

# Coventry City Council

# Skipton Lodge

## Inspection report

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23 May 2016

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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

We undertook an announced visit to Skipton Lodge on 20 and 23 May 2016. We told the provider before our visit that we would be coming. This was so people could give consent for us to visit them in their flats to talk with them.

Skipton Lodge provides housing with care. People live in their own home and receive personal care and support from staff at pre-arranged times and in emergencies. At the time of our visit 14 people at Skipton Lodge received personal care.

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

People felt safe using the service and there were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely. Staff knew what actions to take to keep people safe and had a good understanding of what constituted abuse. The suitability of care staff was checked during recruitment procedures to make sure, as far as possible, they were safe to work with people who used the service.

The managers understood their responsibilities in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff respected people's decisions and gained people's consent before they provided personal care.

There were enough staff to deliver the care and support people required. Staff received training and supervision to support them in meeting people's needs effectively. Staff had the right skills to provide the care and support people required.

People received care from a regular team of staff who stayed long enough to complete the care people required. People told us staff were kind and respectful and knew how people liked to receive their care.

Support plans and risk assessments contained relevant information to help staff provide the personalised care people required. People knew how to complain and information about making a complaint was available for people. Staff said they could raise any concerns or issues with the managers, knowing they would be listened to and acted on.

There was an experienced management team who provided good leadership and who care staff found approachable and responsive. There were systems to monitor and review the quality of service people received and to understand the experiences of people who used 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 understood their responsibility to keep people safe and there were procedures in place to protect people from risk of avoidable harm. Staff understood the risks relating to people's care and supported people safely. There was a thorough staff recruitment process and enough experienced staff to provide the support people required. There was a safe procedure for managing and administering medicines.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supervised to ensure they had the right skills and knowledge to support people effectively. The managers understood the principles of the Mental Capacity Act 2005 and staff respected decisions people made about their care. People received support to prepare food and drink where required and people had access to healthcare services.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who they knew well and who they said were kind and caring. Staff respected people's privacy and supported people to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs were regularly assessed and people received a service that was based on their personal preferences. People received care from staff that understood their individual needs and who were kept up to date about changes in people's care. People were able to share their views about the service and knew how to make a complaint.

### Is the service well-led?

Good ●

The service was well-led.

People were satisfied with the service they received. Staff received the support and supervision required to carry out their work safely and effectively. The managers provided good leadership and regularly reviewed the quality of service provided.

# Skipton 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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services provided to people. They had no concerns about the service provided.

Before 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, what the service does well and improvements they plan to make. We found the PIR reflected the service provided.

The visits took place on 20 and 23 May 2016 and were announced. We told the provider we would be coming so people who used the service could give agreement for us to visit and talk with them. The inspection was conducted by one inspector.

We visited people on 20 May to find out their views of the service and carried out the office visit on the 23 May. During our visits we spoke with six people who used the service, a visitor, two support workers, a senior support worker, the assistant manager and the registered manager.

We reviewed three people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

## Is the service safe?

### Our findings

People told us they felt safe living at Skipton Lodge and with the staff that supported them. Comments from people included, "It's a very safe place to live," and "I feel safe in my flat and with the carers that support me, I have no worries about that." People knew who to speak with if they did not feel safe; "I would speak to the seniors or [assistant manager]," and, "I would talk to the managers, they would sort it out"

Staff had a good understanding of abuse and their responsibility to keep people safe. One staff member told us, "In training I learned the different types of abuse, including physical, emotional, financial, neglect, and sexual. Any suspicions I would record it and report it to the managers." We gave staff scenarios of abuse and asked what they would do, for example, unexplained bruising on people, and negative staff attitudes. They understood what constituted abusive behaviour and their responsibilities to report this to the managers. Staff were confident the managers would look into it and refer it to the local authority. There was a policy and procedure for safeguarding people and guidance for staff to remind them what to do and who to refer concerns to was displayed in the staff office. The registered manager understood their responsibility, and the procedure for reporting allegations of abuse to the local authority and CQC.

People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. Each person had plans completed to instruct staff how to manage and reduce the risks. For example where people needed assistance to move around; the prevention of skin breakdown; risk of falls and to manage people's medication safely. One person told us, "Staff look after me very well and make sure I am safe. They always suggest I use my wheelchair when I leave my flat to make sure I don't have another fall."

Staff confirmed they referred to the information in risk assessments and care records to manage risks to people. One staff member told us, "All risks to people's care and support have plans in place so we know how to manage risks." One person who required regular checks on their skin to prevent pressure damage told us, "They [care staff] check all my skin every day, if there is any redness they apply cream. If it's sore they inform the district nurse. They are absolutely brilliant with this."

