Leonard Cheshire Disability

Sobell Lodge - Care Home Physical Disabilities

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

About the service: Sobell Lodge – Care Home Physical Disabilities is a residential care home that was providing personal care for up to 21 people with physical disabilities and a range of other complex needs. At the time of the inspection 21 people were using the service. Some of the people had limited verbal communication at the time of the inspection due to their conditions.

People's experience of using this service:
People were happy and relatives told us their family member was safe. The management were proactive and responsive to anything we found during the inspection to maintain people's safety. Medicines were managed safely and some risks had been identified with ways to mitigate them. People were protected from potential harm from pressure ulcers because regular checks were completed of specialist equipment and staff understood how to protect people from pressure ulcers. However, guidance for staff did not always reflect staff knowledge and actions being taken. People were protected from the spread of infection and there were regular, thorough health and safety checks including fire safety.

The provider and management had completed a range of audits to identify concerns and issues at the service. When these had identified concerns, action had been taken to resolve them. Additionally, when issues had been by external specialists, action had been taken to rectify them promptly.

People and staff felt there were enough staff and call bells were responded to promptly. Some staff felt weekends were not as well staffed. The management were already aware of this and had previously tried solutions to change this. Staff had received a range of training considered mandatory by the provider. In addition, staff had received a range of specialist training to meet people's needs. There were occasions competency checks had not been completed as regularly as they should to make sure best practice was still being followed. Actions to resolve this were taken during the inspection.

Some people in the service lacked capacity to make specific decisions and there were systems in place to make them. When people were deprived of their liberty actions had been taken to ensure it was lawful. People were involved in making choices about their day to day care and these were respected by staff.

People had care plans which were personalised and provided a range of information for staff to use to support their needs and wishes. Currently, they were participating in a provider pilot to increase how personalised they were. There were good links with other health and social care professionals including access to onsite physiotherapists. This included developing links with occupational therapy colleges.

People were supported by kind and caring staff who knew them incredibly well. Staff respected people's privacy and dignity throughout the inspection. People's religious and cultural differences were respected at all times. Excellent links had been developed with the community. This had led to many regular volunteers and successful fundraising.

More information about the detailed findings can be found below.
Rating at last inspection:
At the last inspection, published on 29 November 2016, this service was rated good.

Why we inspected:

This was a planned inspection based on previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Sobell Lodge - Care Home Physical Disabilities

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by one 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 for people with physical disabilities. Due to the expert by experience's disabilities a second came along who was their carer.

Service and service type:

Sobell Lodge – Care Home Physical Disabilities is a 'care home' for people with physical disabilities and other complex related issues. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection took place on 7 and 8 March 2019 and was unannounced.

What we did:

The provider had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at other information we held about the service and provider before the inspection visit. We also contacted health and social care professionals who were in regular contact with the service.

We spoke with 13 people who used the service and four visitors which included relatives and an assessor for health and social care qualifications. Some people had limited verbal communication so we had informal interactions with them and carried out observations. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, deputy manager and nine members of staff including care and auxiliary staff.

We looked at three people's care records in various depths. We observed care and support in communal areas. We looked at three staff files, information received from the provider, staff rotas, quality assurance audits, staff training records, the complaints and compliments system, medication records and environmental files.

Following the inspection, we asked for further information including quality assurance documents and follow ups to some things we found. We received all the information in the time scales given and the information has been included in this report.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

● People were kept safe from potential abuse because staff understood how to recognise signs and how to raise an alert. People agreed they felt safe living at the home. One visitor told us they felt everyone was safe living at the home.

●Staff were confident that if they raised concerns to the management it would be managed appropriately. They all knew about external bodies they could raise concerns with if the management had not responded.

●During the inspection, a concern was raised by one member of staff. The registered manager managed this concern in line with the provider's systems and informed the relevant authorities to keep people safe.

Assessing risk, safety monitoring and management; Preventing and controlling infection

●Risks to people had been assessed and ways to mitigate them identified. Each person had a detailed assessment in relation to being safely transferred. These identified the specialist equipment which was required and how to use it.

●Most people with specific health needs had clear guidance in place for staff to follow to reduce the risks. For example, if people had epilepsy or were at risk of choking there were clear plans in place for staff to follow and staff were familiar with them.

● If people were at risk of pressure ulcers risk assessments had been completed to help mitigate the risks. However, there were occasions when key information was not included. For example, there was a lack of information about specific settings required for air mattresses to reduce the risk of pressure ulcers. The two air mattresses in place were regularly checked by the maintenance staff who ensured they were correctly set.

