

Action for Care Limited

The 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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 28 July 2015 and was unannounced.

The service is a small residential home for people on the autistic spectrum, with learning and physical disabilities and sensory impairment. The service is registered to support seven people and at the time of our inspection there were six people living there.

The service is a large property on a residential street. When it opened three years ago it was designed and renovated to meet people's needs. It has seven bedrooms each with an en-suite bathroom. Two bedrooms are downstairs and have wet floor shower rooms so they are

accessible for wheelchair users. There are several communal areas and the kitchen and dining room is open plan, with a small lounge leading off to the side. There is a large secure garden to the rear.

The service had a registered manager. 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.

Summary of findings

People, and their relatives, told us the service was safe. Staff knew how to safeguard people from avoidable harm, and the service had an up to date safeguarding policy which provided staff with clear guidance.

People had individual risk assessments and risk management plans in place which ensured staff followed the least restrictive principles. This meant risk was safely managed whilst protecting people's rights and freedoms. Detailed protocols and risk assessments were in place for the use of restraint.

Medicines were safely managed and administered. The service had individual protocols in place for the administration of PRN (as required) medication and staff had received training for specialist rescue medicines for people living with epilepsy.

Staff were recruited safely and there were enough staff to support people to lead full lives. Staff were supported to have the skills and knowledge they needed to support people, they had access to regular supervision and ongoing training. This meant staff continued to develop their skills.

The service was following the principles of the Mental Capacity Act 2005 and the registered manager had a good understanding of the Deprivation of Liberty safeguards (DoLS).

People enjoyed a healthy and balanced diet and were involved in making drinks and meal preparation.

We received positive feedback from health care professionals who told us the service worked well with them and provided a good standard of care to people.

People who used the service and support workers had a good rapport and support staff knew people well. All of the staff we spoke with told us they would be happy for their family member to live at the service.

We saw evidence of compassionate end of life care, as well as support for people who had lost their friend.

People had detailed support plans which contained personal information about people's likes and dislikes and how best to support them. The service had detailed behaviour management plans. All of the support plans and risk assessments had been developed in conjunction with the person, their families, health and social care professionals and the support staff who knew them well. People had a key worker who they met with every month to review their support.

The service was keen to seek feedback from people who lived there, their families and health and social care professionals. Regular surveys were sent to people, and we saw evidence of action taken as a result of the feedback.

People were supported to be part of their local community and took part in a range of activities. Relationships with family and friends were valued and support was provided to maintain these. People's religious needs were met.

The service was well led with the registered manager being clear about their role. They had systems in place to monitor the effectiveness and the quality of the service they provided to people.

Staff morale was high. They spoke with passion about the support they gave to people. Staff told us they felt well supported by the registered and deputy manager, and that they had a culture of openness.

The registered manager demonstrated a commitment to ongoing service development; the service had recently started to work towards accreditation via the national autistic society.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People who used the service and their families told us they felt safe.

People had detailed risk assessments in place with clear risk management plans so staff knew how to manage risks to people. The use of restraint was assessed, risk managed and reviewed.

Medicines were managed safely. The service had a clear protocol for the administration of rescue medicine or medication needed as required.

Staff were recruited safely. They knew how to safeguard people from avoidable harm.

Good



Is the service effective?

The service was effective.

The service followed the principles of the Mental Capacity Act 2005. We saw evidence of the service completing mental capacity assessments and best interest decisions which involved all the relevant people.

Staff had access to an induction programme and ongoing training. They had regular supervision which was effective, and an annual appraisal which enabled them to review their practice and identify ongoing development needs.

People had a good diet. They were encouraged to be independent and make drinks and snacks for themselves and visitors.

The service appropriately sought the advice and support of relevant health care professionals. This advice had been used to inform support plans and risk assessments. In addition to this each person had a hospital VIP passport to help hospital staff know what support the person needed.

Good



Is the service caring?

The service was caring.