Staff had completed training so they could support people who needed assistance to move around safely. Staff said they were confident assisting people as they had been shown how to use the equipment. One person, who used equipment to help them transfer out of bed, told us "I use a rotunda, I always feel safe as the carers know how to use it."

Staff understood the importance of making sure equipment that people used was safe. One staff member told us "If I am using a hoist, it is my responsibility to check and make sure it is working properly, we also check slings for any damage. When we finish we make sure the hoist is on charge for the next time." Another told us, "We always check before we use equipment, several tenants have hospital type beds with pressure relieving air mattresses, there is a risk assessment to remind you to check this is working correctly and what to do if it deflates."

People and staff we spoke with told us there was enough staff to meet people's care and support needs. People told us staff arrived when they were expected, "Yes they usually arrive at the same time, give or take five minutes," and, "They come when they should, it doesn't matter if they are a little early or late, they always do everything they should and ask if I need anything else before they go." The assistant manager told us that staffing had been reduced recently as there were 10 vacant flats due to the service closing. Staff confirmed there was still sufficient support staff available to meet people's need and spend time talking with people during calls. Work schedules and staff rotas confirmed there was enough staff to provide the calls people required.

People had personal alarm pendants they could press to alert staff if they needed help in an emergency situation. This made sure people could contact staff outside their call times when required.

Recruitment procedures made sure, as far as possible, staff were safe to work with people who used the service. Staff told us and records confirmed, Disclosure and Barring Service (DBS) checks and employment references were in place before they started work. The DBS helps employers to make safe recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

There was a procedure for supporting people to take their medicines safely. Where people required assistance with medicines, how this should be provided was clearly recorded in their care plan. Staff told us, and records confirmed they had received training to administer medicines safely which included checks on their competence by senior staff, to ensure they continued to do this in a safe way.

Staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. Completed MAR records we looked at showed people had been given their medicines as prescribed. Medicine records were audited regularly to make sure there were no mistakes. Weekly checks were made by senior staff to ensure staff had administered medicines correctly. Any errors in recording medicines were discussed with the staff member concerned and standards re-set when required. These procedures made sure people were given their medicines safely and as prescribed.

## Is the service effective?

### Our findings

People told us staff had the skills and knowledge to meet their needs and knew how to provide the care and support they needed. People told us, "Yes, they know what to do and how to do it. They know how to use my hoist, and they always check to make sure my bottom isn't sore." Another said, "I think they are trained, they all seem confident when they help to move me and give me my tablets."

All the staff we spoke with had worked for the service for several years. Staff told us they had completed an induction when they started working for the service. The registered manager told us there was no new staff at Skipton Lodge, and as the service was due to close they were not recruiting staff.

There was a programme of regular training for staff as well as an expectation they complete a vocational qualification in social care. This included training in health and safety, medication administration and safeguarding people. Staff told us they had regular refresher training to keep their skills up to date. One staff member said, "We have regular updates in all mandatory areas to keep our practice up to date with any changes". Another said, "We have regular training and it's always to a good standard. I enjoy training; I like learning new things that help me in my work." The assistant manager told us, "Senior support workers are allocated certain staff who they are responsible for providing supervisions, discussing personal development and making sure their training is up to date. Not just mandatory training but any specific interest of the staff member. For example one staff member had an interest in strokes, so they completed further training on this." Staff confirmed they had supervision meetings with a manager or senior where they discussed their personal development and training requirements.

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 under the MCA. We checked whether the service was working within the principles of the MCA. The managers understood their responsibilities under the Act. No one using the service required a DoLS authorisation; however they were aware of when this may be applicable for people.

Staff understood the requirements of the Mental Capacity Act (MCA). Staff had completed training in MCA and knew they could only provide care and support to people who had given their consent. One staff member told us, "You should assume people have capacity until they have been assessed as not. Everyone here can tell you what they would like." Another said, "Some people do have mental health problems that can affect their decision making at times. They can make decisions, but some of them can be unwise especially in regard to smoking." We were told there was no one who lacked capacity to make every day decisions themselves. Although following a best interest meeting one person required support from a solicitor and an advocate to manage their finances. An advocate is a person who supports people to express their wishes and to understand the options available to them, to enable them to make a decision. All the people we spoke with had capacity to make decisions and told us the service helped them to be as



independent as they could.

