Conquest Care Homes (Peterborough) Limited

Conquest Lodge

Inspection report

Dagless Way
March
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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

Conquest Lodge is registered to provide accommodation and personal care for up to 19 people. The home does not provide nursing care. The home mainly provides support for people who have a learning disability or autistic spectrum disorder and who may also have mental health needs. Accommodation is provided in four bungalows on one site. There were 19 people living at the home at the time of our inspection.

This inspection was undertaken on 19 August 2015 and was unannounced. We last inspected Conquest Lodge in June 2014. At that inspection we found the service was meeting all the essential standards that we assessed.

There was a registered manager in post at the time of this 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

Summary of findings

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 had mental capacity assessments completed and information about their best interest decisions was well documented. Deprivation of Liberty Safeguards guidance had been followed. This meant that where people were restricted from leaving the home on their own, completed applications had been sent to the appropriate agencies to ensure people were not deprived of their liberty unlawfully.

People's health and care needs were assessed and reviewed so that staff knew how to care for and support people in the home. People had access to a wide variety of health professionals who were requested appropriately and who provided information to maintain people's health and wellbeing.

The risk of harm for people was reduced because staff knew how to recognise and report harm. People were supported to be as safe as possible and risk assessments had been written to give staff the information they needed to reduce risks.

Staff received an induction and were supported through regular supervision, annual appraisals and training to ensure they understood their roles and responsibilities.

People were involved in the planning and choice of the meals, snacks and drinks.

People were able, with support, to contact their friends and families when they wanted. Staff supported and encouraged people with activities and interests that they enjoyed.

People were able to raise any concerns or complaints with the staff and were confident that action would be taken. Independent advocates were available so that people could be provided with independent support.

People in the home were happy with the staff and management. People were involved in meetings, and action was taken where requests or comments had been raised regarding suggested improvements.

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.

Staff were recruited safely to meet the needs of people who lived in the home. There were enough staff to provide the support people needed.

Staff in the home knew how to recognise and report harm.

Good

Is the service effective?
The service was effective.

People's rights were protected because the Mental Capacity Act 2005 code of practice was followed when decisions were made on their behalf.

Staff were supported and training was provided to enable them to do their job.

People were encouraged to have enough food and drink to make sure their individual health and nutritional needs and choices were met.

Good

Is the service caring?
The service was caring.

Staff treated people with kindness and respect.

People had regular access to advocates who could speak on their behalf.

Good

Is the service responsive?
The service was responsive.

People had their needs assessed and staff knew how to meet them.

Most people who lived in the home knew how to complain if they needed to.

People were supported and encouraged to take part in a range of individual interests in the home and in the community.

Good

Is the service well-led?
The service was well led.

The provider had undertaken a number of audits to check on the quality of the service provided to people so that any necessary improvements were identified and made where possible.

People were involved to help improve the service through completing surveys and attending meetings to share their views.

Good

Conquest 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 19 August 2015 and was unannounced and undertaken by one inspector.

Before the inspection we looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law.

During the inspection we spoke with three people living in the home and one health professional. We spoke with the registered manager, deputy manager, two team leaders and two support workers.

As part of this inspection we looked at three people's support plans and records. We reviewed two staff recruitment files. We looked at other records such as accident and incident reports, complaints and compliments, medication administration records, quality monitoring and audit information and policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe in the home. One person said, "There is always someone [staff] around if I need them." Another person said, "I feel safe because I've got my friends here and there are staff [on duty] at night." A member of staff said, "I keep people safe. I follow procedures, double check if I'm not sure and ask staff."

We saw that people were comfortable talking with staff and staff engaged with people well. People had access to posters and booklets about safeguarding in different formats, such as easy read, and there was evidence that safeguarding had been discussed with them. There were details of the telephone numbers of agencies they could phone so that they could be supported if the need arose. Staff told us, and records confirmed that they had received annual training in recognising the signs of harm so that people were protected from harm. Staff were able to explain their responsibilities and the action they would take in reporting any incidents. They were aware that they could report allegations to other authorities. One member of staff said, "There is information on the [notice] board in each bungalow that has the information for residents [people] and staff about safeguarding. That includes the external numbers [for the local authority safeguarding team, CQC and Police]." Another staff member said, "We would take it seriously and I would report it [safeguarding issue] to my team leader, deputy manager or [registered] manager. If necessary I would take it further."