People spoke positively about staff and told us they felt well cared for. We saw lovely rapport between people and staff. A relative told us how caring the staff were, and how they were always made to feel welcome.

When people needed support at the end of their lives this was provided sensitively and in conjunction with the relevant health care professionals. Staff also provided sensitive support to enable people to express their grief and understand the bereavement.

People were encouraged to be as independent as possible. One person enjoyed the role of being host and told us they made drinks for other people who lived at the service, staff and visitors.

Staff told us they would be happy for their relative to use the service, if they needed this type of support.

Outstanding



Summary of findings

Is the service responsive?

The service was responsive.

People had support plans which were individual to them. They contained information about what was important to them. People and their families, as well as staff at the service and other health and social care professionals were involved in the development and review of these.

People took part in a range of activities and were involved in their local community. They were supported to maintain relationships with their families and friends. People's religious needs were met.

The service encouraged feedback from people who used the service and the other people in their lives. This feedback was reviewed and suggestions were acted upon.

Good



Is the service well-led?

The service was well-led.

Staff morale was high. Staff spoke passionately about the support they provided. They felt well supported by the management team.

The registered manager had systems in place to monitor the effectiveness of the service and the quality of support people were provided with.

The registered manager was committed to ongoing service development and had recently started to work towards accreditation from the national autistic society.

Good



The 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 28 July 2015 and was unannounced.

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.

Before the inspection we reviewed all of the information we held about the service, this included reviewing notifications

we had received. We spoke to the local authority contracts and commissioning team, and contacted Healthwatch. Healthwatch represents the views of local people in how their health and social care services are provided.

During the inspection we spoke with three people who used the service, and because not everyone communicated verbally we spent time observing interaction between people and support staff. We telephoned one relative to get their view on the service. We looked at communal areas within the service, and we saw two people's bedroom, with their consent. We looked at two support plans.

We spoke to the registered manager, and six support workers. We looked at three staff files; which contained employment records and management records. We looked at documents and records that related to people's care and support, and the management of the home such as training records, audits, policies and procedures.

After the inspection we got feedback from three health care professionals.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, “I like living here, the staff look after us. I used to live in [previous home], I am glad I live here now. They [other service users] weren’t very nice to me in [previous home]. Nothing like that happens here everybody is really nice and I feel safe.” One person told us their relative was safe and well looked after. They said, “I’m relieved in myself because I know [name] is getting well looked after.”

There were enough staff available to meet people’s needs. A member of staff told us, “We are well staffed and we all help each other out.” The registered manager explained they had a core number of staff required to support people but this was increased if people were unwell or needed more support. A recent example of this was one person, who used the service, had been unwell and was in hospital. Support staff visited the person in hospital on a regular basis. This was to ensure staff in the hospital knew how to best support them, and also to maintain their relationship. This was of particular importance due to the person’s autism.

The registered manager told us the service was fully staffed, and they had two bank staff that provided cover in an emergency. The service did not use agency staff. This meant the service provided a consistent team of staff who people knew well and trusted, this was important because of people’s needs.

We looked at the rota for the last four weeks and saw this reflected what we had been told. We also looked at separate records of one to one support hours for two people, it was clear to see when the support had been provided. During the inspection we saw staff had time to spend with people, most people went on individual activities and had one to one support from staff. All of the interaction we saw was relaxed and at the person’s pace.

The service had effective recruitment and selection processes in place, to make sure staff employed were suitable to work with vulnerable people. We looked at three staff files and saw completed application forms and interview records. Appropriate checks had been undertaken before staff began work; each had two references recorded and checks through the Disclosure and

Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

People were protected from avoidable harm. Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. A support worker explained to us one person was at risk of exploitation and told us about the strategies which were in place to protect them.

The service had an up to date safeguarding policy, which offered guidance to staff. All of the staff we spoke with told us they had received safeguarding training, and felt confident in applying this. Training records we saw confirmed this.