People required a range of support to prepare food and drinks. Some people prepared their own; others made their breakfast and supper and bought a lunchtime meal from the dining room, whilst some people relied on staff to prepare their food and drink. People we spoke with told us staff offered them choice from the food they had available and made them regular drinks. People said staff made sure they left them with a drink before leaving. There were procedures in place to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were being met. There was no one who required their food and fluids monitoring when we visited.

People told us staff helped them to arrange health appointments if they asked them to. One person told us, "Yes they do this for me, they phone the doctor or the district nurse if I need them." Staff said they helped people manage their health and well-being if this was part of their care plan. Records confirmed the service involved other health professionals with people's care when required including district nurses, speech and language therapists, occupational therapists and GPs. For example, one person had recently experienced deterioration in their mental well-being, and had been referred to the social worker and community psychiatric nurse for a review. People were supported to manage their health conditions were needed and had access to health professionals when required.

## Is the service caring?

### Our findings

People told us staff were kind and caring and treated them with respect. One person said, "Carers are brilliant here, they look after me very well. I haven't a bad word to say about any of them." Another told us, "It's lovely here, staff are very caring, they are more like family and friends."

We asked staff what being 'caring' meant to them. One staff member said, "Listening to people and treating people the way you would like to be treated yourself." Another said, "People here are like extended family, I care for them as if they are my own."

People told us their privacy was maintained and staff treated them in a way they liked. A senior member of staff told us how they ensured staff treated people with respect, "We regularly observe staff while they are working to make sure they uphold people's privacy and treat people with respect. All the people here would tell you if staff treated them in a way they didn't like."

People lived in their own flats so we were unable to observe care directly. People we spoke with confirmed staff knocked on the door and waited for a response before entering their homes. We observed staff ring bells and announce themselves before entering people's flats during our visit.

People received care and support from staff they knew well and who they had built relationships with. One person told us, "I know all the staff and they are all friendly, some I get on better with than others but that's life isn't it." A staff member told us, "We do have allocations with call times but we don't have to rush and we have time to spend to talk with people." Another said, "There is regular staff here, people see familiar faces everyday so we build up friendships and get to know people very well. I spend more time here than I do at home so they are like family."

People were encouraged to maintain their independence and where possible undertake their own personal care and daily tasks. Person confirmed they were supported to maintain their independence. They told us, "I do as much for myself as I can, staff stay with me just in case I need a bit of help," and, "They don't interfere if you don't need them, but they are always there if you need anything." Another said, "When I'm showering or washing I do all the areas I can and then they do the bit's I can't reach." Information about what people were able to do for themselves was recorded in their support plans.

People who lived at Skipton Lodge had a range of care needs. Some people required staff support several times a day while others only required a safety check to make sure they were okay. Work schedules for staff reflected the care and support people required to make sure they remained safe and well.

People told us they had been involved in planning their care and that their views about their care had been taken into consideration and included in their support plans.

# Is the service responsive?

## Our findings

People told us staff supported them in the ways they preferred. One person told us, "Yes, they involve me in everything." Other people told us, "They know how to look after me," and, "They support me the way I like."

People told us their personal care needs had been discussed and agreed with them when they started to use the service. They told us the support they received met their needs and that staff understood how they liked to receive their care and support.

People received consistent, personalised care and support. People had an assessment completed before moving to Skipton Lodge to make sure the service was able to meet their needs. Assessments detailed the support people required and were used to inform an individual care and support plan so people received a personalised service.

Staff told us they had time to read care plans so they had a good understanding of people's care and support needs. Staff told us each person had an 'At a Glance' form in the front of their files so they could quickly see what people's needs, likes and preferences were. Staff also had daily work schedules that told them what was required on each call and if people needed anything specific, like medication, pressure area checks or used any equipment like a hoist.

An 'At a Glance' document was available at the front of the care files we looked at. There was also a copy in the folders in people's flats. This document provided an overview of the care people required, how they liked their care provided and any risks associated with the person's care. Staff had the information required to provide the personal care and support people needed. Care plans we viewed had been reviewed and updated regularly and people and their relatives, if people requested, were involved in reviews of their care.

Staff call schedules identified the people they would support during their shift and the time and duration of the calls. Call schedules and daily records of calls confirmed people received care as detailed in their care plans.

Staff had a handover meeting at the start of their shift which updated them about people's care needs and any changes since they were last on shift. The assistant manager told us, "Handovers are invaluable for keeping staff up to date with any changes while they have been off on leave or since they were last on shift." A record was kept of the meeting to remind staff of updated information and referred them to more detailed information if needed. Staff told us this supported them to provide appropriate care for people.

