

Care Management Group Limited

Stafford 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 ●

Summary of findings

Overall summary

About the service

Stafford Lodge is a care home providing care for up to five people. On the day of our visit five people lived at the service. The service provides support to people who have a learning disability and some who may challenge the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

We met and spoke to all five people during our visit. However, some people who lived at the service had some communication difficulties due to their learning disability and associated conditions, such as autism. Therefore, they were not able to tell us verbally about their experience of living there. Due to people's needs we only spent short periods of time with people seeing how they spent their day and observing the interactions between people and the staff supporting them. One relative who provided feedback said; "I have always been happy with him living there."

People's relatives said they felt their loved ones were safe with the staff supporting them. Systems were in place to safeguard people. Risks to them were identified and managed.

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

People received their medicines safely in the way prescribed for them. Infection control measures were in place to prevent cross infection.

Staff were suitably recruited. Staffing levels were flexible to enable the service to provide a bespoke service to people to meet their needs.

People were supported by staff who completed an induction, training and were supervised. The support required by people with health and nutritional needs was identified and provided.

Relatives agreed that the staff were kind and caring. Their privacy and independence were promoted. Systems were in place to deal with concerns and complaints. This enabled people to raise concerns about their care if they needed to.

People's care records were detailed and personalised to meet individual needs. Staff understood people's needs and responded when needed. People were not able to be fully involved with their support plans, therefore family members or advocates supported staff to complete and review people's support plans. People's preferences were sought and respected.

People had staff support to access volunteer jobs, activities and holidays. This was flexible and provided in response to people's choices.

People's communication needs were known by staff. Staff had received training in how to support people with different communication needs.

People were supported by a service that was well managed. Records were accessible and up to date. The service was audited, and action taken to address any areas identified that needed improving. Staff were committed to providing good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 14/01/2019 and this is the first inspection.

Why we inspected

This was the first planned comprehensive inspection of the service. This service has an overall rating of Good.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Stafford Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Stafford Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We used all this information to plan our inspection. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met and spoke with all five people who lived at the service. We spoke with the registered manager and a visiting health care professional and a relative.

We reviewed a range of records. This included three people's care records and medicine records. We looked at one staff file in relation to recruitment and at the staff supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to receive further information from the service. We received an email from one staff member and another relative.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had up to date safeguarding training and understood about the different types of abuse and how to report it.
- Information about how to report safeguarding concerns externally was displayed in the service.
- Any safeguarding concerns had been investigated appropriately by the registered manager and action taken.
- The service was well managed which helped protect people from abuse.

Assessing risk, safety monitoring and management

- Risks were identified, assessed and regularly reviewed. There was guidance for staff on the action they should take to mitigate risk.
- People were supported to take positive risks to promote their independence. For example, care plans detailed what support people needed to enable them to access the community as independently and safely as possible.
- People experienced periods of anxiety and behaviours that could be seen as challenging. However, staff knew how to respond effectively. Care plans documented information for staff to help identify known triggers and signs, so they could respond quickly to prevent situations from escalating.
- The environment was well maintained. Utilities, equipment and fire systems were regularly checked to make sure they were safe and fit for purpose. Some areas were in the process of being repaired or upgraded.
- Emergency plans were held detailing the support people required to evacuate the building in an emergency.

Using medicines safely

- People received their medicines safely and on time. Staff received training in medicines management and had regular competency checks to ensure ongoing safe practice.
- Systems were in place to help ensure staff were consistent when administering 'when required' medicines. There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- There were systems in place to audit and check medicines stocks to make sure medicines had been given correctly.

Staffing and recruitment

- On the day of our inspection there were enough staff available to meet people's needs and rotas showed planned staffing levels were normally achieved.

- The staff covered some additional hours, so people had staff they knew and trusted. This was to support appointments or staff absences.
- Where people were assessed as needing specific staffing ratios, for example, when going out in the community, this was always provided.
- One staff member felt staff recruitment had been difficult. However, the registered manager used agency staff when needed to be sure people had sufficient staff to keep them safe. We observed staff spending quality time with people.
- Staff had been recruited safely. Necessary pre-employment checks had been completed to ensure staff were suitable for their roles.