●People were supported in a service which had taken health and safety seriously. Regular checks were completed on fire safety, water safety and portable appliances.

●Staff had access to a range of personal protective equipment to reduce the risk of infections spreading. This included special laundry bags to contain soiled clothes, gloves and aprons.

Staffing and recruitment

●People told us they were supported by enough staff to keep them safe and meet their needs. One person responded, "Yes" when asked if there were enough staff. One visitor told us they thought there was enough staff. They explained no one waited for a call bell to be answered. Call bells were answered quickly during the inspection.

●Staff had mixed opinions about whether there were enough staff at all times. One member of staff told us the management always got agency staff in if they were short. Another member of staff said, "We are not

badly staffed. We manage as such a good team".

●Most staff felt weekends were more difficult with staff levels than weekdays. They told us they had made suggestions about different options. The registered manager explained these had been tried in the past. They told us they were always recruiting suitable staff who were flexible.

●The management were constantly monitoring the staff levels to make sure people's needs were met. Through this a specific time of the day had been identified after lunch where higher levels of staff were required to meet people's needs. As a result, the afternoon staff came in earlier to overlap with the morning staff. This meant additional staff were available and a detailed handover between shifts could be completed.

Using medicines safely

●People were supported to manage their medicines safely. One person confirmed they were involved when medicines were administered. Another person was supported in a very kind, and dignified way during their medicine administration. One visitor explained they had witnessed lots of good practice in relation to medicine administration.

●Medicine was stored securely and in line with current best practice including those requiring more secure storage.

●Some people required medicines administered in a special way because of swallowing problems. All staff had received training from the specialist nurse in the past. However, there were occasions follow up competency checks had not been recorded to ensure it was still safe and in line with current best practice. The registered manger and deputy manager informed they would contact the specialist nurses to make sure staff were continuing to administer medicine safely.

●Small improvements could be made to improve the safety of some medicine administration. This was around medicines mixed with food products to aid with swallowing and the rotation of medicine patches. We spoke with the staff responsible for overseeing the medicines who was going to put in improvements immediately.

Learning lessons when things go wrong

●Systems were in place to review accidents and incidents. Significant ones were shared at provider level so all managers could learn from the incidents.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

●People were supported by staff who received training appropriate to their roles and to meet the needs of those they helped. One person said, "They are all good carers. They have all been trained to help us. They have training days where they go out to other homes".
●Training had been provided for most specialist requirements for people. For example, if someone was fed using a tube to their stomach and for rescue medicine when people had epilepsy. However, although staff understood how to recognise potential pressure ulcers there appeared to have been no specific training.
●Staff felt supported by the management because they had regular supervisions. These were opportunities to discuss concerns, daily practices and training opportunities. One member of staff said, "[Name of deputy manager] has been my supervisor. She is great to talk to".
●New staff completed a period of working with more experienced staff and undertook the Care Certificate. The Care Certificate is a set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. One member of staff told us, "I shadowed for three months. Not left on my own" and confirmed they had completed the Care Certificate.

Supporting people to eat and drink enough to maintain a balanced diet

●People were positive about the food and there was plenty of variety and options. The chef explained they always had portions of homemade prepared foods in the freezer so if none of the choices on the day were liked there were other options. One person said, "It is lovely" about the food.
●People had food prepared by staff who understood their individual dietary requirements. One staff member showed us the moulds they used to make pureed food more visually appealing. This was used throughout the inspection.
●Inventive ways were sought to help people eat a healthy balanced diet. For example, fruit smoothies.
●People could choose when they ate and who they ate with. There were two lunchtimes sittings and work had been completed to make sure one of these was a quieter time. The registered manager explained it had been identified some people did not like a noisy setting to eat. One person told us about the choice of when they ate and were happy with it.
●If people required support to eat it was carried out in a dignified way respecting people's preferences and needs.

Adapting service, design, decoration to meet people's needs

●People lived in a home which was purpose built and adapted to meet the needs of people with physical

disabilities. Each bedroom was large enough to have all the necessary equipment in and had accessible en-suite bathrooms. Bedroom doors were controlled by sensors so those with limited mobility could roll up to them and still independently access.
●All garden areas had ramps and corridors were wide enough for specialist wheelchairs to fit through.
●An internal garden area was set up by volunteers to reflect the time of year and any special events. During the inspection the volunteers were placing an Easter scene in the garden.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People had their needs assessed prior to moving into the home. Once they had moved in there was constant assessments completed by a range of other health and social care professionals. This made sure their needs and wishes were being met.
● People were supported by staff who worked closely with other health and social care professionals. Kitchen staff were working alongside community dieticians to ensure people's specialist diets were appropriate. Other people regularly were seen by district nurses to help manage their individual health needs.
●All the people had a variety of mobility issues and there were regular physiotherapy sessions for them. One person told us they had physiotherapy every week and worked on the strength in their arms during these sessions.
●Specialists were sought or welcomed into the home from other services when it was required. For example, one person required a specialist team to help them with their recovery from a car accident. Their relative explained one of the positives was, "How open they [meaning the service] are to private agencies and professionals. Staff follow the guidance of other professionals. It is very collaborative".
●When people's health declined then advice was sought in a timely way from other health professionals.

