

Potensial Limited

Heath Lodge

Inspection report

34 Green Lane
Padgate
Warrington
Cheshire
WA1 4JA

Tel: 01925816702
Website: www.potensial.co.uk

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Heath Lodge provides care and accommodation for up to eight adults with a learning disability, mental health needs and complex needs. At the time of the inspection there were six people living there.

Although the service had not initially been developed and designed in line with all of the principles and values that underpin 'Registering the right support' and other best practice guidance it did fulfil the criteria and guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The provider advised they would review the principles in practice to see how they could update the service to further reflect best practice.

We have made a recommendation for the registered provider to review best practice guidance in updating their service and on reflecting the principles of 'Registering the Right Support.'

People living at Heath Lodge and their relatives told us that their experience of using the service was overall very positive. People consistently told us how they were treated with kindness from all of the staff who were also very supportive. People told us they had enjoyed activities and events that they had been supported with.

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

Staff were well trained in various topics appropriate to their role. They were knowledgeable in how to safeguard people from the risk of harm and abuse and were well trained in safely managing people's medications. People received care and support by staff who had been appropriately recruited and had undergone the necessary recruitment checks.

We found there was an effective process in place to monitor the quality and safety of care people received. Quality assurance checks were routinely carried out and the provision of care was monitored, assessed and improved upon accordingly. We noted some improvements were needed in the record keeping of staff rotas for one to one support and in accurately signing records.

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

Rating at last inspection

The last rating for this service was 'requires improvement' (published 23 October 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.
Details are in our well-Led findings below.

Heath Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered 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.

Inspection team

The inspection was carried out by 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.

Service and service type

Heath Lodge is a 'care home.' People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection. At the time of the inspection the service had a manager registered with CQC. Registered managers and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. We used the information the provider sent us in the 'provider information return.' This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection

We spoke with the registered manager, area manager, three members of staff and four people living at the service.

We looked at care records of two people receiving support, a sample of two staff recruitment files, medication records and other records and documentation relating to the management and quality monitoring of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'requires improvement.' At this inspection this key question has improved to 'good.' This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from risk of abuse

- People told us they felt safe living at Heath Lodge. They shared comments such as, "Yes it feels safe, the surroundings and people that are running the place", "I like it that staff ask what time I will be back whenever I go out on my own as this gives me a bit of security" and "Yes it's safe, just living here and having a key to my door helps me to feel safe as I have control of that."

Staff were well training in safeguarding and told us they would not hesitate to take action to ensure people at Heath Lodge were supported in being safe.

Using medicines safely

- Safe medication practices and procedures were in place; people were supported with their medicines by trained members of staff who regularly had their competency levels checked.
- People were satisfied with the support they received in managing their medications. One person told us, "They sort all my medication, I wouldn't like to do that myself and they tell me what it's all for."
- Medication audits were regularly carried out to ensure the quality and safety of support provided.

Assessing risk, safety monitoring and management, Learning lessons when things go wrong, Preventing and controlling infection

- People's level of risk was assessed and well managed. Risk assessments were individually tailored around the support needs of people living at Heath Lodge.
- Positive behavioural support strategies were clearly documented and provided detailed information and guidance for staff to follow to safely support people in their best interests.
- All regulatory health and safety checks and compliance certificates were in place.
- Accident and incidents were routinely recorded and regularly reviewed.
- The service was clean and well maintained.

Staffing and recruitment

- Staffing levels were monitored, and people received support from staff who were familiar with their support needs.
- Safe recruitment procedures continued to be in place. All staff were subject to pre-employment and Disclosure and Barring System (DBS) checks.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as 'requires improvement.' At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and feedback confirmed this.

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

- We received positive feedback about the quality and standard of food people were supported with at Heath Lodge.
- People shared comments such as, "The food has improved from when I first came here, I now get to choose what I want" and "I buy my own food and sandwiches, I cook in here and take it in there, because I like to sit with the others." Another person told us "It's sometimes crap but nine times out of ten it's lovely it really is, they make me something else if I don't like something."
- People were supported to prepare their own food/drink as a way of promoting and maintaining levels of independence.

Staff support: induction, training, skills and experience

- People were very positive about the services own staff and told us, "I'm happy with the care I get, they know what helps me." Another person stated, "I get on better with staff now", "The staff help me to go to the doctors when I need to" and "I only need staff support with medication, but I know they're there if I want them."
- Staff were provided with the necessary training and development opportunities including a detailed induction period when they first start working at the service.
- Staff told us they felt well supported with senior staff and manager's. Staff received regular one to one supervision and appraisals to support them in their work.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff ensured that they worked collaboratively with other healthcare professionals as a way of providing a holistic level of care.
- People were supported to attend different health checks as a way of maintaining their health and well-being.
- People received consistent, timely and person-centred care. People were encouraged to live independent lives; support plans and risk assessments were tailored around the individual needs and choices for each person.
- People were involved in identifying the assistance they would like, including recognising any needs in relation to protected characteristics as defined by the Equality Act 2010. The service had policies to support the principles of equality and diversity.

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

- The design, decoration and facilities of the service met the needs of the people who lived there. Some people lived independently within self-contained studios within the vicinity of the building.
- People told us they liked their privacy and ability to live independently.
- People lived in an environment that was homely and reflected their individual's tastes and preferences. For example, people's bedrooms were individually decorated and contained belongings they wanted to have with them.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Principles of the Mental Capacity Act, 2005 were complied with and staff received the necessary training in relation to the MCA and DoLS.
- People's level of capacity was assessed. People (where possible) were involved in the decisions that needed to be made around the care and support they needed.
- Care records contained all the relevant information in relation to the support people required.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People at the service confirmed that their privacy and dignity was always maintained. They told us, "If I want to be left alone, I say no one knock on my door and they don't. They never just walk in my room they always knock" and "Met some nice people here they always treat me with respect."
- Policies and procedures were in place to offer guidance in ensuring that people's dignity, privacy and respect were maintained.
- People's confidential records were stored securely in locked cupboards or on password protected electronic devices.