Preventing and controlling infection

- The premises were clean and free from malodours.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.
- There were appropriate cleaning arrangements in place and staff supported and encouraged people to participate in some cleaning tasks.

Learning lessons when things go wrong

- Accidents and incidents were documented and reviewed by the registered manager, so any patterns, trends and learning could be identified.
- When accidents and incidents occurred these were discussed at regular staff meetings, as a learning opportunity. They were discussed at staff meetings, as a learning opportunity.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service had systems in place to assess people's needs before they moved into the service. These assessments ensured the service would be able to meet the person's specific needs and expectation.
- Assessments of people's needs were detailed, expected outcomes were identified and care and support regularly reviewed.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and experienced staff who had the relevant skills and qualifications to meet their needs.
- Staff had the skills necessary to meet people's needs and their training was updated regularly. A relative commented; "Excellent staff here and they are good at their jobs."
- There were induction procedures in place to support new staff to gain an understanding of people's needs and preferences. New staff completed a number of training courses and shadow shifts before they were permitted to provide care independently. Where new staff did not have previous care experience they were supported to complete training in line with the requirements of the care certificate.
- Staff training covered those areas identified as necessary for the service and additional training to meet people's specific needs.
- Staff received regular supervisions and annual appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff assisted people to maintain good nutrition and hydration, encouraging people to eat a well-balanced diet and make healthy eating choices.
- People were supported with shopping and menu planning in line with their needs and preferences.
- Where possible, people were involved in meal preparation and the kitchen was suitably equipped to enable people to do this.
- Staff understood people's individual dietary needs and care plans included specific guidance on the support people needed at mealtimes. People were able to access snacks and drinks when they wished.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to see their consultants and local doctor. Staff also supported people to attend other health appointments when required.
- If people became anxious attending healthcare appointments, additional staff were provided to support

people.

- Staff supported people to see external healthcare professionals regularly, such as dentists. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals including oral care provided by the dentist.

- Health information was recorded ready to be shared with other agencies if people needed to access other services, such as hospitals.

Adapting service, design, decoration to meet people's needs

- The environment of the service was generally maintained to an acceptable standard with some areas in the process of being updated or repaired.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time
- People's bedrooms had been personalised in accordance with their individual likes and interests.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.
- There were processes for managing MCA and DoLS information. The registered manager told us that required applications had been made to have DoLS assessed. However, not all authorisations were in place at the time of the inspection.
- Staff had completed training in MCA and this was discussed at staff meetings.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People got on well with their support staff who they approached for reassurance and support without hesitation. Staff were friendly in their approach and offered reassurance and support when needed. Positive and caring relationships had been developed between people and staff.
- Relatives were complimentary of the staff team's caring and compassionate approach and told us, "We couldn't wish for better. He is happy here." While professionals' comments included, "One of the best homes I visit."
- Care plans contained information about people's abilities and skills. Management and staff took a pride in people's achievements and were keen to talk with us about this.

Supporting people to express their views and be involved in making decisions about their care.

- People were involved as much as they were able to, in decisions about what to do throughout the day and staff respected people choices. Staff showed us people's communication board where people added pictures of task and activities they planned for the day.
- Care plans contained information about people's specific communication methods. People living in the care home were not all able to communicate their needs.
- People, and those acting on their behalf, were provided with a range of opportunities to express their views about the care and support through regular care reviews, meetings and surveys.
- We saw how staff put people at the centre of the service and reflected the provider's values. Staff valued people's views and encouraged us to talk with as many people as we could during our visit.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Each person had their own private space when they wished to be alone. Confidential information was kept securely.
- People were supported to develop independent living skills and were encouraged to engage with a variety of tasks and chores within the service.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of care they could manage independently and when staff needed to support them. Staff promoted people to be as independent as possible by encouraging and praising them. One relative said; "Always helping my son become more independent."
- People were supported to maintain and develop relationships with those close to them. One relative commented; "He's always happy coming back after trips out with us."

