

Telford & Wrekin Council

Lakewood Court

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

This inspection took place on 23 October 2018 and was unannounced. At the last inspection completed on 15 March 2016 we rated the service Good. At this inspection the service continues to be rated as Good.

Lakewood Court 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.

Lakewood Court accommodates up to 18 people in one adapted building which is split into three small units and two flats which are used for people to receive short stay respite care. At the time of the inspection there were 15 people using the service. Registering the Right Support has values which include choice, promotion of independence and inclusion. This is to ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen. The home was meeting the principles of this policy.

There was a registered manager in post at the time of our inspection. A Registered Manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and were protected from abuse. People received support from sufficient safely recruited staff. Medicines were administered as prescribed. Risks to people were managed safely and systems in place ensured people were protected from the risk of cross infection. The provider learned when things went wrong.

People had their needs assessed and plans in place. Health needs were understood and people received the support with food and drinks that they needed. Staff received training; and felt supported in their role this helped them to provide consistent care. The environment was suitable for people's needs. People had choice and control of their lives and staff were aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice.

People were supported by staff that knew them well and were caring in their approach. People could make their own choices and were supported to maintain their independence. Communication needs were assessed and plans in place to enable people to communicate. People had their privacy protected and were valued by staff.

People's needs and preferences were understood by staff and they were supported to take part in activities of their choice. These. People were clear about how to make a complaint and these were responded to. People's end of life wishes were documented.

Notifications were submitted as required and the registered manager understood their responsibilities. We people and their relatives were engaged in the service. Governance systems were effective in identifying concerns and driving improvements. The provider sought to continuously improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Lakewood Court

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 unannounced inspection visit took place on 23 October 2018. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with seven people who used the service and two relatives. We also spoke with the registered manager and eight staff.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of two people. We also looked at other records relating to the management of the service including quality audits and medicine administration records.

Is the service safe?

Our findings

At our last inspection on 15 March 2016, we rated safe Good. At this inspection Safe remains rated as Good.

People were safeguarded from abuse. People told us they felt safe with the staff at the home. Staff could describe how to recognise the signs of abuse and the action they would take to report any concerns. The registered manager was aware of their responsibilities to investigate concerns and report them to the appropriate bodies. We saw previous incidents had been managed appropriately.

Risks to people's safety were assessed and there was guidance in place for staff to help minimise the risk to people's safety. Clear plans were in place which staff understood and were observed following to ensure people's safety was maintained whilst their independence was promoted. For example, one person had equipment in place to support them to walk independently whilst protecting them from the risks from seizures.

People were supported to maintain their safety when displaying behaviour that challenged. Staff were aware of the activities or situations which may trigger people to display certain behaviours. Guidance was in place to show staff different strategies to support people and reduce anxiety and distress. We observed staff following these plans which were effective in calming people quickly and reducing risks to people's safety.

People were supported by sufficient staff. One relative told us, "The staff are always around, we come at all times and they are always available to support people." Staff told us they had time to get to know people and there were sufficient staff to meet people's needs, and where there were incidents of staff absence these were always covered. We observed people that needed one to one support received this and staff could take people out to take part in activities. The registered manager confirmed they had systems in place to ensure there were sufficient staff to meet people's needs and contingency arrangements to ensure consistent staffing using bank staff appointed and inducted for the service.

Medicines were administered safely. There were policies in place to guide staff in safe medicine administration. Training for staff and checks on their competency were carried out, this included specific training for some staff involved with administering medicines which required specific training. Staff were observed following the individual guidance for people's medicine administration and we found there were accurate records in place. Storage was secure and checks were carried out to ensure people had their medicines as prescribed.

People were supported in a clean environment. We saw the home was clean. Staff told us they had received training in how to minimise the risk of cross infection and could describe the actions which kept people safe. We found there were gloves, aprons and hand gels available to staff and we saw these were used.

There was a system in place to learn when things went wrong. The provider told us in the PIR accidents and incidents were monitored and checks made to analyse these to highlight any issues or changes required to avoid the issue happening again. Staff confirmed following an incident information was shared with them

and changes to people's individual plans were made as required. The registered manager described how following an incident reported by staff there had been changes to how agency staff received an induction.

Is the service effective?

Our findings

At our last inspection on 15 March 2016, we rated Effective as Good. At this inspection Effective remains rated as Good.

People had their needs assessed and plans put in place to meet them. An assessment is carried out for people coming into the service prior to admission. Information is gathered from people, their relatives and other professionals. The assessment and care plan are then developed to include people's needs and their preferences including how people with protected characteristics would be supported. An assessment of the staffing levels and skills of staff is also completed to ensure people's needs can be met. Staff confirmed this information helped them to provide effective support and relatives confirmed their involvement.