People at Skipton Lodge had access to a call system, and some people had personal alarms that staff responded to in between scheduled call times. People told us, "Staff come as quickly as they can if you press your alarm," and "I will pull the alarm cord if I need anything, you can talk through the intercom so staff know what you want and you know they are on their way." Another said, "I always wear my neck pendant, I don't use it but I have it for emergencies. I pressed it by mistake once and they were here like a shot to see what was the matter." This meant people could get urgent assistance from staff if they needed.

People we spoke with told us they knew who to complain to if they needed. Comments included, "I would speak to the managers if I had a complaint. I've been here years and never had a complaint." Another said, "Yes I know how to complain if I needed to, I've never needed to, everything is fine." People had been provided with complaints information, which was kept in their folders in their flats. This included who to complain to if they were unhappy with the response from the managers. Staff said they would refer any concerns people raised to the managers or senior staff. People and staff were confident concerns would be listened to and dealt with effectively. We looked at records of complaints; complaints had been recorded and looked into thoroughly. People had the opportunity to raise concerns and could be confident these would be taken seriously and looked into.

## Is the service well-led?

### Our findings

Skipton Lodge is due to close at the end of August 2016. People who use the service had been informed of the closure and were being supported by family and staff to prepare to move. One person told us, "We have had information and meetings about the closure. I was disappointed when I heard as when I moved here I was told it would be a home for life." The assistant manager told us, "Staff will 'buddy up' with people who do not have family to support them through the moving process. Staff have identified times on their schedule to carry out this role so they are not distracted." A staff member told us, "Due to the closure we have plenty of time to sit and talk to people and are supporting people to move to alternative accommodation."

We asked people what it was like to live at Skipton Lodge. People told us it was 'a lovely place' to live, "I love it here, I will be sad to leave," and, "I have been very happy living here, the staff are brilliant. I hope the next place is as good." Another said, "We are like one big happy family."

Staff told us it was a good place to work, comments included, "I don't want to leave it's such a good place to work." "We look after the tenants very well and care for each other," and "It's a lovely place, there is good team work and we get on well together."

The service had a consistent management team which included a registered manager and assistant manager. The registered manager had responsibility for managing two housing with care units. The assistant manager deputised when the registered manager was at the other unit, they were aware of the registered manager responsibilities and undertook them in her absence.

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications that are required to be sent to us. A provider information return (PIR) was submitted before the inspection. We found the information in the PIR was a true reflection of the service provided.

We asked people if they thought the service was well managed. People said they did, comments included, "Oh yes [registered manager] and [assistant manager] both visit me to see if I am alright and everything is okay." Staff also thought the service was well managed. One staff member told us, "Both managers are very knowledgeable and approachable, they are always available to offer advice and support." Another said, "We have good management, the managers are fabulous, we have good communication and good team work."

Staff we spoke with understood their roles and responsibilities and what was expected of them. They told us the provider had issued them with an employee handbook that included a code of conduct and a copy of key policies and procedures when they started work with the service. Staff were aware of the provider's whistle blowing procedure and were confident to report any concerns or poor practice to the managers. They were certain any concerns they raised would be listened to and acted on.

All the staff we spoke with said they felt valued and were supported to do their job. The assistant manager

told us, "There is good team work here, we all work well together. Staff have been here a while and they all go above and beyond what is expected of them." They went on to say, "The staff team are very flexible and work hard. They are always willing to help out, and have excellent relationships with tenants." Staff told us they received good support from both the registered manager and assistant manager who made sure staff had regular support. Staff confirmed they had regular work supervision, team meetings and handovers on each shift where they could raise any issues.

People told us they had regular meetings where they could share their views and opinions of the service. Comments from people included, "We have monthly tenant's meetings I go to them all, you can raise your views and they do listen." People were also able to share their views during reviews of their care and were sent satisfaction questionnaires. The results of the last questionnaire in March 2016 showed people were satisfied with the service.

We asked people and staff we spoke with if there was anything the provider could improve about the service. No one could think of any improvements that could be made, comments from people included, "There is nothing I can think of, they do everything they can for us."

The provider's quality assurance process included checking that people were satisfied with the quality of their care and support. Records confirmed these processes included tenants meetings, regular reviews of people's care and satisfaction surveys.

The provider and registered manager used a range of additional quality checks to make sure the service was meeting people's needs. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. There were systems to monitor any accidents and incidents. Incident forms were completed and reviewed after each occurrence for trends and patterns. Action had been taken if a pattern had been identified, for example a falls sensor had been provided to one person who had fallen in their flats so staff could respond quickly if this was activated. There were regular health and safety checks carried out by the service and the organisation and visits from the local authority contracts department to monitor the care and support provided. The contracts department had received no complaints about the service provided.