- Care records and other Information were stored securely when not in use.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff had a good understanding of people's needs and provided individualised care and support. A staff member said; "Person centred care is at the forefront of everything we try to achieve."
- Care plans included detailed information about people, their health conditions and sufficient guidance for staff to ensure people's needs were met.
- Each individual care record included a one-page profile with information about their likes, interest and life history. This guided staff to support people in the way they wished to be supported.
- People and relatives were involved in planning and developing their care where possible. Records showed care plans had been updated in response to identified changes in people's needs.
- Daily records were completed detailing how people had spent their time, the care and support provided and staff observations in relation to people's physical and emotional well-being.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included useful information for staff on people's individual communication needs and preferences.
- Information and care plans were available in accessible formats. Individualised, picture based, communication tools had been developed to enable people to make specific decisions and choices.
- Details of people's specific communication needs were shared with healthcare professionals prior to appointments and a hospital passport had been developed to ensure people's needs were understood in the event of a hospital admission. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships which were important to them, with friends and relatives.
- People were supported to pursue their interests and hobbies. Each person had their own personalised activity planner. There were a wide range of activities available for people to engage with inside and outside of the service. Some people had gone shopping, some were out with family and other had gone swimming.
- Staff were allocated to work with each person, in the numbers agreed in their care assessment, which

meant there were enough staff on duty to provide people with the choice of going out or staying at home.

- Staff encouraged people to participate in domestic tasks and chores within the service.
- Records showed that people went out most days.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and information about how to make complaints was available in accessible formats. However, people were unable to actively make complaints, but staff knew how to recognise signs of distress and upset and said they would seek to investigate and resolve any issues identified to support the person.
- Relatives knew how to make complaints and felt confident that these would be listened to and acted upon in an open and transparent way. Complaints received were viewed as opportunities to improve the service. Records showed all reported concerns and complaints made had been investigated and resolved.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Regular audits took place, and these were completed by the registered manager. All audits were supported and overseen by providers.
- Roles and responsibilities were clearly defined and understood. The registered manager told us they were well supported by senior managers who visited the service regularly.
- The registered manager was involved in the day to day running of the service including working hands on, alongside staff where required. The providers had a defined organisational management structure and there was regular oversight and input from them.
- Staff felt respected, valued and supported. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people. There was good communication between all the staff employed. Important information about changes in people's care needs was communicated at staff handovers and staff meetings.
- The management and staff worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- The provider had notified CQC of significant incidents in line with the requirements of the regulations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had clear visions and values in place focusing on community inclusion and supporting people to live fulfilled lives. These values, and any organisational changes, were communicated to staff regularly, for example through meetings and discussions.
- The service was person centred and staff were focused on supporting people to live fulfilling lives and develop new skills. Relatives were positive about the management of the service.
- Health professionals were complimentary of the service culture and told us; "Very well managed."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour and kept relatives well informed of any incidents that occurred or changes in people's support needs.
- Staff and the registered manager took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested.

- Audits were carried out to monitor the quality of the service provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to enable people, staff and relatives to give feedback. Quality assurance surveys were completed regularly and were available in accessible formats. The registered manager and providers carried out surveys with people, relatives, professionals and staff. All feedback received was positive. One staff said; "Extremely approachable (manager)."
- Team meetings took place and systems such as a communication book, handovers and emails messages were used to promote good communication within the team. Staff told us communication within the service was good and they all worked well as a team.
- The registered manager and staff team had a good understanding of equality issues and valued people's individual skills and talents. There were systems in place to ensure people and staff were protected from all forms of discrimination.

Continuous learning and improving care

- There were appropriate systems in place to monitor the service's performance and drive improvements in the quality of care provided. Audits had been completed regularly and where issues had been identified action was taken promptly to resolve these situations. The registered manager ensured learning was shared effectively amongst the staff team.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals.
- The company's policies and procedures were designed to support staff in their practice.

Working in partnership with others

- The service supported people to access professionals to ensure the relevant support and equipment was made available.
- The service worked collaboratively with healthcare professionals and commissioners to ensure the person's needs were met.
- Timely referrals had been made to enable people to access external professional support when necessary.