

Glenfield Care Limited

Flora Lodge

Inspection report

21 - 23 Glenfield Road East
Leicester
Leicestershire
LE3 5QW

Tel: 01162530279

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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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected this service on 23 March 2017 and was an unannounced inspection. At our last inspection on 29 February 2016, we rated the service as requires improvement as we identified concerns with how staff had been recruited and the number of staff on duty; how people were supported to remain safe and well and how their human rights were protected. The quality assurance systems had not been effective and had not identified these concerns. On this inspection we found improvements had been made.

The service was registered to provide support for up to 14 people who may have a learning disability or mental health condition. There were 12 people living in the home at the time of our inspection.

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.

Quality assurance monitoring systems were carried out; improvements were needed to identify how the environment could be enhanced and any stock of medicines were recorded. Other audits identified whether care records were reviewed and how the service was managed to help identify where improvements could be made.

People were protected from harm as staff had a good understanding of what constituted abuse and knew what actions to take to keep people safe. There were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care, for checking staff were suitable to work with people who used the service.

People were able to participate in activities that interested them and be independent. Care records were personalised and contained relevant information for staff to help them provide the care people required. Information about making a complaint was available for people and they knew how to complain if they needed to.

Staff had the skills, knowledge and experience to work with people. Staff respected people's decisions and gained people's consent before they provided any care. Where any restrictions were identified, applications had been made to ensure this was lawful.

People felt staff and registered manager were caring and treated them with respect and dignity. Staff understood the importance of treating people with kindness and compassion. They also provided good humour and enjoyed spending time with people.

People were provided with a choice of what to eat and drink. Where changes in people's health were identified, they were referred to healthcare professionals to support people's wellbeing.

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.

People were supported to stay safe and provided with support to reduce the risk of harm. Staff knew how to recognise harm and how to report this to ensure people were protected from potential abuse. There was sufficient staff to meet people's agreed support needs. Recruitment procedures meant checks were carried out to ensure staff were suitable to work with people.

Is the service effective?

Good ●

The service was effective.

People's consent was sought when providing support and decisions were being made in people's best interests where they lacked capacity. People were supported to be safe in the least restrictive way. Staff received training to meet the changing needs of people and they were supported to eat and drink the foods they liked.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion and with dignity and respect. People could decide how they wanted to receive their support and encouraged to be independent.

Is the service responsive?

Good ●

The service was responsive.

People decided how they wanted to be supported and were asked about the care they received after each stay. People were involved with activities that interested them. There were arrangements in place for dealing with concerns and complaints

and people were confident that they would be listened to and their concerns would be dealt with.

Is the service well-led?

The service was not always well led.

Systems were in place to assess and monitor the quality of care; however these were not always effective. People were happy with the support they received and were asked about their care. Staff told us they were supported in their role and able to comment on the quality of service and raise any concern.

Requires Improvement 

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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.

This inspection took place on 23 March 2017 and was unannounced. Our inspection team consisted of one inspector.

We checked the information we held about the service and provider and we asked the provider to complete 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 also reviewed other information about the service such as notifications they are required to submit to the Commission. This included information about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We spoke with seven people who used the service, three relatives, three members of care staff, and the registered manager. We also gained the views of commissioners of the service. We did this to gain people's views about the care and to check that standards of care were being met.

We observed how the staff interacted with people who used the service. We looked at four people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

On our previous inspection we found there were insufficient staff to meet the identified needs of people who used the service and keep them safe. This meant that there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found the provider could not demonstrate that fit and proper persons had been employed to work in the service. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified that the provider had not assessed the risks to people's health and safety nor were they doing all that was reasonably practicable to mitigate such risks. We also identified that systems to manage medicine and ensure people had these when required needed to be improved. These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made.

People now felt safe and were supported by staff to keep well and they told us there was a suitable number of staff to provide care and support for them. One person told us, "Staff are always here and at night time I like it when they make trifle and cake for us." Another person told us, "If I need any help, the staff are there for me. I'm happy with everything." We saw staff were available to support people to travel to planned events and when they required support in the home. One member of staff told us, "We are a small team and know people really well and how we can support them. We are there for them when they need us."

