Care Quality Commission

Royal Mencap Society

Queens Lodge

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on the 11 May 2015 and was unannounced. Queens Lodge provides care and accommodation for up to 6 persons who have a Learning Disability. There were a total of five people living at the service at the time of our inspection.

The service has 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.

Systems were in place which guided staff on how to manage risks and safeguard people who used the service. There were clear procedures in place to ensure peoples safety and there were checks undertaken on the environment as well as assessments on how to minimise risks. There were some issues about storage which presented some risks which had not been fully considered.

Staff could recognise signs of harm or potential abuse but we found some barriers to reporting which meant that people may not be as open as they could be.

Staff turnover was high but efforts were made to ensure consistency by using regular agency staff. Staffing levels

Summary of findings

were regularly reviewed in consultation with other professionals and adjusted to meet the needs of the people using the service. Recruitment processes ensured that the staff who were appointed were safe to work in this setting.

Medication systems were safe but the guidance directing staff on the use of "as required" medication was not clear. This means that medicines may not be given consistently and when needed.

Staff received induction and training which gave them the knowledge they needed to carry out their role. Staff were regularly supervised and their competency monitored to ensure that they could meet people's needs effectively.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals.

Staff were proactive in their contacts with healthcare agencies and acted on their guidance, in people's best interests.

People were involved in the developing of the menu and in meal preparation. The quality of the meals we observed were good however the monitoring of food and fluid for individuals, identified as at risk would benefit from greater oversight.

Interactions between people using the service and staff were warm and friendly. Staff knew people they were caring for and what their care preferences were. Care plans were detailed and informative and reflected people's needs. Where people's needs changed, advice was sought and the plan evaluated. People were involved in planning their care and this endured that people were provided with care in a way that they wanted to be supported.

People were enabled to access person centred activities and were encouraged to maintain hobbies and interests. Staff supported people to maintain relationships which were important to them.

The registered manager demonstrated clear leadership and was described as approachable and helpful.

The provider had systems in place to assess and monitor the quality of the service, which included sampling of documentation and visits. Action plans were in place to address areas identified by the audit.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

The mechanisms for reporting abuse were not always clear.

Risks were identified and plans put into place to manage them.

Staffing levels were adequate to meet people's needs.

Medication procedures did not always ensure that people received their medication when needed.

Requires improvement

Is the service effective?
The service was effective.

The Deprivation of liberty Safeguards (DOLS) were understood by staff and appropriately implemented.

Staff had been provided with training and supervision which gave them the knowledge to meet people's needs.

People were provided with a balanced diet but the recording should be strengthened for those individuals identified as at risk.

People had good access to health care support.

Good

Is the service caring?
The service was caring.

Staff had developed positive relationships with people who used the service.

People were supported to express their view and make decisions about their care.

People had their privacy and dignity respected.

Good

Is the service responsive?
The service was responsive.

Care plans were detailed and informative and provided clear guidance about how to meet people's needs.

Complaints were investigated and responded to.

Good

Is the service well-led?
The service was well led.

There were systems in place to monitor the quality of the service.

The manager was approachable and visible.

Good

Queens 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 the 11 May 2015 and was unannounced. The inspection team consisted of an 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. This expert by experience worked with people with a learning disability and had skills in communication.

Prior to the inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

Not everyone at the service was able to communicate with us verbally. Therefore we spent time observing the care provided by staff to help us understand the experiences of people unable to tell us directly.

We spoke with two people, two relatives, and three care professionals. We spoke with three care staff, and the registered manager. We looked at three staff records; peoples care records and records relating to how the safety and quality of the service was being monitored.

Requires improvement

Is the service safe?

Our findings

People were observed to interact positively with staff and one person told us that they, "felt safe." People looked at ease in their surroundings and we saw people laughing and smiling with staff. We saw that people felt safe to make their views known and let staff know when they were not happy. We observed that one person looked uncomfortable when another person came close. The manager told us that this was because the person did not like noise.