Staff were aware of the provider's whistle blowing policy and their responsibilities to report poor practice. One member of staff said, "I know about whistle blowing and who to go to."

Risk assessments had been written with the person and been signed and dated by them where possible. They covered areas such as moving and transferring, road awareness and falls or trips.

There were emergency plans in place, for example individual evacuation in the event of fire, which provided staff with access to information to keep people safe.

People in the home had not had any accidents. There were appropriate records of all incidents that had occurred and staff told us what actions had been taken to reduce the risks of similar events reoccurring. For example staff said that a medication issue had been discussed at a team meeting, and a number of changes made as a result of the incident. For example, only certain staff could administer medication now.

People told us, and we saw, that there were enough staff on duty so that people were safe and that they could go out for various activities when they wanted. Staff told us there were sufficient staff on duty to meet people's individual needs. One member of staff said, "Staffing levels are pretty good, there are always enough [staff] on duty." Staff told us that they covered any planned and unplanned staff absences so that there was continuity for people. The deputy manager told us that they regularly reviewed the support hours needed for people. This was to ensure people had the level of staff necessary to meet their needs and any activities or interests' people wanted to follow.

People were protected because there were effective recruitment procedures in place that were followed. We saw that all appropriate checks had been obtained prior to staff being employed to ensure that they were suitable to work with people living in the home. One member of staff said, "I only started [work] after all my checks had been made and references taken [up]."

People told us they were supported to take their medicines as prescribed, and medication administration records (MARs) confirmed this. One person told us they had been asked if they wanted to administer their own medicines, but they had declined. Another person said, "I get my pain killers four times a day. They [staff] ask me each time if I want them. It stops my pain." There was information to evidence that staff had discussed medication with people and they had signed, where possible, that they consented to take their medication. Staff who administered medication said they had received training and that their competency was checked. There had been drug audits undertaken twice a day as the result of a previous incident.

Good

Is the service effective?

Our findings

People told us how they were supported by staff. One person said, "Staff help me shower, get dressed smartly, do all sorts." We saw that people were encouraged by staff who understood their needs and how to help them remain and improve their independence. One visiting health professional told us that staff had the skills and knowledge and were able to provide information to improve the lives of people in the home. They said, "I was given all the information I needed [in relation to the issue they were visiting for]. I was also shown that there was an issue with a chair and so will sort that out. Anything I asked [about the person] the staff were able to tell me, such as pressure sores."

One member of staff said, "I have done my induction. Then I shadowed [worked beside a more senior member of staff] for four or five weeks. I have done a lot of training but have more to do as I haven't done epileptic training or medication training, so I can't give medication [to people]."

Staff told us that training was provided on a regular basis, which supported them in their role. One member of staff said, "Training is ongoing. I have NVQ 3 [a national vocational qualification] and done courses on medication, health and safety and safeguarding. It all has to be updated regularly." Training records showed that training and refresher courses were attended by staff.

Staff told us they received regular supervision and annual appraisals with a more senior member of staff. One member of staff said, "I get supervision about every 4-6 weeks."

Some people were unable to communicate verbally. One member of staff said, "We [staff] use Makaton but some people have adapted it. It's very individual. The SALT [speech and language therapist] is also getting us [staff] to use different signs for different people. We also know people well and can interpret some of their body language." We saw that staff also used other methods such as pictorial images and yes/no answers by pointing, which meant people had the opportunity to interact.

Staff confirmed they had received some training in the Mental Capacity 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The principles of the MCA had been followed and assessment and best interest decisions recorded. Staff were able to explain how best interest decisions and DoLS worked for individual people in the home. One member of staff said, "We [staff] act in the best interest for those without capacity. We encourage them to live life to the full but keep them safe." People did not have unlawful restrictions placed on them. The registered manager told us that DoLS applications had been submitted to the appropriate authorities. Where applications had been authorised the information included the date the authorisation was due to expire.

