes says that all care home staff administering medicines should have a yearly review of their competencies relating to administering medicines. Staff had received medicines training and their competence to administer medicines was assessed by the registered manager. We found that some of the assessments had not been updated for more than a year. However, the registered manager told us they would address this immediately and confirmed that they had completed reassessments for all staff in the week following the inspection.

Medicines, including controlled drugs, were securely and safely stored in appropriate cupboards. Medicines records were kept and staff signed these to say that medicines had been given. There had been occasions when staff had not signed medicines records. The registered manager raised this with staff and had introduced tighter monitoring. This included checking records on a daily basis.

People were supported in a safe environment. Safety checks, audits and when necessary servicing were carried out to ensure the premises was safe. For example, staff carried out weekly checks on water temperatures and appropriately, qualified professionals carried out yearly checks on portable appliances, gas and electricity installation.

Appropriate infection control systems were in place. Protective equipment such as gloves were available and used when necessary. Cleaning schedules were in place and all areas of the service were clean.

The provider had appropriate systems in place in the event of an emergency and was available for additional support or advice if needed. Staff had received fire safety and were aware of the procedure to follow in an emergency.

Is the service effective?

Our findings

People's needs were assessed before they started to use the service. Detailed information was obtained from health and social care practitioners, relatives and the person. Assessments included equality and diversity and made note of people's preferences and backgrounds, such as their religion, ethnicity and sexuality. The information gathered was used to develop individual care plans outlining the support needed to deliver effective outcomes for people. Staff had a good understanding of equality and diversity issues and supported people's diverse needs.

Staff received relevant training, which enabled them to provide an effective service. Most staff had gained a health and social care qualification and the remainder were working towards this. A health and social care practitioner told us, "We continue to make referrals to this organisation due to the success they have in working with our client group." A relative commented, "Very good. They (staff) are doing the job properly."

People were supported by staff who received effective support and guidance to enable them to meet their assessed needs. Staff told us they received good support from the management team. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). One member of staff said, "[Management team] are always here. Massive support." Systems were in place to share information with staff including staff meetings, handovers and telephone messaging.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised by the Court of Protection. We checked whether the service was working within the principles of the MCA. Staff were aware of people's rights to make decisions about their lives. Systems were in place to ensure that people's legal and human rights were protected and that they were not unlawfully deprived of their liberty.

People were supported to maintain good health and the staff team worked closely with other practitioners to ensure they were supported to receive the healthcare they needed. A health and social care practitioner commented, "They supported physical health well." One person said, "Staff take me to appointments."

People were provided with a choice of suitable, nutritious food and drink. They chose what they wanted to eat and the menu included fresh food, fruit and vegetables. They had access to drinks and snacks when they wanted. One person told us, "I can make a drink if I want but I find it difficult so they offer or I ask."

The environment met people's needs. Hope Lodge was a terraced house in a residential area and close to local services and transport links. There were no environmental adaptations but there was a ground floor bedroom with shower facilities that could be used by a person who was less mobile.

Is the service caring?

Our findings

People were supported by a small consistent staff team who knew them very well. Staff knew people's individual routines and any signs that might demonstrate deterioration in their mental health or overall well-being.

People were happy with the way staff treated them. One person told us, "I want to stay here. It's good. I relax. I talk to staff and listen to them. They (staff) are okay and treat me okay. It's all good." Another person said, "It's really and truly a wonderful place to live. This is one of the best I've been to. I have been to other hospitals and services. I've been told I can stay here for as long as I want."

People were treated with respect. Their personal information was kept securely and their confidentiality, privacy and dignity was maintained. One person told us, "They say if you want any help give us a shout. I call them in for help to dress. They give me privacy. It's all male staff and I like that. They help me with things."

People were encouraged to remain as independent as possible and to do as much as they could for themselves. A member of staff told us, "We are trying some semi-independent skills with [person's name]. Trying to get them to tidy their room etcetera. We show them how and encourage them to do it." A health and social care practitioner commented, "They (staff) are supporting [person] to manage finances and to develop some independence."

People were provided with information in a format that was suitable for their needs and were involved in decisions about their care. A member of staff told us, "[Person] needed an operation. They were not sure but we explained in a way they could understand and they decided to agree."

People were encouraged to express their views and wishes and met with their designated worker each month. People told us that staff encouraged them to maintain contact with their family. One person said, "The family can visit."

People's cultural and religious needs were identified and respected but neither person chose to attend religious services. One person told us, "No racist problems here."

Is the service responsive?

Our findings

People received person centred care and support that was responsive to their complex and changing needs. A health and social care practitioner told us, "There is a high standard of care and they (staff) are responsive to the needs of the clients in their care. We welcome the flexible approach of staff." One person said, "If I feel anxious I go to bed and sleep and when I wake up I feel a different person. I can sit and talk to [staff name] when I am ready. They always have time for me. We can talk man-to-man."

People's care plans were detailed and gave a clear picture of what was needed and how this was to be achieved. People were encouraged to make choices and to have as much control as possible over what they did and how they were supported. They were involved in developing and reviewing their care plans and had signed these in acknowledgment and agreement with the contents. People had also signed agreements that had been made with them. For example, about taking medicines and receiving support with personal care and hygiene. People had individual discussions with their key worker and information from these discussions was used to update care plans and risk assessments. Changes were communicated to staff at team meetings and handovers to enable them to respond to people's current needs.

People were supported and encouraged to raise any issues they were not happy about and the complaints procedure was displayed in a communal area. One person said, "I would tell the staff if I wasn't happy. They are here for my protection." There had not been any complaints since the last inspection.

People chose what they wanted to do each day and were encouraged to go out and to be active. One person told us they liked to spend time at home watching television. Another person told us they liked to go to the library and had just started a voluntary job that staff had supported them to find. People from this service and another of the provider's services had been on holiday together. One person told us that they had enjoyed the holiday and were looking forward to the next one. A health and social care practitioner commented, "There is good supervision in this small group living setting with some structured and social activities."

The service had not provided end of life care so far. There was an end of life care policy and if the need arose, people would be supported with the help of relevant healthcare practitioners.

Is the service well-led?

Our findings

One of the providers was also the registered manager of the service. There were clear reporting structures and both providers worked shifts at the service. This ensured that they had a good oversight of what was happening in the service. Staff told us the management team was accessible and provided clear guidance about how they should carry out their duties.

The management team monitored the quality of the service provided to ensure that people received the care and support they needed and wanted. A member of the management team visited the service each day and also carried out unannounced visits at different times of the day and night. Any issues or concerns were addressed with staff.

Staff said the management team provided good advice and support and were confident they would always take action in response to any concerns or issues raised. One member of staff said, "They (management team) are experienced in the field and explain things."

The staff team worked in partnership with relevant health and social care practitioners to ensure people were in the best of health and received high quality care. This included GP's, psychiatrists and community psychiatric nurses. One practitioner commented, "Communication with us from staff on shift and management is effective and satisfactory. They (staff) attend meetings and respond to the feedback from our multi-disciplinary supervising team."

Systems were in place to get feedback about the service provided. The providers had regular contact with health and social care practitioners and with people's relatives. People were asked for their opinions and feedback at meetings with their keyworker and at reviews. Feedback was considered and actioned as far as possible.