Care Quality Commission

Mrs Kehinde Lipede

Northampton Lodge

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

Overall summary

We visited Northampton Lodge on the 22 December 2014. The inspection was unannounced.

The service provides care and accommodation for up to four adult females with learning disabilities, mental illness and physical disabilities. The service does not require a registered manager under the conditions of registration.

People at the service felt safe and happy. Relatives of people using the service were happy with the care provided. Staff knew how to recognise and respond to abuse and had completed safeguarding of vulnerable adults training. They knew how to report safeguarding incidents and escalate any concerns if necessary. Staff were confident they could report any concerns to the provider and they would be dealt with appropriately. Accidents and incidents were recorded. The service provided a safe environment for people, staff and visitors. People's needs were assessed and corresponding risk assessments were developed. There were sufficient numbers of staff to meet people's needs. People's medicines were administered safely.

Summary of findings

Staff had the skills, knowledge and experience to deliver safe care and treatment. Mental capacity assessments had been completed to establish each person's capacity to make decisions. The manager and staff had recently completed mental capacity training. The service had not considered it necessary to apply for any authorisations under the Deprivation of Liberty Safeguards (DoLS). People were supported to have a healthy diet and to maintain good health.

People told us they liked staff. They were supported to express their views and along with their relatives were involved in making decisions about their care and treatment. Staff respected people's privacy and dignity and helped them to be more independent.

People received personalised care. Care plans were person centred and addressed a wide range of needs.

People and their relatives were involved in the development of their care and treatment. Care plans and associated risk assessments reflected their needs and preferences. People were strongly encouraged to take part in activities to build their confidence and independence and to decrease the risks of social isolation. People and relatives were confident that they could raise concerns with staff and the provider and those concerns would be addressed.

The service was open and inclusive focussing on people using the service. Staff spoke positively about the service and the provider. Staff meetings were held in response to incidents or significant changes and included discussions about and learning from incidents. There was a system of audits and regular provider visits that monitored and assessed the quality of service provision.

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 safe. People felt safe and happy. Staff understood their responsibilities to protect people from the risk of abuse or harm. There were enough members of staff to support people's needs. The service provided a safe environment. Medicines were administered appropriately.

Good

Is the service effective?
The service was effective. Staff received regular training and support. People's rights were protected because staff understood issues relating to mental capacity and consent. People had sufficient food to eat and liquids to drink. People were supported with their health and well-being.

Good

Is the service caring?
The service was caring. People and relatives spoke positively about staff. Staff were aware of people's needs, preferences and planned care and support. They respected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive. Staff were knowledgeable about the people they supported and provided personalised care and support. People were encouraged to take part in activities. People and relatives were confident they could raise any concerns with staff.

Good

Is the service well-led?
The service was well-led. Staff spoke positively about the provider. Issues and learning were raised at staff meetings. Audits and regular provider visits were monitored and assessed the quality of service provided.

Good

Northampton 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 22 December 2014 and was unannounced. The inspection was undertaken by an inspector.

Before the inspection we reviewed information we held about the service which included statutory notifications and safeguarding alerts sent to us by the provider. At the inspection we spoke with three people using the service and three members of staff including the provider. We carried out general observations during the inspection. We looked at records about people's care and support which included three care files. We reviewed records about staff, policies and procedures, accidents and incidents, minutes of meetings, complaints and service audits. We inspected the interior and exterior of the building and equipment used by the service. After the inspection we spoke with four relatives of people using the service and two healthcare professionals.

Good

Is the service safe?

Our findings

People who use the service and their relatives told us that the service was safe. One person told us, "I like living here." We also spoke with relatives. One relative told us, "I am very happy with the team. The support for [name of relative] goes above and beyond." Another relative said, "Yes, everything is okay. No problems at all." One relative said, "Staff have engendered trust. Above all my [relative] seems happy. It's a safe place to return." Another relative told us, "I am very happy with how she is looked after."

We spoke with staff about safeguarding vulnerable adults from abuse. Both had a reasonable knowledge about recognising abuse and how to report it. They were aware of whistle blowing procedures but told us they were confident that they could report any concerns to the provider and it would be appropriately dealt with. They said they had completed safeguarding training which was confirmed when we checked training records. We found there was a handover between each shift. Due to the small size of the service handovers were relatively informal but covered in detail how people were feeling and behaving and any incidents that may have occurred. Records were kept of any incidents or accidents.

The service provided a safe environment for people, staff and visitors. The provider was having some problems with the landlord carrying out general maintenance, such as damp at the rear of the building, but at the time of the inspection this was not adversely affecting people living at the service and was not causing risk. The service was meeting fire safety regulations and people had a personal emergency evacuation plan.