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

- People were positive about the support they received from staff. One person shared their views stating, "The staff are good and friendly."
- People told us they were asked for their views and were positive about the recently employed staff at the service and the positive differences they had made to Heath Lodge.
- Support files contained detailed person-centred information, which was contributed to by each person.

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

- One person asked us to look at a letter they had received from staff regarding their work in looking after their personal space. The letter was respectful and written in a positive encouraging way. This person took pride in this letter and felt it was a positive and lovely thing for the staff to do.
- Staff provided kind, compassionate and considerate support. Staff were familiar with the people they supported and provided respectful and dignified support.
- The manager had introduced several initiatives one being to celebrate National Mental Health day where everyone was involved in recognizing this support.
- People were treated equally, and equality and diversity support needs were promoted and encouraged.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'requires improvement'. At this inspection this key question has improved to 'good.' This meant people's needs were met through good organisation and delivery.

At the previous inspection we identified that care plans had not been regularly reviewed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that the registered provider was no longer in breach of this regulation.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was tailored around their individual needs and choices. People told us what they liked to do and shared their comments such as, "I don't do any activities, I have a greenhouse outside I like that", "Family come every now and again the staff are always friendly with them" and "I just go out, go out every day, go for a Chinese, I tell them where I'm going."
- We observed staff actively encouraging people to have choice and control over their own care and support especially in what they wanted to eat and what they wanted to do that day.
- Care records contained 'a lot of individual information as to how each person was being supported with their aims and what people wanted to achieve.
- Support plans were regularly reviewed and people were supported to achieve their aims. Some plans had evidence people had been consulted about their support plan but some records were not as well documented.

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

- People were supported and encouraged to participate in a range of both group and individual activities they enjoyed. During the inspection some people were getting ready to go to a local Halloween party. everyone was looking forward to it.
- Most people were happy with the support received but some people wanted more support to access the community. We received a mixture of comments saying, "Nothing to moan about I do my own thing", "I go to the pub now and again when there's a driver on or to play snooker every three to four weeks, I've raised in meetings about activities."
- Some people were entitled to one to one support as assessed by their funding authority. Their support was not always clearly defined on the staff rotas and hard to see where these hours had been provided. The registered manager had reviewed this to update the additional hours on the staff rota to show improved transparency.

Improving care quality in response to complaints or concerns

- The registered provider had an up to date complaints policy and procedure in place.
- People were generally happy living at Heath Lodge and were confident as to who to raise any concerns with. They shared their views stating, "If I wasn't happy I'd speak to my social worker", "I'd go and see the manager to complain about anything, if something needs to be discussed she asks me what's the problem" and "I'd tell staff if I'm worried or concerned."

Meeting people's communication needs

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

- People's communication for support needs were assessed and determined from admission to the service.
- Staff told us that different methods of communication were regularly reviewed and assessed. For instance, a visual daily timetable was used as a way of supporting people with their daily routines.

End of life care and support

- At the time of the inspection nobody was receiving 'End of life' care or support. However, the manager was seeking training specifically for end of life support to help them prepare for anyone needing this type of specialised care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 'requires improvement'. At this inspection this key question has remained as requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the previous inspection we found a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that the registered provider was no longer in breach of this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements- Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- At this inspection we saw that there was evidence of good practice and management regarding the service with detailed quality assurance processes being evident.
- There remained some issues identified during the inspection that needed further review and improvements such as, the management of staffing rotas to highlight better transparency for people receiving one to one funding for extra staffing, for improved record keeping with some documents needing some staff to accurately date and sign records and to review the records of support plans to ensure evidence people are always included in their developments of their support files and plans.
- The registered manager advised they had already taken actions during the inspection to review these areas of record keeping.
- The registered manager had received various complements regarding their style of management especially regarding improvements noted by staff and people at the service.
- The registered manager was clear about their responsibilities and had a good understanding of regulatory requirements. They had notified CQC when it was required of events and incidents which occurred at the service.

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

- We received mixed comments from people who lived at the service regarding their inclusions with updating their support files but overall people were happy at the service.
- People shared positive comments such as, "'I'm happier with the new manager and staff, the staff have improved by miles with the new manager it's so much better" and "Managers alright she's nice, if I have any worries or concerns I tell staff and the manager will comes across, she's definitely easy to talk to."
- Equality and diversity support needs were assessed from the outset. People received the required level of support in relation to specific equality and diversity needs.

- People had the opportunity to offer feedback about the provision of care they received. Regular 'resident' meetings took place and annual satisfaction surveys were also circulated.
- The home offered an 'open door' policy; staff, people receiving support, relatives and professionals could access the staff team to discuss any areas of care they needed to discuss.

Working in partnership with others, Continuous learning and improving care

- The service worked positively with the local authority.
- Since the registered manager had commenced at the service they showed all actions they had taken to meet the actions needed to show identified improvements.
- House meetings showed general discussions and opinions about the service and what people wanted to do. However, there was limited information regarding action plans to show how people's feedback had been managed.
- The registered manager advised they would review this with everyone at the service, so people knew how their suggestions and comments were being managed.
- Throughout the inspection the registered manager and provider were open and transparent. They were clear that the people living at the service were at the heart of any changes and improvements.
- There were strong links with the local community. People were encouraged to access different support groups and social events that were taking place.
- People received a holistic level of care; external healthcare professionals provided the necessary support to people living at Heath Lodge.