The service had submitted seven safeguarding notifications to the Care Quality Commission (CQC). We reviewed these with the registered manager who demonstrated detailed knowledge of each situation. The service had dealt with these appropriately; in two situations where abuse was substantiated the provider had taken appropriate action via disciplinary procedures. Staff had been dismissed and referred to the Disclosure and Barring Service. There was evidence the service had learnt from incidents, for example they had amended the medication policy.

People’s medication was managed safely. The service used a biodose medication system; this was a system which is prefilled by the pharmacy. People’s medication was stored in a locked cupboard in their own bedroom. There was a medication support plan for each person. We checked the medication administration records for two people and could see these had been completed correctly. If people were going out for the day with support staff the medication was booked out. A relative told us they were kept informed of any changes in medication.

The service had a clear medication policy which staff followed. All staff had received medication training. Staff had also had specialist medication training to administer ‘rescue medication’ for people with epilepsy.

The service had clear protocols and support plans for people who needed PRN (as required) medication. For people who had PRN medication to manage their anxiety the service had clear risk assessments and protocols in place. There was evidence of strategies which should be

Is the service safe?

used before medication was administered. If medication had been required to alleviate anxiety or distress an incident form was completed, these were reviewed every month by the management team. The registered manager told us it was important to look at any patterns and if the medication had been used regularly this would trigger the need for a review by the appropriate healthcare professional. This meant people were being safeguarded from any incorrect use of medication.

Risks to people who used the service were appropriately assessed and managed. Staff were provided with clear and detailed guidance to help them know how to best to support the person to reduce the risk of harm. Risk assessments included a step by step approach to managing situations, this meant people were supported based on the principle of the least restrictive intervention and their rights were respected.

For some people physical restraint was required at times to maintain their safety, and the safety of others. Staff we spoke with told us this was always the last resort and they would use all other strategies appropriate first. Staff had received specialist training in how to safely use physical restraint. Where this had been assessed as being required

detailed risk assessments and protocols were in place. The on call manager was contacted if physical restraint was used, and an incident form was completed. These were reviewed by the registered manager who told us they looked at patterns and trends and ensured the agreed protocols had been followed. These safeguards were in place to prevent the unnecessary use of restraint.

People had emergency evacuation plans in place. We saw fire alarm tests took place each week. There was a record of fire safety checks which we saw took place in line with the service's fire safety policy. Window restrictors were in place to prevent the risk of people falling.

Accidents and incidents were recorded. These were reviewed by the management team monthly. We could see management action plans had been developed as a result of the reviews. The service was keen to look at trends or patterns of incidents and to learn from these to enable the right support for people.

The service was clean and hygienic. There was appropriate protective equipment which we observed staff used to prevent the risk of infection.

Is the service effective?

Our findings

People received effective care. A relative told us, “[Name] has come on leaps and bounds since they moved into the service. [Name] is very settled. We have regular meetings to discuss how things are going and I’m always kept up to date. Staff are very helpful and easy to talk to.”

Staff had the skills and knowledge required to support people who used the service. All of the staff we spoke with told us the induction was invaluable. One member of staff said, “The induction was excellent, especially the long period of shadowing. I felt really well prepared to begin working here.” The registered manager explained the induction period which involved a week of training and then a week of shadowing experienced support staff. Staff told us the induction was the start of getting to know people who used the service.

The registered manager explained new staff had a six month probationary period. During this time they had a monthly meeting with their manager to review their progress, identify their strengths and discuss any gaps where further training may be required. We looked at the probationary record for one member of staff and we could see detailed discussions had taken place, with suggestions for ongoing development; this was followed up at the next session. This showed a commitment to supporting staff to develop the skills they needed to work at the service.

Staff also had access to more specific training courses to assist them to support the people who used the service. Training subjects included; autism, epilepsy, use of breakaway techniques and physical restraint, supporting people with challenging behaviour and buccal midazolam (this is rescue medication for people with epilepsy). A member of staff told us, “The training is excellent and focussed on the needs of people who live here, for example the British Sign Language (BSL) sessions are to help us to help [name] and to help us understand [name] better.” We were told other people who lived at the service were also learning signs, a member of staff said, “It’s nice we can do things like learning BSL together, staff and people who live here.”

