

Mr Donald Smith

# Preceptory 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

We inspected this service on 5 March 2018. The inspection was announced. We gave the service 48 hours' notice because the service was a small care home for younger adults who are often out during the day and we needed to be sure that they and the staff would be in.

Preceptory Lodge is a residential 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.

Preceptory Lodge accommodates up to eight people in two adapted buildings for people with autistic spectrum disorder or learning disabilities. The service provides personal care and accommodation in a domestic environment. There were six people living at the service on the day of our inspection.

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

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

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from harm by staff that recognised the signs of abuse and were confident to raise concerns.

Personalised care plans and risk assessments were in place and there was enough staff to safely provide care and support. People were supported to make choices in relation to their food and drink and to maintain good health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood the principles of the mental capacity act.

There were safe recruitment processes to prevent unsuitable staff working with vulnerable people. We

recommended that the registered manager evidenced more clearly what new staff had learnt during their induction and reflected this in their supervisions.

People's medicines were stored and administered safely. Staff were aware of the infection control measures in place to reduce the risk of the spread of infection.

The care and support people received was person centred. Staff were kind and treated people with dignity and respect and their independence was promoted. They were sensitive to people's needs regarding equality, diversity and their human rights, as their choices and preferences were respected.

The provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views. There were effective systems in place to monitor and improve the quality of the service provided.

The registered manager led a good service. Staff said the registered manager was approachable and supportive and there were good working relationships with health and social care professionals.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service 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.

# Preceptory Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 5 March 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because the service was a small care home for younger adults who are often out during the day and we needed to be sure that they and the staff would be in.

The inspection team consisted of one adult social care inspector and two experts-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. The experts-by-experience who assisted with this inspection had knowledge and experience relating to people with learning disabilities and autism.

We used information the provider sent us in the Provider Information Return. 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. We reviewed the information we held about the service including notifications that were submitted. A notification is information about important events which the service is required to send us by law. We sought feedback from the commissioners of the service. We planned the inspection using this information.

At the time of our inspection six people were living at the service. We spoke with four people who were able to express their opinions of the service and two who needed the assistance of staff. We spoke with three relatives and two health and social care professionals to gather their feedback about the service.

We spoke with the registered manager and three members of staff. We looked at a range of documents and records related to people's care and the management of the service. We looked at four care plans, three staff recruitment and training records which included a volunteer, quality assurance audits, minutes of staff

meetings, complaints records and policies and procedures.

# Is the service safe?

## Our findings

People and their relatives told us they or their family member was safe and well looked after. One person said, "Best place I've been at. I'm better off here. Yes, very safe here." A relative told us, "Oh yes, it's safe. [Name] has lived at Preceptory Lodge for many years. They've had no accidents and not even a minor injury."

We looked at the arrangements in place to manage risk so people were protected and their freedom supported and respected. Risk assessments in place included, moving and handling, nutrition and environmental. These had been reviewed regularly to identify changes or new risks. Detailed plans were completed if a person became a risk to themselves, other people or staff. This guided staff on how to manage risks and provide people's care safely.

There were up to date safeguarding and whistle blowing policies and procedures in place. Staff had received safeguarding training and were able to describe to us the different forms of abuse. The registered manager explained that discrimination would not be tolerated and was confident in that staff would report any concerns. The registered manager told us how they had made referrals and worked with social care professionals to keep people safe. Records we looked at confirmed this.

The provider's recruitment process ensured that staff were suitable to work with people who need support. Prospective staff completed an application form and attended an interview. A Disclosure and Barring Service check (DBS) was carried out before staff started working at the service. DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

On the day of the inspection there were sufficient staff to meet the needs of people who used the service. The registered manager established the level of care a person required and organised rotas to ensure staffing levels were appropriate. They also took into consideration the experience, skills and the compatibility of staff to enable people to be cared for safely when out in the community and when accompanied on holidays.

We looked at records which confirmed checks of the building and equipment were completed. These included for example, checks on the fire alarm, fire extinguishers and boiler safety. We saw personal emergency evacuation plans were in place to ensure people were supported to leave the building safely during an emergency.

