

Fidual Holdings Limited

Loveys Lodge

Inspection report

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Date of inspection visit:
23 May 2018
25 May 2018

Date of publication:
06 July 2018

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

This unannounced comprehensive inspection took place on 23 May 2018. Telephone call to a relative were made on 25 May 2018.

This service is a residential care home. Lovey's Lodge is registered to provide accommodation for people who require nursing or personal care. It is registered to accommodate four people. People who live at Lovey's Lodge have a learning disability or autistic spectrum disorder or physical disability. At the time of the inspection four people were living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

There was a registered manager in post. 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 using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff with the correct skill mix on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Effective infection control measures were in place to protect people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

Staff received an induction process and on-going training. They had attended a variety of training to ensure that they were able to provide care based on current practice when supporting people. They were also

supported with regular supervisions.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professionals when required, including community nurses and doctors to make sure that people received additional healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times. Care plans were written in a person-centred way and were responsive to people's needs. People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Further information is in the detailed findings below

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 were knowledgeable about protecting people from harm and abuse.

People had up to date risk assessments in place.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision and appraisals.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People knew who the registered manager was.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Loveys 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 comprehensive inspection took place on 23 May 2018 and was unannounced. Telephone calls to relatives were carried out 25 May 2018. It was carried out by one inspector.

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 contacted the local authority, we checked the information we held about this service and the service provider. No concerns had been raised.

During our inspection we observed how staff interacted with people who used the service.

Some of the people who used the service were not able to have in depth conversations with the inspector, however, they did answer questions and responded by smiling and using positive body language.

We spoke with two people who used the service and one relative of person who used the service. We also spoke with the registered manager and three care staff.

We reviewed two people's care records, three medication records, three staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

There were systems and processes in place to safeguard people from avoidable harm, abuse and discrimination. Staff we spoke with confirmed they had received safeguarding training and knew what constituted abuse and knew how to respond and report it. There was a notice in the office detailing how to report concerns with contact addresses and telephone numbers.

Staff worked with people to enable them to understand as much as they were able regarding keeping safe, however people were usually accompanied by staff when they accessed the community.

People had appropriate risk assessments in place to enable them to keep safe without removing their independence. These included; using the shower, mobility, using the vehicle and use of kettle.

Records were kept securely stored and available to relevant people who required access.

Equipment used in the service was serviced by the appropriate contractors on a regular basis and was checked by staff before each use.

There were sufficient numbers of staff on duty to provide support for the people who were at home. The registered manager told us that they occasionally used agency staff, however, they always used the same staff who knew the people who used the service and their routines.

Staff were recruited using a robust recruitment process. Staff said, "I had to bring in my passport and certificates. I did not work until all the checks were done." Staff files we looked at showed this to be the case. Other checks included; Disclosure and Barring Services (DBS) check and two references. This was to ensure staff were safe to work with the people who lived there.

There were processes in place for the safe use of medicines. One person required insulin injections to control their diabetes. The registered manager told us that following discussions staff had been trained to administer the insulin. This was beneficial for the person as prior to that they had to wait for the nurse to visit before they could go out. Where they could be medicines were dispensed in a blister pack by the pharmacy. This made administering medicines easier for staff and less chance of errors being made. All medicines were kept locked securely in a medicines trolley. Each person had a Medication Administration Record (MAR), these contained a photograph, information on allergies, GP, PRN (when required) protocol and a medicines profile. We checked three of these and they had been completed correctly following legislation and guidance. We carried out a stock check of some boxed medicines, these reconciled with recorded numbers. People did not have medicines prescribed to manage their behaviours as they were not required.

The house was clean and odour free. The provider employed a housekeeper and staff also carried out cleaning duties. The encouraged people to assist with keeping their own rooms clean and tidy. We saw cleaning schedules which staff signed after they had completed a task, the registered manager checked and

signed these off weekly.

There were plentiful supplies of cleaning equipment along with Personal Protective Equipment (PPE) for example disposable aprons and gloves which staff used when providing personal care.