The provider told us in the PIR staff had individual development plans and time built into their rota to attend training which was individually agreed to meet staff learning styles. They said the rota considered the skills, knowledge, experience and diversity of the staff to ensure people's needs were met on each shift. Relatives confirmed this with one commenting, "The staff really know how to support people as individuals, [person's name] is given the space they need and they respond well to staff. Staff confirmed this with one staff member commenting, "The training is good and has given me confidence in my role, I prefer face to face and this is on offer." We saw staff used the skills from their training to provide support. For example, when supporting people with their meals and administering medicines.

People received consistent care. The registered manager told us they had consistent staff in place to support people. Staff confirmed they had good communication systems in place to stay up to date about any changes in people's needs. We found there were written and verbal handovers at the start and end of each shift to ensure people had consistent support. People were observed to be familiar with the staff supporting them and the staff we spoke with had consistent knowledge of people's needs.

People had a choice of meals and drinks and had their nutrition and hydration needs met by staff. Staff offered people choice by showing different food items and allowing them to choose. People were observed supporting with preparing the evening meal and told us they were looking forward to eating it. One person told us, "The food smells lovely, I like the meals here." One person was at risk of choking, staff could describe how to keep the person safe and were observed following the person's risk assessment and care plan. Where people may be at risk of malnutrition staff followed plans and kept records of food and fluid intake. We saw people had their weight checked on a regular basis and other professionals were involved if people needed specialist help.

People were supported in an environment that had been designed to meet their needs. One relative told us, "The home is well designed, it has good facilities and it is nice to see everyone's needs are catered for." Another relative added, "The bathrooms and bedrooms are lovely, people have a choice of things and it's not clinical, it's homely, really good." The home was adapted to meet people's individual needs. For example, there were low level sinks in the kitchen and adapted bathroom and shower facilities.

People had access to support with their health and wellbeing. One relative told us, "The staff are good at managing any concerns regarding [person's name] health. They support with visits to hospital consultants and keep me updated." Staff were aware of people's individual health needs and there were clear plans in place to support people with their health and wellbeing. Plans had involved health professionals and where advice had been given we saw this had been followed by staff.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found they were. For example, one person was unable to consent to their care in relation to meals a best interest discussion had taken place with appropriate professionals and an advocate to reach a decision about the persons care.

Is the service caring?

Our findings

At our last inspection on 15 March 2016, we rated Caring as Good. At this inspection Caring remains rated as Good.

People and their relatives told us they liked the staff and spoke about them being nice and caring. One person told us, "I like spending time with staff and staff are kind to me." A relative told us, "The staff are good, they have a bond with [person's name] and have built relationships." People we spoke with were happy with the staff. One person became very animated describing a funny incident between themselves and a staff member. The staff member confirmed this had taken place the day before during an outing. Feedback about staff included they were patient, understanding and people were comfortable with staff. We found staff spent time talking with people and knew people well. We saw people responded well to staff and knew many by name or showed signs of recognition and smiled when staff spoke with them. Staff were observed with one person who was upset and crying. Staff consoled them, gave them a tissue and distracted them with an activity. The provider told us in the PIR they were confident staff were caring, "We strive to ensure that the culture in the service is value based, observations take place and feedback is given to staff." Our observations confirmed staff valued people as individuals and were caring in their approach.

People were supported to make choices about how and when they were supported and to maintain their independence. One relative told us, "[Person's name] is offered a choice all the time, they decide what they want to do, for example which clubs to attend and activities to do." One person told us how they had been supported to regain their independence with walking. We saw staff encourage one person to reposition their clothing and tell the person they had done well when they achieved this. The provider told us in the PIR that people were at the heart of the service and shaped their own individual support and the way they received it. Our observations and conversations with people, relatives and staff confirmed people were making decisions for themselves. For example, people were deciding on menus, what activities to be a part of and setting goals for things they wanted to achieve.

People had their communication needs assessed and plans were in place to meet them. One relative told us, "[Person's name] is unable to speak, but staff can read them and work out what they want." Plans were detailed and took account of individual needs. Staff were observed changing their communication methods to meet with the needs of individuals. We saw information was available in picture format to support people to understand and there were other professionals involved in planning for communication needs. One person was observed using Makaton signs to communicate with staff and staff could understand what the person was asking them to help with. Makaton is uses signs and symbols to help people to communicate. The registered manager told us there was a review of people's communication needs being undertaken and they were working with other professionals to look at other ways to help people with their communication. We saw people were being introduced to Makaton signs as part of this review.

People had their privacy and dignity maintained. One relative told us, "Staffa are respectful of people's choices and wishes." Staff understood how to make people feel valued and were respectful. One staff member told us, "People are able to spend time in their rooms, we respect that and when visitors come we

take them a drink and some biscuits to their room so they have some privacy." We saw staff were respectful in their interactions with people. Staff used signs on bathrooms and bedroom doors to show when people were receiving care so they would not be interrupted. We saw staff ensured people were guided to their rooms if they needed to speak with them privately and were sensitive when offering care and support.

Is the service responsive?