People were assessed before they came to live at the home. For a long period of time there were two people using the service. The arrival of a third person was carefully assessed to ensure that the service could meet their needs. In addition, the thoughts and feelings of people using the service were taken into consideration before accepting another person into their home which helped to facilitate their smooth integration. We found that people's care files contained risk assessments to support staff to deliver safe and appropriate care. Positive risks were also addressed and accepted where the benefit to people outweighed the risk. It has not been possible to include examples in the report because it would be possible to identify people concerned in such a small service.

We found there were sufficient members of staff to meet people's needs. The staff we spoke with were happy with staffing numbers. The service did not use agency staff. Short notice absences were covered by permanent staff including the provider. Planned absences for training and leave were accommodated within the staff rota. All members of staff had National Vocational Qualifications (between Levels 2-4) in Health and Social Care or equivalent qualifications. Staff were aware that the provider could be contacted at any time for advice and assistance. Most members of staff lived within a short distance of the service and helped out when needed. We found that staff were knowledgeable about people's needs and preferences.

Medicines were managed safely. They were securely stored in appropriate conditions. Two people at the service were receiving medicines and they were supported by staff to obtain their medicines and take them. Staff had received appropriate training to administer medicines. We examined records of medicines received, administered and disposed and did not find any discrepancies. None of the people using the service were prescribed controlled drugs.

Good

Is the service effective?

Our findings

A relative told us, "[They] look at everybody's individual needs." Another relative said, "I'm very happy with how [my relative] is looked after." We spoke with social and healthcare professionals. They provided positive feedback about the service and about the knowledge staff had about the needs of people in their care. We spoke with staff and found they were aware of people's needs and preferences.

Staff had the skills and knowledge to deliver safe and effective care. Staff had a minimum qualification of a National Vocational Qualification Level 2 in Health and Social Care. They completed regular courses of training relevant to their role. One member of staff told us, "We have regular supervisions." When we looked at staff records we saw staff had received training and there were regular supervision periods recorded. We were also told that there was a lot of informal supervision because of the size of the home. Whenever the provider came into the home whoever was on duty was effectively involved in a period of supervision.

The service ensured mental capacity assessments had been completed for each person to identify their capabilities to make decisions and consent to care. When we looked at care records we saw that arrangements had been made to review the mental capacity of one person at the same time their care was reviewed by the relevant local authority. Relatives had confirmed that they would be attending the reviews. We saw in staff records that all staff had attended mental capacity training in the month preceding the inspection. The service had not considered it necessary to apply for any authorities under the Deprivation of Liberty Safeguards for people using the service. We saw evidence of consent within care records involving people and relatives.

People had sufficient food to eat and liquids to drink. One person told us, "I enjoy the food here. They help me to cook, but I am not very good." People could choose what they wanted to eat. One member of staff said, "I will ask them what they want for dinner." We saw there was fresh fruit available in the kitchen and we were told by staff people helped themselves. Staff told us that they encouraged people to eat healthily. People looked healthy and we saw that they ate breakfast before going out and lunch when they came back. One relative told us that their family member, "Loves her meals."

We found that people were supported with their healthcare needs. Each person had a health or hospital passport that provided information to clinical staff if they required medical treatment. People were registered with a GP and had a yearly health check. Staff told us people were due to have a dental check-up for the year. Arrangements had been made for them to go together. Staff recognised illnesses and injuries and ensured they received appropriate treatment. For example, one person was identified as having bursitis on her knee. The service also recognised when people required specialist referrals and ensured that these took place. We saw an example of one person receiving specialist therapy as the result of a service referral.

Good

Is the service caring?

Our findings

We spoke with people and they told us they liked staff. A relative of a person using the service told us, "[My relative] has a better quality of life – they are friends and family. Staff are lovely there." Another relative said, "I think a lot of effort has been put in to establish a far more family environment." One relative said, "I am very happy with the team."

We saw interactions between people and staff. Conversations were relaxed and friendly. People and staff were on first name terms. We found that people enjoyed taking part in activities with each other and with staff. One example was the regular shopping trips to Croydon and local amenities. We observed an incident where one person became upset after being challenged about inappropriate behaviour. A member of staff explained calmly what was wrong about the behaviour and asked the person not to repeat it. The person apologised and after a short time everybody was talking and acting as if nothing had happened. Staff were not task driven and spent much of their time talking with people and taking them out. Visits from relatives were encouraged and there were no restrictions on visiting.