Staff had a good understanding of safeguarding issues and neglect. They knew what whistleblowing was and the procedures to follow. One of the staff recognised some of the potential risks and said that the service was quite isolated and, "we don't get many visitors here." Staff told us that they were encouraged to report concerns through their manager and the provider. We saw records reminding staff that concerns must be reported through the organisation rather than the Local Authority Safeguarding team. This did not promote openness, or encourage staff to raise concerns externally if they felt unable to report within the organisation. Consequently there was a risk that matters may not always be addressed and investigated by the appropriate organisation.

Risks were identified and management plans were in place. We saw that there were clear arrangements in place for dealing with emergencies involving the building and there were on call management arrangements. Grab and run sheets were in place detailing people's needs in the event of an emergency Records of testing on fire safety procedures, first aid and water temperatures were viewed and evidenced that safety checks were being undertaken on a regular basis. Records of accidents and incidents were maintained and learning outcomes identified.

The premises was well maintained but one of the relaxation areas was in need of some updating and was being used as a storage area. We observed items including a bed being propped up against the wall and were told that the service was waiting for a skip to arrive. These items presented potential hazards but the provider told us that these were reduced as the room was generally kept locked

We saw individual's risk assessments for nutrition and catheter care and these provided staff with detailed guidance on how best to minimise risks. Staff we spoke to had a good understanding of risk factors such as those associated with moving and handling and choking.

Recruitment processes were robust and ensured that staff were safe to work in this setting. We examined two staff files and saw that references from the last employer and disclosure and barring checks were undertaken.

Staffing levels were assessed and reviewed to take account of people's changing needs. However staff told us that they were concerned about staffing levels in the evening as there were only two staff on duty. This meant that when they were providing care to people, there was a lack of oversight and observation afforded to the other people in the home. The manager told us that changes had recently been made to the deployment of staffing and there had been some changes to timings. A request had been made for additional input to increase the support for one person and this was in the process of being assessed.

People told us that there was a high turnover of staff and some people had found the staff changes upsetting, and it did not always promote continuity in care delivery. The service was dependent on agency staff but we were told that where possible the manager tried to use regular staff who knew the people who lived there. Recruitment to the vacant posts was underway.

Expectations of staff were clear and we saw that the manager challenged poor practice. We observed the manager reminding a member of staff to use wheel plates on an individual's wheelchair and showed the member of staff what to do. We also saw records to demonstrate that the disciplinary process used, with staff where appropriate.

Medicines were being stored safely in a lockable cupboard. We looked at the administration records and saw that these were being accurately completed. MAR sheets were printed by the pharmacy but some handwritten entries were made. There was no formal system for checking that these were being correctly documented. We checked a sample of medication against the medication administration charts and saw that the medication tallied with the records. No medication was being covertly however we saw that one person's medication was being given with food to assist with swallowing. Advice had been obtained from the GP regarding this. We saw that

Requires improvement

Is the service safe?

medication reviews were being undertaken. While there was guidance available for staff to follow when administering “as required “medication it was not in place for others. This meant that people may not receive their medication when needed.

Good

Is the service effective?

Our findings

The comments we received about the service were positive. Staff were described as, "doing their best" and being, "calm and capable."

Staff told us that they had received training that enabled them to meet the needs of the people who lived in the service. The training included sessions on medication, moving and handling and autism awareness. We observed two members of staff assisting an individual to mobilise and they demonstrated that they were knowledgeable and competent in relation to the moving and handling procedures. Training records demonstrated a commitment to training and updates were monitored through the online management system which flagged up when they were required.

We saw that a new member of staff had completed induction training. The manager told us that all new staff complete a six month probation period during which they attend training and are observed. We saw evidence of competency assessments and work based observations of practice. There was also records of conversations, on practice issues outside the formal supervision framework.

Staff told us that they received supervision, entitled "shape your future" which takes place every quarter and which they found helpful. Appraisals were also undertaken on a yearly basis.

Staff told us and we saw records to show that regular team meetings had been held and these are used to build on staff skills and share information about practice.

The manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DOLS). Care records showed that the principles of the MCA 2005 code of practice had been used when assessing an individual's ability to make decisions on everyday matters such as receiving personal care. Applications had been made to the appropriate professionals for assessment when people who lacked capacity and needed constant supervision to keep them safe. This met the requirements of the Deprivation of Liberty Safeguards (DOLS.)

Staff described how they obtained consent and we observed them using various communication methods to seek people's views. Staff were alert to the issues regarding capacity and we saw details of a team discussion were staff challenged a decision that had been made by a visiting professional that an individual did not have capacity.

People told us that they were involved in cooking and in the preparation of meals. There were photographs on display showing their participation. One person said, "I did this here."

We saw a range of picture menu cards and we were told that these were used with people to help them make a choice about what they wanted to eat. We were told that menus were planned ahead and people planned their shopping accordingly, however the menus were not fixed and changes were accommodated at any time.

We observed staff preparing a meal with freshly cooked ingredients. The food looked and smelled appetising. We saw that one individual had been identified as at high risk of choking and we observed that they were served a pureed meal. A member of staff sat alongside the person and talked to them, they assisted them to eat at an appropriate pace and the person looked relaxed.

Staff knew who had a specialist diet and described how the food should be pureed and the levels of consistency. However the monitoring of food and fluid was not always undertaken consistently. One person who had been identified as being at risk of poor nutrition was in bed during our visit. We checked the person's food and fluid chart and we saw that there were no records to show that they had been offered any food or drinks during our visit. The care reports showed that the individual had eaten a cake the previous evening but there was nothing recorded for the morning or early afternoon. We subsequently observed a member of staff assisting this person to drink a supplement and saw that the person was thirsty. The manager told us that this was an oversight in recording and they had been offered drinks but they had refused. They said that when they checked the records over the preceding days that individuals fluid intake had been good.

We saw that people were weighed on a regular basis and we saw that specialist advice had been obtained for a number of individuals. One person had recently been discharged by the hospital as they had gained weight.

People were supported to maintain good health. Care records showed that staff were alert to changes in people and that they supported individuals to access GP services

Good

Is the service effective?

or other health care professionals according to their specific needs. We saw that one person saw the chiropodist every six weeks and a referral had recently been made to an occupational therapist as one person's mobility had recently declined. We spoke with a health care professional and they told us that the service was proactive and picked up on changes in people health care needs and referred appropriately to specialist services.

Each person had a hospital passport on their file providing clear information on the involvement of for example dentists and the speech and language therapists. Annual health checks were undertaken.

Good

Is the service caring?

Our findings

People looked comfortable in the company of staff and the interactions we observed were friendly and relaxed. One person told us, "staff are kind to (my relative)…. they know them well." Another person told us that, "staff seem to have (individuals) best interests at heart." We saw staff speak to people in a kind and caring way. One person was blind and staff always spoke before they approached to let the person know that they were nearby. We observed staff sitting alongside people spending time with them. They were engaged and interested in them and we observed them talking about what they had been doing during the day.

Staff spoke warmly about the people they supported and spoke about their different personalities. Our observations were that they knew the individuals well. We saw that when they were talking with people they allowed time for the individual to respond and understood what they were saying.

People were involved in their care and their independence was promoted. We saw staff asking people if they could go into their rooms and then supporting them to make their bed and sort out their clothing. We observed a member of staff assisting a person with their money.

We observed staff using a variety of verbal and non-verbal communication such as signs and pictures to ascertain people's wishes. We saw staff talking to people about the choices they made and saw that were listened to. One person for example asked to go for a walk, rather than eat their breakfast. A member of staff tried to cajole the person into eating first but the person was not happy. Another member of staff spoke to the person and agreed that they would go for a walk and eat when they returned. The person and the member of staff went for a walk.

We saw examples of where the routines of the home respected people's preferences. One person had their curtains drawn and when we asked about this we were told that one person liked to have their curtains closed during the day. We saw that another person liked to have a lie in and go to bed late and they were supported to do this.