Staff had completed food hygiene training as they prepared meals for people.

Staff understood their responsibilities to raise concerns. They told us, "We would talk to [name of registered manager] if we had any concerns."

The registered manager told us they had not had any incidents where they had to learn lessons, although on a daily basis they were always learning new things and putting them into practice. There were processes in place if there was a need to investigate any major issues or incidents.

Is the service effective?

Our findings

People's needs had been holistically assessed and support had been delivered in line with current legislation and best practice. We saw that staff had received training in equality and there were processes in place to ensure no discrimination would take place.

Staff received training to enable them to provide care and support in line with best practice. One staff member said, "The training is good. Some is e-learning but most is face to face." Another said, "It is nice when we have it here as we can all do it together." We saw the training matrix which showed what training had been attended and when it was next due. Some staff had completed nationally recognised qualifications in health and social care. Staff were able to tell us what they had learnt during training and how they put it into practice.

Staff told us they had regular supervisions on a one to one basis with the registered manager. They told us they were useful, however as they were a small service they could and would speak with the registered manager at any time. We saw a supervision matrix which showed for the full year when individuals supervisions would be carried out. As the registered manager was at the service on a daily basis and worked alongside staff she was able to carry out competency checks on a regular basis.

People were supported to have a balanced healthy diet. Staff told us that they knew what people liked and they had devised the menu for the main evening meal around that and keeping it balanced and healthy. If people decided they did not want what was prepared staff would prepare an alternative. People chose what they had for breakfast, lunch and snacks. We observed staff asking individuals what they would like for lunch and then it was prepared. Drinks and snacks were offered throughout the day. People were encouraged to help if they were able.

People had access to additional professional healthcare when required. Within care records we found correspondence for a number of different healthcare appointments including; doctors, dentists, consultants and specialist hospital departments. Staff told us they or a family member would accompany people to appointments. A relative said, "They are very good with healthcare."

People had been involved in decisions about the environment. One person invited us to see their room and confirmed they had chosen the colours for the décor. The premises were designed to meet the needs of the people who lived there. There was a well-proportioned secure garden. This contained a summer house which was used by people who wanted to be alone. There was sensory equipment which could be used if required. The registered manager told us that one person in particular benefitted from this as they used it a lot. There was also a small pool which was solar heated. The registered manager told us it had been used a lot in the recent hot weather.

There were areas within the home where people could go to be alone or with family and friends. This included a separate lounge, dining room, garden area or people's bedrooms if they wished.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We found that where it had been assessed as appropriate, DoLS applications had been submitted and granted.

We observed staff gaining consent for each activity throughout the day and when possible, care plans had been signed by the person or their representative.

Is the service caring?

Our findings

It was obvious from our observations that staff were very kind and caring with the people they supported. There was a very relaxed and happy atmosphere. A relative said, "The staff are very caring and supportive." We saw staff interacting with people in a very caring way. The people who used the service were relaxed with the staff and had fun together.

Staff were very knowledgeable about the people they supported, they were able to tell us about them and their needs. Staff worked well together to support people. We observed them explaining to people they were going off duty but [names of staff] would be with them until they returned. A relative said, "I feel that [name] is happy there, I would know if not."

Staff told us they knew if an individual changed in a tiny way, what may be the problem and were able to react immediately. Rota's were designed to ensure staff had time to spend with people on an individual basis to enable them to do what they wanted. At the time of our inspection there were two care staff assisting two people. We looked at rota's and saw there were always enough staff with the registered manager as an additional member.

The registered manager told us one person did not have any close relatives and an advocacy service had been arranged to assist with support when required. They were actively involved with the persons support. Information was available on advocacy services.

People's privacy and dignity was observed to be respected. Staff told us the house was the people's home and it should be treated as such. We observed staff knock on people's bedroom doors and tell them who it was and what they wanted, personal care was carried out in private.

Staff were seen to respond immediately when one person said they did not feel well. They reassured the person and carried out basic tests to check what the issue was. The person was observed and checked and told staff they felt better after a short time.