Ensuring consent to care and treatment in line with law and guidance

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 were asked for consent prior to staff supporting them with any tasks.
●Staff respected when people with capacity chose to make unwise decisions and supported them.
●Some people lacked capacity to make specific decisions. Staff were aware of the importance of making decisions in a person's best interest. They knew to consult those important to the person such as family and health professionals.
●When a person's health had declined whilst living at the home staff would refer to when they were able to verbally communicate. This helped them make an informed choice in the person's best interest.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on

people's liberty had been authorised and whether any conditions on such authorisations were being met.

●People had DoLS applied for or in place when it was required. If there were conditions in place in relation to this then actions had been taken to make sure they were met.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

●People were supported by kind and caring staff who respected their differences most of the time. One person said, "I do love living here". Other people told us, "Staff are very good here" and, "It is really good here. Staff are really good here". One relative told us, "It feels resident focussed here".
●One person did feel there were occasions when some staff spoke to them like children. The registered manager assured us they would follow this up including monitor staff interactions with people.
●Staff comments reflected what we were told by relatives and people. One staff told us, "It is a good atmosphere" and continued, "We have a laugh with the residents". Another member of staff said, "I am proud residents get an excellent service".
●People were supported by staff who respected their equality and diversity. One member of staff said, "We treat them as individuals" and we, "Treat them [meaning people] equally". Whilst another staff member told us each person was different.
●Staff had completed equality and diversity training to help them understand how to respect people's differences. One visitor said, "Dignity and respect is really protected".
● People were supported to follow their religious beliefs. One person said, "Sometimes we have people from the Free Church in [Name of place]. Sometimes they come and do songs and that, we have our religious time in here". Three people regularly went to other churches in the community.

Supporting people to express their views and be involved in making decisions about their care

●People could make choices and these were respected. For example, if people wanted to remain in bed later then this was valued. One person said, "I can safely say I live my life here exactly as I want too".
●One visitor, who completed observations of staff as part of health and social care qualifications, told us in their experience, "Staff do not rush the people. They take time. Let them [meaning the person] control the situation".
●People were supported to remain in contact with their family and friends. One person explained they regularly went out with a relative. Another person said, "Oh yes, people [meaning relatives and friends] are free to come and go. They are encouraged to visit".

Respecting and promoting people's privacy, dignity and independence

●People's privacy and dignity was considered at all times. One person told us, "They [meaning staff] always knock before they come in".
●To maintain people's privacy with the automatic sensors on bedroom doors additional curtains were in

place. This meant even if the door accidentally opened and the person was in their bedroom their dignity was protected.

●Staff were aware of how to protect people's dignity and privacy during intimate care. One member of staff told us they would use a quiet voice in communal spaces to speak with staff. Other members of staff explained how they would support someone with intimate care. They would cover people with towels and make sure windows and doors were closed.

●People were supported to be as independent as possible. They were free to travel round the home independently. If appropriate and safe, people had access to the local amenities independently. One person told us, "They [meaning the staff] encourage me to do things on my own". Another person was being supported to achieve their goal of moving to a flat in the future. One visitor commented on how staff supported people to remain independent. They said, "Staff are always promoting independence".

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

●People could take part in a range of activities which met their needs and interest. One person said, "I like the activities very much". There were activity staff who worked with each person to find out what they wanted to do each day. Some people attended day centres whilst others would access the community.

●There was an activity room which had a timetable of options throughout the week. This included arts and crafts. A kitchen had been created so cooking sessions could take place. It was also an area people could prepare their own food to promote independence.

●Specialist equipment had been purchased so people with limited mobility could participate in activities.

●Information was shared with people in a variety of ways to make sure it was accessible to them in line with the Accessible Information Standard. For example, staff would read out the paperwork or it was provided in large print. People's preferences were respected and the provider had a policy for staff to follow.

●People's care plans reflected their needs and wishes. There was clear guidance for staff to follow when they have complex needs. One person's care plan had details about their daily wishes so staff knew how to support them.