Staff had access to regular supervision. Supervision is an opportunity for staff to discuss any training and development needs, any concerns they have about the people they support, and for their manager to give

feedback on their practice. We looked at three staff files and confirmed supervision took place on a regular basis. The supervision notes were detailed and we saw positive feedback and constructive criticism was given, with suggestions of appropriate training courses where gaps were identified. Staff told us they found supervision valuable and it gave them an opportunity to review their practice.

We saw staff consult people and seek their consent throughout the inspection. Staff offered people choices to support them to make decisions. Where people were unable to make decisions we saw evidence that staff applied the principles of the legislation.

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the ability to make specific decisions for themselves. People had detailed mental capacity assessments in place. There was a clear record of how the decision had been reached. Best interest decisions were recorded and we could see people, their families and appropriate health and social care professionals had been involved in these.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are in place to protect the rights of people who use services, by ensuring if there are any restrictions to their freedom and liberty The registered manager demonstrated a good understanding of the DoLS. They had completed DoLS applications for authorisation where appropriate and had a good system to show where they were at in the process. This was useful because of the current delays from local authorities in making assessments. The service had taken all the steps required of them to safeguard people.

The kitchen and dining area was a hub of activity at meal times. Whilst staff prepared the evening meal, Spanish chicken and rice, people sat at the dining table or helped in the kitchen and there was a discussion about what people had done during the day and what was planned for the evening. There was a family feel to the service, people and staff ate together. The registered manager told us they were keen for people to come together and share meal times to ensure it was a sociable experience.

Is the service effective?

We saw one person was being supported to attend a local slimming group and had been successful in losing weight, their support plan recorded their goal was to lose weight and learn more about healthy food.

People were weighed monthly or more frequently if required. Menu plans contained a range of healthy foods, snacks and treats. People told us they could always ask for something else. Throughout the inspection people made drinks for themselves and visitors and staff encouraged people to be as independent as they could be. One person had a board with a clock on and drinks and snacks at intervals throughout the day, this was used as a prompt and they made their own drinks.

We saw evidence that the service liaised with relevant health professionals based on people's needs. The community learning disability team was involved in reviewing people's support and gave guidance to staff about how best to support people. We saw evidence that this advice was reflected in people's support plans. A health

professional told us, "The service works in collaboration [with the learning disability team] and always tries to adopt a positive, supportive role. Staff always follow advice from the team and the consultant psychiatrist. People are supported to attend clinic appointments and support staff bring the necessary and appropriate information with them."

People had a VIP hospital passport. This ensured if they had to visit hospital there was clear guidance for hospital staff about the support they needed. This contained essential information staff would need to know, it was especially important as some people who lived at the service would not be able to tell hospital staff about their needs.

Each person had a spacious bedroom and an en suite bathroom. There was a communal bathroom with a bath. The service had a homely feel, people's rooms were personalised and the communal areas had photographs of people taking part in different activities.



Is the service caring?

Our findings

Throughout the inspection we observed interactions between people who used the service and staff to be warm and kind. It was evident people knew each other well and people told us they were well cared for. One person said, “I am very happy here. I really like the staff.” Another said, “I like living here. Staff look after us.”

All of the staff we spoke to said they would be happy for their relative to be looked after at the service, if they needed this type of care. One staff member told us, “People are happy and safe. I would be very happy to see a member of my family cared for here.” Another staff member said, “You think to yourself, would you let one of your family come here/live here? I would, happily.”

Staff spoke with warmth about the people they supported. It was evident staff enjoyed supporting people, and were keen to ensure people had a good quality of life. One staff member said, “It’s like a home from home here. It’s great that we get to do so many things together with the people who use the service and staff.”