Personal data was kept securely in the office which was locked when no one was using it. Staff were aware of their responsibilities regarding confidentiality.

People were encouraged to be as independent as they could be. Staff assisted when required but gave people choices.

Staff told us relatives and friends were welcome to visit anytime, but it was best if they called first to ensure the person was home. A relative told us they were welcome and went to take their loved one home every weekend.

Is the service responsive?

Our findings

Records showed people had been involved in the planning of their care and support as much as they were able. The registered manager told us that most people's families were heavily involved in their loved ones care and support. Care records we looked at showed they were person centred and reflected individuals needs and requirements. They included people's background, a pre- admission assessment and care plans for each area including; social care, healthcare, likes and dislikes, personal care and consent to care. Care plans had been reviewed on a regular basis. The person themselves and family or representatives had been involved. This was confirmed by a relative we spoke with.

Each person had a separate file for their healthcare needs. This had contact details for all professionals involved, records of visits to hospital, GP, dentist and any other healthcare appointment. It also contained a list of prescribed medicines currently being used. This file accompanied people to their appointments.

Staff told us that three of the four people who used the service had lived there for a large number of years and staff knew them all very well.

The registered manager told us they had signed up to using the 'red bag scheme' if anyone was admitted to hospital. This is a red bag which contains all appropriate documentation hospital staff would require if the person was admitted to hospital. However, the registered manager told us a staff member or family member would always accompany anyone if they went into hospital.

People were encouraged to follow their interests. On the day of our inspection two people had gone to a day centre. The registered manager told us they enjoyed going as they did a variety of activities. One person was accompanied to the shops to purchase a magazine they wanted. This was a specialist magazine on a hobby they liked. Staff told us they helped people to access a variety of activities within the local community.

There were processes in place to enable people to complain. There had been no complaints. A relative we spoke with told us that things never got to a complaint stage as if they approached the registered manager with anything it was dealt with immediately. A relative said, "If I had a problem I would speak to [name of registered manager], she would sort it out."

Within one person's care records we saw a document called, 'when I become very sick or might die.' This had been completed with the person in an easy to read format detailing their future wishes. The registered manager told us she had recently had a conversation with another person's family about their wishes but was waiting for them to formalise it, she would follow this up after our visit to ensure the persons last wishes could be followed.

Is the service well-led?

Our findings

There was a registered manager in post who had worked at the service for a number of years. They were aware of their regulation responsibilities and requirements. They were aware of the day to day culture of the service as they were there on a daily basis. We observed staff and people who used the service interacting with the registered manager. It was clear they were comfortable in their presence. We asked one person if she was nice and kind, they nodded and said, "Yes, she is."

There was an open, positive and transparent culture within the service, which promoted fairness. The registered manager and provider had a clear vision and values to ensure people who used the service received the best care and support.

Staff told us they felt well supported by the registered manager and the provider. One staff member said, "She is always here and we can talk to her about anything." Another said, "Because there are only a few of us we talk about things all the time." They told us they would not hesitate to raise any concerns as they knew the registered manager would be supportive and would investigate.

People who used the service and staff had been involved in developing the service. People told us they had chosen the decor for their own rooms and the development of the summer house. The registered manager told us they were always consulted on any changes, they said, "This is their house, they need to be involved in everything we do."

The registered manager told us they had a good relationship with their neighbours, who knew the people who lived there. They said, "They speak with people if they are out in the garden or they see them when they are out. We have a good relationship." Staff told us staff in the local shops knew the people who used the service and were welcoming and patient.

There were a number of quality audits carried out on a regular basis. These included; medicines, care plans and health and safety. The registered manager also carried out a 'walk around' where they looked at the environment. There were also maintenance checks carried out which included; fire alarms, emergency lighting and checking of shower heads. If any issues had been found the registered manager developed an action plan, spoke with staff involved and carried out the actions.

The provider and registered manager worked in partnership with other organisations including; local authority, safeguarding and multi-disciplinary teams to support the best provision of care and support for the people who used the service. Where required staff shared information in a secure way to support this.