Staff said people in the home were not restrained. There was training that helped staff support positive behaviour and understand behaviour that challenged people and others. There was other training that focussed on suicide prevention and self-harm. One member of staff said, "I have had training about challenging behaviour and autism." We saw how staff used methods such as re-direct and verbal de-escalation when supporting people in the home.

We saw that people had food diaries that showed what they had eaten and drunk each day and the choices they had made. People were encouraged to be involved in choosing what they ate and recording it. Staff said that new pictures of meals had helped people make choices as they could visualise the meal. One person said, "Recently we got pictures of the food and can choose more easily." During the day we saw and heard people request snacks, make drinks and discuss meals with staff. People told us about the food they bought and that they helped with meals. One person said, "We take it in turns to shop and cook and decide on the menus." People's weights were monitored.

People had access to a range of health and social care professionals so that their health and wellbeing was maintained. These included GP's, dentists, speech and language therapists and care managers. There was evidence that people were supported to attend hospital and other appointments. One person said, "Since I've been here I have got new glasses and I'm getting new teeth." Another person said, "I go to the dentist twice a year and the optician. I am due to see him [optician] soon, next week I think. I see a doctor when I need to. It's my own choice about everything.

Good

Is the service caring?

Our findings

People told us the staff were 'lovely' and one person said, "There's always someone [staff] around if I need them. Staff help me, they understand what I need." Another person told us they liked the staff and the home. We saw that people were treated with respect and the relationship between staff and people in the home was excellent. There was a good rapport between them and people were included in all aspects of the conversations that took place in the home. One staff member said, "We put people's needs foremost. It's their home and we come in and support them." One person said, "They [staff] treat me with respect. They knock [on bedroom door] and wait to come in."

People told us they were encouraged to participate in regular meetings in the home called 'your voice'. Staff told us there was always at least one person from each bungalow in the meeting. One person told us they had been listened to and that they could discuss anything. We saw minutes of the last two meetings. This showed a number of subjects had been raised such as entertainment, hot dogs and pictorial menus provided in each bungalow. There was evidence that comments made by people in the meeting, were addressed and commented on in the following month. This meant people's views had been heard and acted upon. Copies of the meetings were displayed in each bungalow and were in 'easy read' format.

People's privacy and dignity was maintained as all bedrooms were single occupancy. There were some shared bathroom and toilet facilities but these had lockable doors. One person was asked by staff if they would like to show us their bedroom, which they did. They were very happy with their room and showed us all their items that were significant to them. People cleaned their own bedrooms as far as practicable, but one person agreed that they didn't like to do it.

People were enabled to do as much as possible for themselves in all aspects of their personal care as well as cooking, cleaning and activities. One person said, "I went out on my own for the first time [recently] into March. I was very nervous but I had my phone with me." Another person said, "I go to Facet to do basic skills like cooking." There was information in people's weekly planning that showed time for support with things like laundry, cleaning, cooking and polishing.

People were encouraged to maintain contact with their family and friends by phone calls, on line through Skype, home visits and visits. Some people visited and stayed overnight with their relatives on a regular basis.

We saw and heard that people were offered choices on every aspect of their lives. There were conversations about going to get washed in the morning, what to eat at lunchtime and where to go out. One staff member said, "We ask everyone [people in the home], they make the decisions. I just think how I'd like to be treated."

The staff told us that people had access to independent advocates as well as relatives who acted on their behalf. There was information on the notice board in each bungalow that provided details and phone numbers so that people could access advocates directly if they wished. Advocates are people who are independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

Assessments and reviews were evident on people's files. One person confirmed they had been involved in their support plan and we went through their file and agreed with the information detailed in it. Another person said, "I have a [support] plan and they talk to me about it." People told us that staff helped them and supported them in their interests and things they wanted to do. Observations showed that staff knew about the people they supported and how they met their needs. Staff told us there was a key worker, who was the main support for a person, although all staff worked with all the people in the bungalows. One person said, "I talked with [member of staff] and explained what I wanted was to do to get my confidence [back]. This was through talking about it and going through things." The member of staff said that they had provided a timetable of how the person would regain their confidence, and the person confirmed it. This meant people were involved in how their care and support needs were met.