Support staff ensured people’s dignity and privacy was respected. One person had recently been unwell and had needed their medication to be increased. Health professionals were involved and the medication was being gradually reduced. However, the person was tired and they were supported to stay at the service, whilst everyone else went out. We saw in their support plan it talked about their need for space and privacy and that they liked to spend time alone in their bedroom. This person’s choice was respected. We saw their privacy was maintained. Staff checked on them throughout the day, each time they knocked and asked for permission before going into the person’s bedroom.

The service supported people to be as independent as they could be. We saw people were encouraged to make drinks

for themselves, one person provided the inspection team with drinks and staff told us how much this person enjoyed being a ‘good host’. People were involved in meal planning and preparation. Two people had pets and they were supported to look after the animals.

Support staff talked to us about the importance of respecting people’s wishes. Support plans contained information about their likes and dislikes. We saw evidence of people and their families being central in the development of support plans. A relative told us how welcome they were made to feel when they visited the service. They said they felt able to talk to staff and trusted them, “Staff are very easy to communicate with. They are very helpful and caring. I, and my relative, get on well with them.”

The service supported one person to spend the last days of their life with them. A health professional from the learning disability service told us, “The service provided excellent care alongside the support offered to them and worked in collaboration with the district nursing team.” We saw a letter had been sent by the learning disability social work team manager thanking the service for working so hard to support the person to end their life where they and their family wanted.

As well as supporting this person to end their life in the place of their choice they supported other people who lived at the service to understand what had happened and gave people the opportunity to grieve. The service held a ‘goodbye day’ for people who had not been able to attend the funeral. This involved having pictures of the person around and playing their favourite music, they encouraged people to stand up and speak about the person. On the anniversary of the person’s death the service repeated the morning and also sent balloons up to the sky in their memory. This showed a caring approach to supporting people with loss and bereavement.

Is the service responsive?

Our findings

People received support which was personalised and responsive to their needs. The registered manager explained people were assessed prior to moving in. Their needs and those of the people already living there were considered. If it was felt people would be compatible then a trial visit was arranged. No one new had joined the service since September 2014; the registered manager explained they had refused admissions as people would not have been compatible with the existing people who live there.

We saw people got the right support, and felt comfortable to talk to staff about what was important to them. People could express their choices about how they were supported. Everyone had a key worker. One person told us, “My key worker helps me do the things I can do. I want to be independent and do things on my own.”

Support plans contained information about people’s experiences, what was important to them and their likes and dislikes. Each person had a one page profile, this had key information for staff about what was important to people. All of the staff we spoke with said they had time to read the support plans and they were an important tool in getting to know people.

People had detailed plans in place to support them with behaviour which might put themselves or other people at risk. They contained information about factors which could make the behaviour more likely and why it might be happening. There was detailed guidance for staff on proactive strategies to reduce the risk of the behaviour occurring, reactive strategies about what might help de-escalate the situation, and what to do if the behaviour reached crisis point. Support staff explained to us this step by step approach helped them. Staff told us they always applied the least restrictive approach to situations, whilst recognising the need to keep people safe. These plans had been had been developed with families, support staff, health and social care professionals and were specific to the individual.

There was a strong emphasis on supporting people to be involved in the local community. We saw people had access to a wide range of activities within the community. In the kitchen there was a whiteboard which had an activity timetable on for each person. The kitchen was a meeting

place for people and we saw people used the information on the whiteboard to discuss what they would be doing that evening. During the inspection people were supported with the following activities; slimming club followed by swimming, pitch and put in Selby, visiting family and in the evening people talked about a trip to a nearby pub.

The service had two vehicles which meant support staff could take people out of the village and access community resources in Selby, York and Hull. Other activities people told us about included; bike ability, gym, horse riding, and a local social club. People were supported to go on annual holidays. One person had just returned from a trip and told us what a great time they had.

All of the staff we spoke to said people were supported to have busy lives, and that this meant people were settled and happier. One member of staff told us, “I have never known anywhere do so much with people. There are so many activities and the benefits of that show in the improved mood and reduction of challenging behaviour.”