Our findings

At our last inspection on 15 March 2016, we rated Responsive as Good. At this inspection Responsive remains rated as Good.

People and relatives were involved in their care and support. One relative said "We are kept informed and are involved in all aspects of care, we are here today to be involved in planning," We saw people spent time with staff to discuss their care and support and find out what was important to people. Staff told us they involved people in every decision about their care as much as they were able. We observed staff ensuring peoples had choices about all aspects of their care. For example, one person was observed telling staff they did not want to do a planned activity. Staff respected the persons wishes. One relative told us, "The staff spend time ensuring [person's name] chooses for themselves what they want to do". The relatives told us the staff had taken time to understand people's life history, they created information which showed important life events and people using photographs and find out their likes and dislikes, the records we saw supported what we were told. We found peoples assessments and care plans took account of their religious needs, cultural needs and considered their sexuality and how they may need support with relationships. The provider told us in the PIR monthly meetings were held with keyworkers to discuss peoples wishes and aspirations and make plans. We saw these took place regularly and relatives and advocates were also involved as required.

People were happy with how they spent their time. One person told us, "I am going swimming later tonight and I love swimming," Relatives confirmed people went out often and tried lots of different activities. People were observed going out during the inspection and on return were seen smiling and confirming they had enjoyed their time out. People had opportunities to visit places and people that were important to them. One staff member told us about taking a person to see the area in which they had grown up and how the person had enjoyed this. There were opportunities for people to do things in the community and access activities in the home. We saw people had individual plans which identified what they wanted to do and the things they enjoyed. The activities including cooking, music and movement and arts and crafts. Trips were arranged to local shops, leisure centres and restaurants.

There was nobody receiving end of life care at the service. However, we saw people were supported to have their preferences considered and future wishes documented. One relative told us they had been involved in planning for their relative with staff. We saw peoples wishes had been considered where appropriate and information recorded in peoples care plans.

There were systems in place to investigate complaints and concerns raised by people and their relatives. Relatives told us they understood how to raise concerns and would feel confident these would be addressed. There was a policy in place and we saw where concerns had been raised these had been investigated and a response had been given.

Is the service well-led?

Our findings

At our last inspection on 15 March 2016, we rated Well-led as Good. At this inspection Well-led remains rated as Good.

The provider told us they had an open and transparent culture and valued putting people at the centre of their care. They told us people were encouraged to be independent and they aimed to support self-worth and empowerment of individuals. We saw people were valued by staff in being engaged in choices about their care and where needed people had access to an independent advocate. We saw people were comfortable to voice their opinions and make choices. For example, one person was observed asking staff to re make their tea as they would prefer it to be a little stronger. The staff member apologised it was not right the first time and made the tea again, checking with the person as they did this to ensure it was right.

The provider and registered manager understood their responsibilities. We saw that the rating of the last inspection was on display and notifications were received as required by law, of incidents that occurred at the home. These may include incidents such as alleged abuse and serious injuries. The registered manager was supported in their role by operational managers and the provider. A PIR was submitted to CQC which outlined the changes the provider had made since the last inspection. We found the PIR was accurate. We saw the registered manager had systems in place to ensure people had access to information using the accessible information standard. The registered manager had easy read information available to people using the service to ensure they understood the policy.

The provider had systems in place to check the quality of the service. For example, there were checks in place to make sure people had their medicines as prescribed. We saw these checks were effective in identifying where improvements were needed. The registered manager carried out checks on peoples care records to ensure they were up to date and accurately completed. Accidents and incidents were reviewed to identify if there were any actions needed to prevent reoccurrence.

People were involved in reviewing the quality of the service and making suggestions. For example, monthly meetings were held in the units to ask people if they are happy with the service. We saw meetings covered any activities people wanted to do or any changes needed to the units. Relatives were also involved for those who have limited communication. Relatives confirmed there were regular opportunities to engage with the service and they were kept up to date. The staff told us there were regular meetings in place to involve them in the service. One staff member said, "We discuss everything for example, we were involved in choosing what type of minibus to secure for the service."

The provider sought ways to continuously improve the service. The registered manager told us they used different networks to look for ways to learn and make improvements. For example, they attended a local network which supports its members to improve standards by providing training, advice and guidance. In another example work was underway to review the training plans in place and offer new opportunities for staff. The registered manager told us they were also using the KLOEs to review practice and looking at a move to electronic recording for care plans and daily recording.

The provider worked in partnership with other agencies. The registered manager told us about the arrangements in place to work in partnership with health professionals to develop peoples care plans. For example, they worked to establish specialist plans for people living with epilepsy with specialist nurses. In another example, the registered manager had worked in partnership with a local school to create relationships between pupils and people at the service. The registered manager said, "We worked with the children at school and the children visited the service, we are very proud of this as it really helps to break down barriers about disability." We were also told of the providers involvement in a signposting hub where the service was involved in helping people locally access a range of services.