Staff told us that changes in information for people was noted in each bungalow and used when staff came on duty and for handover at each shift change. These were used to provide staff with the most up to date information about a person's health and wellbeing. It meant that staff were aware of any changes that were necessary to provide appropriate support to meet people's needs.

Staff told us they had sufficient information about people's needs. One member of staff said, "All staff work with all service users [people]. There are care plans in place to meet people's needs. They all have different levels of need and care." Information for people was written in an easy to read format so that they could understand.

In discussion with people, and in records and photographs we saw, there was evidence of a wide variety of hobbies and interests that people enjoyed. There were things like football game visits, a gardening club in Conquest Lodge, volunteering at the RSPCA, the cinema and music concerts. One person told us, "I have monthly planning sheets. I have started swimming and then want to go to the cinema and tenpin bowling. I have been to two balls." Another person told us, "I go to PHAB [disco]."

Most people said they knew who to speak to if they had any concerns. One person said, "I would talk to the boss [registered manager] if I had an issue." Another person told us that they had raised a concern and it had been dealt with to their satisfaction. Staff said that they would assist people if they needed it or look for an independent advocate if they wanted one. Details of the complaints procedure was on each person's file in an easy read format. Where possible people had signed to say the information had been discussed with them. We discussed with the registered manager that people who were unable to communicate did not always feel they were able to raise concerns easily.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection supported by a deputy, team leaders, seniors and support workers. Other methods to support the registered manager included training and a registered managers group in Cambridge and regional managers meeting. Most people knew who the registered manager and all the staff in the home at the time of the inspection were. A notice board showed the names and photos of the staff so that people could see who was working in their bungalow and fit the name to the face. We saw that people in the home were comfortable with the registered manager and deputy when they walked into any room. People were happy to chat and engaged with them easily.

One member of staff said, "The [registered] manager is very approachable and understanding. She has time to listen and will help resolve any issues." Another staff member said, "[registered manager] is on the ball, always has time to listen."

Staff attended monthly meetings. Staff said the meetings were useful and allowed time for discussions and to make suggestions to improve the quality of care they provided for people. One member of staff told us, "We talk about the people, any risks and whether they are coping. We want to be one of the best and get better." Another said, "They're used for any issues, health and safety, Christmas rota's as well as ways to improve the service." Staff told us that things raised in the meetings were addressed and dealt with. For example staff said that people's pillows had got lumpy and these were replaced immediately.

People had been supported to complete an annual survey in June 2015. We saw that one request for a new bench and parasol had been purchased and was in the garden. The registered manager said that improvements to the building including a new sensory/conservatory extension were agreed, a new bathroom suite with Jacuzzi bath had already been installed and there had been a review of all bedroom furniture undertaken.

There was evidence that people had links within the community, where they attended clubs and went to local shops and pubs.

Staff were clear about the values that ensured people were supported to be as independent as possible and people confirmed that was the case. One member of staff said, "We want people to have a happy, content and fulfilled life." One bungalow helped people with their daily skills so that they could move back into the community. One person said, "I lost my skills but now I'm being supported [by staff] to do my meals and food and cleaning again."

There was a staff training and development programme in place and staff confirmed their work performance and competency was reviewed. This was to make sure people were safe and looked after by staff who were trained and able to meet people's needs effectively.

The registered manager had sent in notifications as required by law. Records we saw during the inspection showed that the registered manager and staff had completed a number of quality audits and produced reports as a result of their findings. These included management of medicines, infection control, and property. There was evidence that the regional manager had last visited in February 2015 and the Environmental Health Officer in February 2015. There were no issues. This showed that there was a regular review of the standards maintained by staff in the quality of people's care.