A health professional told us, “The support team continuously offer people individual activities and are very aware of the needs of the person, and are not afraid to advocate for them.”

People’s religious needs were met. We saw one person attended the local church, they had a friend who was on the church committee and they visited them at the service. The person said, “We went to a coffee morning at the church last week, they do allsorts there. I go every Sunday. I like going to Church and meeting people.”

People were supported to maintain relationships with family and friends. One person told us they had a friend who came for tea each week, and they went to their home too. On the activity board in the kitchen we saw scheduled times when people would telephone their families and on the day of our inspection one person was being supported by a member of staff to visit their family.

People, their families and professionals were encouraged to give feedback on the service. Every month people had a meeting with their keyworker to discuss how things were, and whether they wanted anything to change. These meetings were reviewed by the registered manager and an action plan was put in place. For one person we reviewed

Is the service responsive?

the meetings over the year and could see things which had been discussed at these sessions had happened, for example a holiday and discussions regarding going to college.

Feedback was requested from families, via reviews and surveys. Overall the survey results indicated families were either 'satisfied' or 'very satisfied' with the service. We saw one person had requested to know more about what activities their relative had been doing. A management

review and action plan had been devised which was for the newly allocated keyworker to introduce themselves to the family. Therefore, we could see concerns were listened to and resolved.

There was a complaints policy in the entrance to the service. People had easy read forms to complete to make complaints. This meant the service took into account individuals needs when making complaints. The registered manager had a complaint and compliments file. The service had received numerous compliments. Where complaints had been made we saw these had been resolved by the registered manager.

Is the service well-led?

Our findings

The service had a registered manager who was supported by a deputy manager, senior support workers and support workers. There was a strong sense of an effective team, and staff told us they supported each other. A health professional told us, “I have found the support team, led by their excellent manager and deputy manager extremely efficient and responsive to their service users and families.”

We found the registered manager to be open and honest during the inspection. They were able to give us a good account of the service. They provided us with all of the information we needed, and it was organised and easy to follow. It was evident they understood the requirements of CQC and had submitted all of the required notifications.

Staff morale was high, a member of staff said, “Staff are great. We have got a good team here. The people we support are brilliant and just putting a smile on their face makes my day. Everything works well; this is a well organised place with a good team.” Everyone we spoke to told us how much they, “loved” their jobs. Staff told us they were well supported by the management team. They described the service as open and committed to supporting people to lead a fulfilled life.

Support staff told us both the registered and deputy manager were approachable and supportive. One staff member said, “I am very comfortable raising issues, the manager is very easy to talk to and has an ‘open door’ for staff.” We saw evidence the registered manager dealt with poor practice effectively.

Staff meetings took place every month. We looked at the meeting minutes from the last two months and saw there was discussion about the needs of people who used the service, service development and general housekeeping

issues. The registered manager told us they used to have meetings with people who used the service, but these did not give everyone an equal opportunity to contribute. They were considering a different approach.

The service had effective systems in place to monitor the quality of the service delivered. We saw clear evidence of audits completed by the registered and deputy manager. These included audits of infection control, medication, support plans and accidents and incidents.

The registered manager explained to us they were well supported by their operations manager with whom they had regular supervision. The registered manager completed a monthly audit of the service which was sent to the provider to review, and the provider carried out regular visits to the service. In addition to this there was a group of registered managers across the organisation that met and shared good practice and day to day issues.

Visiting professionals were contacted and asked to complete an annual survey; the feedback was then reviewed by the manager. One person had completed this year’s survey, which had been sent in June 2015. Their response was, “I have no worries or concerns regarding the safety of the service users. The support team are well trained and manage risk and safety well. I have observed the care to be excellent; all of the support team are exceptional carers.”

The registered manager demonstrated a commitment to ongoing service improvement. One example of this was a commitment to work with the National Autistic Society to become accredited. They explained this was a three year programme of ongoing service improvement and training to ensure they had the knowledge and skills to provide support for people with autism.