People were now supported by staff who were fit and safe to work with them. The staff confirmed that recruitment checks were in place to ensure they were suitable to work. These included requesting and checking references of their character and suitability to work with the people who used the service. Recruitment records were available to demonstrate how these checks were completed prior to new staff starting to work in the service.

People's risk of avoidable harm associated with their care had now been assessed. There were assessments in place to identify what support people needed and how to support people who may have complex behaviour. People went out alone or with friends, and one person told us, "If I go out I let the staff know I'm going. I like to go shopping or go to the café. I know the area really well so I feel quite safe." Some people were responsible for their own personal money and one person told us, "I like to keep my own money as that way I can buy what I want. I can keep my money and things locked away and I have a key. Everything is safe in my room." Another person told us, "I don't understand money and the staff help me to buy things I want. I like to go shopping and buying clothes; my family take me sometimes which I like." Where people needed support to manage their finances this was recorded in the care records and personal finances were kept securely in the office.

People were safeguarded from harm as staff recognised potential signs of abuse or harm. The staff had undertaken training in safeguarding adults and described different forms of abuse and what they would look for. The staff explained what they would do if they had concerns about any person's safety and felt confident to raise any concerns with the registered manager or provider. Where people went out and did not return there was an agreed procedure for reporting the person missing. This was reported to the police and

staff also looked in areas where they were known to go. The registered manager agreed to also report this to us and to the safeguarding team.

People received their medicines at the right time and staff spent time with people to ensure these were taken. People were not rushed and staff spoke with them and explained what the medicines were for. We saw the medication was kept securely in a locked cupboard to ensure that it was not accessible to unauthorised people. Some were responsible for their medicines. One person told us, "I have a weekly blister pack and keep this in my locked cabinet. The staff now know they can trust me to take everything. I know what I need to take and when." Where people needed medicines 'as required' there was information available to support people to have this when they needed them. One person told us, "I have headache tablets for when I need them. I know how many I can have each day and I'm very sensible about when I take these." Some people had 'emergency medicines' they needed to take to help to manage their epilepsy. The staff had received training to administer this and knew when people needed it, to keep safe. We saw medication systems and records monitored whether people had their medicines and staff understood why people needed the medicines they took.

Is the service effective?

Our findings

On our last inspection we identified that the provider had not acted in accordance with the Mental Capacity Act 2005 with regard to gaining people's consent to care. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also identified that some staff members might not have the skills and knowledge they needed to carry out their roles and responsibilities effectively. On this inspection we saw improvements had been made.

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 supported to make decisions on a day to day basis. We observed people decide how and where they spent their time and made decisions about their care and support. Where staff identified that people may not have capacity to make a specific decision, capacity assessments were completed. One member of staff told us, "Mental capacity applies to every adult and it's about people being able to make their own decisions and how to help them if they can't."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff knew when people had restrictions and understood the impact this had for them. One member of staff told us, "Some people have been assessed as not having capacity to make some decisions about their safety when they go out. They have a DoLS in place, but this doesn't restrict them in any way; they still go out and do the things they enjoy, we just go with them."

People were supported by staff who received training to develop the skills they needed to support them. One member of staff told us, "I've recently completed training to support people with complex behaviour. We learnt how important it was to speak with people to reduce anxiety and agitation. We've also had end of life care training. We've been reviewing all the care plans with people and this gave me the confidence to ask people what they wanted for their future care or when they weren't well." There had been no new care staff start working in the home since our last inspection. The registered manager told us, that new staff would undergo an induction to understand how the home was managed, their role and given time to get to know people who used the service.