Staff respected people's dignity and privacy. We observed a member of staff responding promptly to an individual whose clothing had become soiled. This was managed discreetly. We observed staff knocking on individual's doors before entering. Staff were alert to the issues regarding dignity and a staff member described how they dealt with a recent incident where an individual had become distressed. They described the efforts that they had made to ensure the individual's dignity was respected.

Good

Is the service responsive?

Our findings

One person told us, “staff meet (my relatives) needs” and “my (relative) is encouraged to do what they can do.”

Care plans were detailed and informative covering all aspects of people’s life from how the person preferred to have their face washed to how to support their communication. Plans were written in a person centred way and reflected people’s needs and choices alongside promoting their independence. In one person’s care plan we noted, “ we need to respect (persons) space but also check they are ok”

Where peoples care needs had changed, handwritten notes were made to ensure that the plan was up to date. We saw that care plans were reviewed and where there was significant change, reassessments were undertaken. We saw that one person’s needs had changed in the weeks leading up to the inspection and saw that the service had sought advice promptly from the intensive support team and were amending the plan of care.

Staff we spoke with had a good understanding of people’s needs. One staff member described how one person’s needs varied on a day to day basis and how they had to respond differently and increase the level of support accordingly. One person’s mood for example impacted on what activities they were able to undertake with that person. Another person liked to make drinks for others and this was facilitated but staff were aware that the individual often forgot about themselves and needed reminding.

People were supported to follow their interests and take part in day to day social activities. We observed one person going out with a staff member for lunch and two other people went out for a walk with a member of staff. One person spent time knitting and then colouring. We were told that a volunteer works with one person on maintaining the garden and another person had recently been enrolled on to a wood working course.

Staff told us that while there were some planned activities a number were arranged spontaneously. One person was described as enjoying visits to one particular type of coffee shop, another enjoyed supermarket food shopping.

We saw that recent conversations had taken place with people in the service about what they would like to do over the summer holiday period. Their wishes were recorded and a plan was being developed.

We looked at the records of complaints and saw that there had been two complaints since the last inspection. These had been fully investigated and responded to appropriately. Meetings had taken place with complainants as appropriate to discuss the outcome. People we spoke to expressed confidence in the system. They told us that the manager was approachable and when issues arose these were addressed.

Good

Is the service well-led?

Our findings

The feedback about how the service was managed was positive. We were told that the manager was helpful and "sorts things out."

We saw that people were involved in the day to day running of the service and helped to make decisions about how they liked to be cared for. We saw that resident meetings had taken place and people were enabled to express their views.

Staff were clear about their role in supporting people to achieve a full life. They told us that that the manager was supportive and approachable and they were able to raise issues and discuss them. They expressed confidence that the manager would try to address the issue. Staff told us that the team, although currently depleted, worked well together. We were told that communication was good and they were kept up to date with what was happening at the service as well as the needs of the people they supported.

Incidents were logged and reported to the provider head office. The manager told us that they received support from the area manager and other sector departments such as training and Human Resources. We saw that when a concern was raised the manager sought advice from the provider and then the local authority on how to respond. This demonstrated that the manager was open to advice and was honest about mistakes.

The manager was aware of their responsibilities and we saw that supervisions and regular staff meetings were held. The manager was visible throughout the service on the day of our visit. We observed the manager giving direct guidance to a member of staff. This direction was undertaken in a clear and a positive way. A visiting professional described how the manager had responded positively when there was an issue with consistency. Training and guidance were put into place to address the issue.

The provider had a quality assurance system in place to monitor the quality and safety of the service and identify any areas for improvement. The registered manager completed a monthly audit and reported on areas such as health checks and health and safety. Where areas were identified as outstanding the manager completed an action plan. We saw that the audit had identified some issues with recording and that the manager had addressed this at the recent staff meeting. We were told that the area manager visited on a regular basis and undertook a series of spot checks as well as sampling a range of documentation.

Surveys have recently been sent out to individuals and families but the results have not yet been analysed by the provider.