People's medicines were managed safely and they received them as prescribed. Staff had been trained in the safe handling, administration and disposal of medicines. Medicines were being stored securely and administration charts were appropriately completed. The registered manager ensured that staff were competent to administer medication. Records we looked at did not show how frequently these were being undertaken. Following the inspection, we were sent documentation which evidenced when staff had been assessed as competent and the date when their next assessment was due.

We found that the service was clean and staff recognised the importance of preventing cross infection and used gloves and aprons when required.

Information gathered in relation to accidents and incidents had been documented and was monitored to identify possible trends.



# Is the service effective?

## Our findings

People received effective care from staff who had the skills and experience to support them. Staff we spoke with and records confirmed they had received training in topics such as health and safety, autism awareness and safe handling of medication. Additional training had been completed to enable staff to support a person with specific health needs. This showed staff offered effective support in line with current best practice.

Arrangements were in place to assess people's needs which ensured their preferences, choices and cultural needs were provided for effectively. Records showed staff worked closely with people's relatives, health and social care professionals. This meant people's well-being and health care needs were promoted.

People were cared for by staff who received regular supervision and appraisal. Staff we spoke with explained their supervision was useful, supportive and they could contribute ideas to help the service improve. Although supervisions were taking place, two staff records showed there had been gaps when these had not taken place in line with the provider's policy. During the inspection, the registered manager showed us the supervision matrix they were developing to ensure future supervisions were planned in advance to ensure they were undertaken.

Staff received an induction at the start of their employment and shadowed experienced staff before supporting people unsupervised. We recommended the registered manager evidenced more clearly what new staff had learnt during their induction and reflected this in their supervisions. This would identify where staff required additional training or support. Following the inspection, the registered manager sent us a revised induction and probation document which evidenced how staff had successfully achieved their competencies and recorded future learning needs.

People we spoke with told us that they enjoyed the food. They spent time with staff choosing what they liked to eat and taking it in turns to cook with support. One person said, "We choose what we want. It's nice food. I can get my own drinks. Food is extremely good." A relative said, "[Name] has even put weight on. They're all amazing here. I take my hat off to them." Staff were aware of people's dietary needs and the importance of promoting health eating. A member of staff explained that although they respected people's choices, some became focused on food. Staff looked at ways of supporting people and encouraged them to make choices which promoted a balanced diet.

Decoration and signage in the premises, such as written and pictorial signs, supported people's needs and enabled easy navigation. This meant the environment was suitable for people's needs.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this

is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Four authorisation's were in place at the time of this inspection. Staff understood the principles of DoLS and the MCA and we observed staff asking people for their consent before offering support.

## Is the service caring?

### Our findings

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs. People told us, "Staff look after me well. They listen to us." and "Staff are good to me." Relative's comments included, "Staff are very caring and kind" and "They are always warm and welcoming." Health care professional's confirmed to us the staff were kind and caring.

People were fully involved in making decisions about their lives. We saw how people were consulted for example, about what they did, where they went, and who they spent time with.

We observed staff communicating with people who found it difficult to express themselves by giving them time to respond and rephrased questions. For example, we observed a member of staff giving clear explanations to a person who became slightly anxious as they were unsure about what they needed to do next. This person settled quickly, became less anxious and then continued get ready to go out.

Staff we spoke with were aware of people's individuality and the importance of respecting this. A member of staff we spoke with said, "I would discuss any concerns I had with the manager if I felt people were not respected. I would be confident that they would be acted upon and taken seriously."

Confidentiality was well maintained throughout the home. Information held about people's support needs was kept secure and we found that staff understood their responsibilities in relation to this.

At the time of our inspection the advocacy service was supporting one person. Information about the local advocacy service was available and people were supported to access this if required. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

Systems were in place to ensure people and their relatives knew what was happening at the service. The service held monthly residents meetings which provided people with an opportunity to raise any ideas or concerns they had. We saw the service had acted on the choices and decisions people had made. For example, the colour of the activities room and the purchase of a pool table.

People's privacy and dignity was respected and promoted. One person said, "I have a bath after tea. The staff help me and make sure I'm safe. They keep me covered and ask if they can help me with things".