People had a choice of what to eat and drink and told us they had enough to eat. One person said, "It doesn't matter what the cook makes, I really enjoy it. Sometimes I go out to eat instead and they don't mind." Another person told us, "One of the choices for tonight is toad in the hole. This is one of my favourites." Where people were safe to do so, they made themselves drinks and some people had drink making equipment in their bedroom. One person told us, "I like having my own things in my room. It easier to get a drink if I want one." Where people needed support, staff helped them to make drinks and we saw

this was offered throughout the day.

People were supported with their day to day healthcare and attended appointments to get their health checked. One person told us, "If I need to see the doctor I ring them myself and get an appointment and just go. The staff like me to let them know so if anything changes they can make any changes to my support plan." Another person told us, "The staff are very good and really look after us. I was really poorly recently and they didn't mess around and called for an ambulance. I needed to stay in hospital; it was a good job they called them as I really wasn't well." Where people had specific health conditions they knew this diagnosis and the impact this may have on their lifestyle. One person told us, "If I need any test done, the staff help me to understand what the doctors are saying so I know what they want to do. It's up to me though if they do them and what I want." The care records included details of who people wanted any information shared with and they recorded their consent. People had recorded what their wishes were in the event of them becoming seriously ill and needed lifesaving treatment. One person told us, "I've been unconscious before so the staff know what I want and what care the doctors can give me if this ever happens again."

Is the service caring?

Our findings

On our last inspection we identified that improvements were needed to evidence how people were involved with their care. On this inspection we saw that people had signed their care records and told us these had been reviewed with them and they understand how staff should support them. One person told us, "I'm quite happy with what is written about me in my plan. They have everything right."

People were happy living at the service and told us the staff helped them and one person told us, "I am happier and comfortable here. I much happier here than I've ever been anywhere else." Another person told us, "The staff are good. They give me my sanity. They talk to me about things other people can't grasp." People were supported to maintain contact with their family and one person told us, "My family comes and visits me and I like it when we go out together." One relative told us, "We are really impressed with this home and the support from the staff. We've seen such a big change since they moved here. We know they are happy and settled and the manager and staff can't do enough." Another relative told us, "There's a good level of care here and I trust the staff and manager. They really help and support people here."

The staff were friendly and relaxed and spoke with people in a polite and respectful manner. Observations and discussions with staff showed that they knew people's needs and preferences. One person told us, "The staff ask me what I'd like their help with and if I want to go somewhere they will take me. They are very kind. They tell me what's happening and don't leave me out." One member of staff told us, "We are like a family here. We are very good at looking out for each other and caring. It's a lovely place to be."

People were supported to have their privacy and were treated with dignity. People had a key to their room and they told us that staff respected their bedrooms and didn't enter unless invited. One person told us, "It's up to me who comes into my bedroom and the staff always ask me." People had choices about how they wanted to be supported and spend their time. Staff enjoyed working in the home and one member of staff told us, "We give people choices. They can have what they want. This is their home, not our place of work." For example, people were able to choose how to dress and people had their own individual styles, they could wear makeup or grow a beard. One person told us, "I like to go shopping and get my own stuff." Another person told us, "I had to have new wardrobes because I have so much. I like it better now I have somewhere to put everything." People could choose to smoke and there was a large covered area in the garden for them to use. People had information about advocacy service should they need this to help make choices and decisions about their life. Advocates are trained professionals who support, enable and empower people to speak up. One member of staff told us, "It's important to us that people know they have choices and rights. We try and give them as much information about what available for them."

People were supported to be independent and staff recognised people's human rights. One member of staff told us, "We recognise risks for people, but we also know people have capacity and are able to go out and do the things they enjoy. It is sometimes our role to give advice and guidance and support people to be safe but enable them to do what they can."

Is the service responsive?

Our findings

On our last inspection we identified that the support plans were not personalised and contained little evidence of people's likes and dislikes and how they wanted their care and support provided. We also saw that the complaints procedure needed to be reviewed to ensure it accurately recorded how people could raise any concern. On this inspection we saw that improvements had been made.