People were supported by staff and relatives to express their views and be involved in their care planning. On one occasion, when two members of staff were attending training about person centred care at an external venue two people went along with them. Relatives were involved in the process of planning care and how it was delivered which was evident in care records. We found that relatives were not afraid to say what they thought and were positively involved in their relative's care. People at the service were able to communicate their choices and preferences verbally or in other ways. Staff told us that people were encouraged to make choices. Simple examples included what clothes to wear, what to eat and what they wanted to do on days when there were no planned activities.

We found that people's privacy and dignity were respected and they were encouraged to maintain and/or develop their levels of independence. People's bedrooms were respected by staff as a private area. One member of staff said, "We have to ask permission to go into rooms." Another said, "Their rooms are their rooms – private." Rooms were personalised. Although people had televisions in their rooms they tended to watch programmes and films together. People were treated with dignity and were encouraged to be as independent as possible. We were told by relatives and staff how one person had improved in terms of confidence and independence. We saw the provider had introduced a Code of Conduct for staff that emphasised the importance of people's privacy, dignity, independence and choice. This was also reflected in the service's Statement of Purpose.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. On relative told us, "[My relative] is getting more out of life, more quality of life." We looked at care records for people using the service. They were personalised and referred to each person's specific needs. Care plans had associated risk assessments that reflected desired outcomes. These were reviewed by the service on a regular basis or if there were any identified changes in needs. We saw that social services from the appropriate local authorities recorded their reviews which were also reflected in care planning.

We found that people were constantly involved in activities both individually and as a group. The service went out of their way to plan activities for each person. For example, people were registered to complete suitable college courses over the educational year. Other activities were also arranged at times when people were not attending college. One person was doing a pottery course. Two people had attended 'rebound' therapy that involved jumping on a trampoline. One person told us that they had really enjoyed the trampoline. Each person had a weekly plan for activities that also included daily tasks such as tidying their bedrooms and helping to keep communal areas tidy. We saw and were told by relatives that they were involved and consulted about activities when they were being planned. Two people told us that they enjoyed their joint trips into Croydon town centre. This wide range of activities helped people to become more confident and independent and decreased the risk of social isolation. They were also invited on occasions to functions at the local church. Consequently, they were recognised by a lot of local people when they were out and about in their home area.

The service had systems in place to listen and learn from people's experiences and concerns and any issues raised by relatives. The size of the service leant itself to close contact between people, relatives, staff and the provider. People and staff were quite close and as stated by some relatives almost like a family. Issues were generally addressed at an early stage. More serious issues and concerns were discussed with the provider usually involving relatives. The provider maintained regular contact with relatives to keep them informed about people's care and well-being. There was a complaints system but no complaints had been made since the previous inspection.

Good

Is the service well-led?

Our findings

We found the service had an open and inclusive culture that focussed on people using the service. We asked people about the provider and it was evident their views were positive. One person told us, “She is nice.” Relatives commented positively about the provider and were confident that any issues raised would be addressed. Staff told us the provider was open to suggestions and made them feel valued and supported. One of them told us, “There is no problem speaking to [the provider], she listens.” We spoke with the provider who told us she maintained regular contact with relatives and encouraged staff to contribute ideas about service provision. For example, one member of staff made a suggestion about assisting one person with their mobility. This was included in the care plan and was recognised in that member of staff’s appraisal.

The service had a clear set of values set out in the Statement of Purpose and Code of Conduct for Staff. These values included dignity, privacy, independence, choice and communication. These values were reflected in our discussions with staff and observations of how they worked and interacted with people and other members of staff.

The provider carried out periodic audits and assessments for all areas of the service including care plans, risk assessments, medicines administration, fire safety, equipment and policies. They commented that due to the size of the service many of these areas were effectively audited on a far more regular basis than actually recorded. For example, only two people received medicines and checking these records did not take a lot of time. A specific pharmacy had been chosen to provide medicines because they provided relevant training for staff but also acted as an external auditor. The provider had stopped regularly covering shifts which allowed more time for supervision and management without decreasing the amount of time spent at the service. Staff told us the provider was likely to turn up at any time irrespective of which shift they were on.

Staff meetings took place as and when required usually in response to specific incidents or the need to change processes. We cannot provide an example in the report because it would clearly identify people in such a small service. However, we were told about an incident of challenging behaviour that had led to a staff meeting where the incident was discussed and staff were advised how to deal with any similar incident in the future. The provider regularly met with members of staff on her unannounced visits. During visits, supervisions and appraisals the provider checked staff knowledge through observations and questions. They were clearly ‘visible’ and readily available to speak or meet with people, staff, relatives and professionals. The provider was proud of this ‘open door’ policy and relatives and staff confirmed it was the case.