During our inspection we observed staff encouraged people to remain as independent as possible and to do as much as they could for themselves. We could see that the service was organised in such a way that people were involved in the day to day activities associated with the general running of the home. One relative we spoke with was very complimentary regarding their relatives' wellbeing and how their independence was promoted. They explained how they had become more independent with their mobility after living at the service for only several months. A health and social care professional we spoke with said, "Staff promote people's independence and provide caring support."

## Is the service responsive?

### Our findings

Staff were responsive to people's needs and their support was planned with them. Staff we spoke with knew people well, their individual needs and preferences. For example, one person had requested to have a pet dog. With the support of staff, they had researched which breed was suitable for them and the service funded a dog trainer. We could see that the dog gave this person a great deal of enjoyment and had a calming effect on them.

Care plans were person centred and reflected people's physical, mental, emotional and social needs. This enabled staff to deliver care and support in a way people liked. We read a number of compliments about the service which included, 'The staff team have worked very hard to provide such a person centred care package.'

Records we looked at showed people and their relatives where appropriate, had been involved in their reviews. One person said, "I have a care plan and we have reviews sometimes." Relatives told us, "I'm involved in the assessments. Its person centred in approach" and "I've been involved from the start in assessments and reviews."

People were encouraged to remain active, were supported to follow their individual interests and participate in activities in the community. For example, staff supported one person to go to a nightclub, a volunteer supported a person to enjoy their interest in trains, and another person had been to a rock concert. People regularly went to the cinema or restaurants with the assistance of staff.

Staff had made a memory book with a person, which recorded significant events in their life. It also contained photographs of people who were important to them, their likes and dislikes. For example, there was a photograph of a local shop where they bought clothes, as they liked to wear good quality garments. The book had been professionally bound and printed and would remind them of what they had achieved and what was important to them.

The registered manager ensured information was shared with people in ways they could understand and would seek advice if people had specific communication needs. We saw information displayed in easy read or pictorial formats.

The provider had a complaints policy and procedure. This contained details about how complaints or concerns were managed. Relatives told us they felt confident to raise any concerns with staff or the registered manager. Since the last inspection there had been one formal complaint. We looked at documents which showed how this had been investigated and were confident that the service managed this appropriately. The service had apologised where it had needed to and learned from errors to prevent reoccurrence.

At the time of our inspection, nobody was receiving end of life care. The registered manager was very committed to ensuring people should be able to end their lives at the service with dignity and would seek

out the support of professionals to achieve this.

## Is the service well-led?

### Our findings

The service had a registered manager who had been in post since September 2016. 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.

The service was well managed and staff had the knowledge and skills required to provide care and support appropriate to people's individual needs. People told us, "I like living here" and "I like it here. I meet all different people."

A relative we spoke with said, "There's nothing we'd want to change, we were very lucky to find this place. I can talk to the manager any time about [Name's] care. They are approachable and easy to talk to." Another told us, "Yes it's well run. The manager is easy to talk to and approachable. If I had a worry, I'd go to them first."

The registered manager explained that they and the staff wanted to create a homely and friendly atmosphere. Health and social care professionals we spoke with confirmed this. One said, "The home has a nice atmosphere and the staff are friendly."

Staff were motivated and enjoyed working at the service. They were complimentary about the registered manager and felt supported by them. Comments included, "The manager is very open and I can approach them with anything" and "I have good supervision and know that the manager wants the best for people we care for." Staff told us they worked as a team supported each other."

Records showed contact had been made with health and social care professionals when people's needs changed. A health and social care professional told us, "[Name] has thrived at the service. When the team understood my advice on how to support them, they responded really well and put into practice what I had asked them to do."

The registered manager understood and had carried out their responsibilities with regards to submitting statutory notifications, as required by law, for incidents such as serious injury and allegations of abuse. Where appropriate, information was shared with other agencies.

The registered manager and provider analysed information about the quality and safety of the service. Any short-falls were highlighted and when actions from audits had been completed they were signed off and dated. For example, an audit of a care plan showed that some details about a persons needs required updating and this had been addressed.

People, their relatives and staff were consulted and their views were taken into consideration. We looked at the results of a staff survey completed in January 2018. Comments included, 'Communication has improved'

and 'This is the best home I have worked in.' Professionals had also been asked for feedback. One thanked the staff for 'Improvements to a person's lifestyle' which were, 'extremely positive.'