People received care and support in the way they preferred and their support needs had been discussed and agreed with them. Individual care records included information about how people wanted to be supported and their likes and dislikes. People had shared information about important past events and had been involved in developing their support plan and signed these to evidence their agreement with the information recorded. One person told us, "I've just gone through my support plan with the staff and I told them what I wanted." We looked at the plan and they told us, "Everything here is right and about me. I've signed to let them know I'm happy with it all." Where people's needs had changed the support plans were adjusted to reflect their changing support needs. The reviews included all aspects of the person's care and support.

The staff had access to people's care records and when care or support needs changed it was discussed at each handover to ensure people continued to receive the correct care. One member of staff told us, "We are a small team of staff so it easy to make sure we all know about any changes. We also sit down with people and change their care records together so we know we this is right."

People knew how to complain if they needed to and were also asked if they were happy during their review meetings. One person told us, "You have to tell the staff if you aren't happy. If they know, they can put things right. I certainly speak up for myself." One member of staff told us, "We talk about complaints at our house meetings and make sure people know what to do if they are unhappy. They don't have to talk to us; they can speak with an advocate or their social worker. It's important that we know what's bothering people." How to complain had been discussed at a recent house meeting. A copy of the complaints procedure was displayed in the home and one person told us, "The staff ask us if we are happy and we know if we aren't we could say something. I'd tell them but you can also tell your doctor if you weren't." We saw where formal complaints had been made a copy was retained of any investigation and outcome.

People were involved with a range of activities according to the interests. One person told us, "I'm going to gardening club at college today. I'm looking forward to planting some rhubarb." Another person told us about their interest in the local football team and held a season ticket. They told us, "The staff take me to see the football. I go to every home match. I love Leicester City and watching them play." Some people chose to spend time alone. One person told us, "It's up to me whether I go out or stay in my room. I have my room just how I like so sometimes I'm happy watching my DVDs alone." Another person told us, "The staff bring their dogs in so we can walk together. I really enjoy taking them to the park and feeding the ducks."

Is the service well-led?

Our findings

On our last inspection we saw that there was no effective system or process in place to assess, monitor and improve the quality and safety of the services provided. This meant that some shortfalls had not been identified or addressed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we saw some improvements had been made but further improvements were required.

There were systems in place to monitor the quality of the service in relation to the environment and the overall safety; however, improvements were needed. Medicines audits were carried out but hadn't identified that an accurate number of all medicines had not been recorded. When this was highlighted, the registered manager reviewed how medicines were recorded and audited and introduced a daily count to ensure systems were improved. Some areas of the home needed improvements. For example, wall paper was coming away from the walls and areas needed redecorating. The manager agreed to submit an action plan with timescales to show how improvements would be made to raise standards within the home.

Other care audits were completed to review whether records reflected people's actual support needs and had been amended when needs had changed. Accidents and incidents were reviewed. When incidents had occurred these were analysed and the action plan identified the improvements that were made to reduce potential further harm. These audits had been used effectively to monitor service delivery and used them as a tool to drive improvements.

There was a registered manager in post and people knew who they were. We saw people responded positively to the registered manager when they were speaking with them and one person told us, "The manager is lovely; she listens to what I say and I like being with her." Another person said, "The manager does the best she can and she really puts herself out for others."

The staff were supported to develop their skills and knowledge. They received regular supervision to review how they worked and this also identified their skills and where they needed support. Staff received a yearly appraisal so they received feedback on their work and performance. One member of staff told us, "I like to hear about what I'm doing well and if I need to improve on anything. Supervision does help you to do your job." The registered manager understood the responsibilities of their registration with us. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the service.

People were given the opportunity to comment about the quality of the service in the form of a satisfaction survey. The results were analysed and were given to people and discussed at people's house meetings. We saw that each meeting focused on different topics, for example how to recognise abuse or how to complain. Staff were encouraged to contribute to the development of the service at staff meetings. During these meetings, staff told us they were able to discuss how to improve the service, the support provided and raise any concerns. The staff worked well as a team and one member of staff told us, "It's like a family here; we've

worked together here for a long time and know people really well. I really enjoy working here and being with people."