●All staff knew people's needs incredibly well and knew their preferences when we spoke to them.

●People were involved in writing and updating their care plans to make sure it was in line with their needs and wishes. One person told us about a specific need they had requested. They explained staff had respected this and were sourcing the request.

●When people's needs changed care plans were updated in line with these changes.

Improving care quality in response to complaints or concerns

● People were supported by a service that had clear systems in place to manage complaints. Complaints were responded to in a timely manner.

● Most people and relatives knew who to complain to and how to raise any concerns. One person said, "Oh yes, the managers door is always open. If she's away, there is a concern form you can post it to head office". Another person said, "If I have any problems I can go and speak to any care supervisor or manager".

●However, there were occasions relatives and staff felt the registered manager could be more proactive in how they responded to concerns raised with them. The registered manager told us they would work on communication in response to the concerns to make sure people knew what had been done.

End of life care and support

●People were supported to have a dignified death. At the time of the inspection no people were receiving end of life care.

●Some people already had plans in place around their end of life. The registered manager told us this was an area of focus whilst they were updating people's care plans.

●There were systems in place to help others remember people they had lost who lived with them. During a recent resident meeting people had been informed about a memorial event for two people no longer with them. All were invited to attend along with the people's families.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

●People and relatives were generally very positive about the quality of service they received at the home. People said, "I would recommend this place" and, "I do love living here". One member of staff said, "I am proud of the home".
●Compliments received by the home from visitors reflected this. Some read, "Everyone has been very warm and welcoming" and, "Really good facilities and the residents are lucky for such a lovely site".
●The management worked hard to drive the quality of care people received. They had developed an open relationship with staff who reported to them. One visitor said, "The management is super and very approachable". They explained they witnessed the management being open with staff and provided them with lots of input. One staff told us, "The care manager (deputy manger) is absolutely fantastic".
●The management were open and responsive to anything raised during the inspection to improve the quality of support people received. For example, when comments were made around medicine management best practice the senior staff were immediately putting solutions into practice.
●The registered manager explained the staff were always trying to improve the care and support people received.
●People were involved in having input into how their home was run. One person told us they attended meetings and were asked their opinions.
●People and relatives could attend regular meetings to feel included in the running of the home. One relative said, "I've been to the resident as well as the relatives meeting. Everybody gets a copy [of the minutes] and a copy is put on the notice board for everyone to read".
●Staff meetings were held regularly so they could provide input into the running of the home.
●However, there were occasions when the staff and relatives were not as positive about the registered managers openness to suggestions around change. The registered manager was aware of these issues and had been completing some training to improve this situation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

●People were supported by staff who had clear lines of accountability. The registered manager was supported by a deputy manager known as the care manager. Each shift was led by a team leader who coordinated the other care staff. One visitor said, "It is a lovely home with lovely staff who are well

supported". One staff said, "The team leaders are all fantastic".

●Handovers between staff shifts supported the sharing of important information about people so they were ready to meet their needs. A senior member of staff led the handover and gave detailed accounts of anything the next team of staff needed to be aware of and follow up.

●There were a range of quality assurance methods carried out by the management and provider. When issues were identified then action had been taken to rectify the concerns. For example, some small issues were found in a provider's audit in relation to the state of some furniture in the home. No such concerns were found during the inspection.

●External specialists were sourced to complete some of the audits. This included fire safety and the testing of water quality. When concerns had been found in relation to fire safety a number of actions had been taken to rectify the issues promptly.

●The management were aware of their statutory obligation to inform other agencies about specific events.

●The management were keen to participate in pilot schemes run by the provider to improve the quality of care. For example, they were currently reviewing people's care plans in a trial to improve how person focussed they were.

Working in partnership with others

●The provider and management had developed links with other health and social care professionals. There were strong links with a local college which sent occupational therapy students regularly. People benefitted from this link by accessing additional support to help meet their health needs.

●People were supported by a range of regular volunteers as well as the staff. The registered manager told us they were proud of their volunteers. One volunteer explained their passion for supporting at the home and how they enjoyed it.

●People were supported by a management that had built links with other organisations important to their conditions. For example, there had recently been a donation of a mural created by the local Women's Institute members. Four members also volunteered at the home regularly.

●The staff and management worked on fundraising ideas to improve the facilities for people and build links with the community. Recently, through these systems a new garden wheelchair swing had been purchased. This had proved popular with the people who lived at the home despite the cold weather.

●In response to the level of working in partnership with others the local authority had requested the registered manager to complete a talk to other providers.