

Quo Vadis Trust

Elmwood Lodge

Inspection report

11 Victoria Road
Sidcup
Kent
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Tel: 02083097905

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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

About the service

Elmwood Lodge provides accommodation and personal care support for people who have enduring mental ill-health needs. Some of whom may also have learning disabilities. The accommodation is a spacious ten-bedded home situated in Sidcup Kent. At the time of our inspection ten people were living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice 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. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. Ten people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

People spoke positively about the care and support they received. Throughout our inspection we observed staff interacted well with people and had built good relationships and rapport with individuals.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures and how to keep people safe. People's needs, and preferences were assessed, and plans were in place to manage risks safely in the least restrictive way possible.

There were safe arrangements in place to manage medicines and staff followed appropriate infection control practices to prevent the spread of infections.

Appropriate recruitment checks took place before staff started work. There were sufficient staff available to meet people's needs. Staff had the skills, knowledge and experience to support people appropriately. Staff were appropriately supported through induction, training and regular supervision.

People were supported to maintain a healthy balanced diet. 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 support this practice.

People were involved and consulted about their care and support needs. People had access to health and social care professionals as required. People were supported to access community service and to participate in activities of their choosing that met their needs.

Staff worked with people to promote their rights and understood the Equality Act 2010; supporting people appropriately addressing any protected characteristics.

There were systems in place to assess and monitor the quality of the service. The service worked in partnership with health and social care professionals and other organisations to plan and deliver an effective service.

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 good (published on 25 November 2016).

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?

The service was safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

Elmwood 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

A single inspector carried out this inspection.

Service and service type

Elmwood Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection site visit took place on 16 May 2019 and was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 of this information to plan our inspection.

During the inspection

We spoke with five people using the service, the registered manager, senior support workers and support workers. We reviewed a range of records including three people's care plans and records and staff

recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and minutes of meetings.

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 'Good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were well supported by staff. One person said, "I love living here, staff are very kind and help me to do the things I want to do safely."
- Up to date policies and procedures were in place for safeguarding adults. Systems for reporting and acting on concerns or allegations were robust.
- The registered manager and staff were aware of their responsibilities to safeguard people and knew how to report abuse to the local authority and CQC. There had been no concerns of abuse since our last inspection of the service.
- Staff received up to date training on safeguarding adults from abuse. Information was on display within the home including easy to read versions of information for people, staff and visitors' reference.

Assessing risk, safety monitoring and management

- Risks to people were assessed, documented, reviewed and managed safely by staff to avoid possible harm.
- Care plans were in place to manage identified risks whilst ensuring people's rights and independence was promoted and respected.
- Risk assessments documented individual identified risk factors and there was guidance for staff to ensure they supported people appropriately and manage risks safely. For example, the promotion of road safety when people went out independently.
- Positive risk taking was supported and encouraged in line with the principles of Registering the Right Support to help people learn new skills or enjoy accessing community services.
- There were arrangements in place to deal with foreseeable emergencies and to maintain the safety of the premises. People had individual emergency evacuation plans in place which highlighted the level of support they required to evacuate the building safely in the event of an emergency.

Using medicines safely

- Medicines were managed, administered and stored safely.
- There were safe procedures in place to ensure people received their medicines as prescribed by health care professionals.
- Staff received training on the administration of medicines and had their competency assessed to ensure they were skilled and continued to use safe best practice.
- Risk assessments were completed and reviewed to consider any risks in relation to medicines management and the level of support people required.

Staffing and recruitment

- There were enough staff to meet people's needs and recruitment systems worked to reduce risk.
- One person told us there was always someone around to help them if needed. They commented, "There is always staff around. They are so nice and very helpful."
- Staff were recruited safely. Full employment checks were completed before staff started working with people, including gaining accurate references and a full employment history. Disclosure and barring service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Preventing and controlling infection

- Staff received training on infection control, hand hygiene, food risk management and food hygiene. They were provided with personal protective equipment such as aprons and gloves.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal and environmental hygiene. For example, supporting people with laundry and domestic tasks.

Learning lessons when things go wrong

- The registered manager and staff understood the importance of reporting and recording accidents and incidents.
- Records showed that staff had identified concerns and accidents and had taken appropriate action to address them. Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.
- Investigations and actions taken were recorded and lessons learnt were shared with the staff team at meetings.

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 'Good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs, and preferences were completed before they moved into the home. This ensured the service's suitability and that people's needs and preferences could be met.
- Assessments were used to produce individualised care plans which provided staff with information and guidance on how best to support people to meet their needs.
- Assessment and care planning tools covered areas such as individual personal history, preferences and consent and supported independent life skills, such as; finding suitable social activities and networks and traveling independently.
- Staff applied learning effectively in line with the law and best practice, which led to good outcomes for people.

Staff support: induction, training, skills and experience

- There were effective processes in place to ensure staff new to the home were inducted into the service appropriately. Staff completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers.
- Staff received regular supervision, support and an annual appraisal of their practice and development. One member of staff commented, "I feel very supported, we all support each other. I have regular supervision and the training is good."
- Staff were knowledgeable about the people they supported and had the essential skills and experience to meet their needs appropriately.
- Staff received training in a range of topics and specialised areas such as, safeguarding, mental capacity act, equality and diversity, fire safety, epilepsy, anxiety, alcohol misuse, cognitive behavioural therapy, breakaway techniques and conflict management amongst many others.

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

- People were supported to have a balanced diet to ensure their well-being. Care plans documented people's nutritional needs, any support required with meal preparation, known allergies and any nutritional risks such as weight loss or gain.
- Staff consulted with people weekly on what types of food they preferred and any changes they wanted to make to agreed menus that were planned in advance.
- We observed the dining room was suitable to accommodate everyone and tables were nicely laid with menu books available offering people choice at meal times. Everyone preferred to eat their meals in the dining room and some people offered support to staff with the preparation of meals. One person remarked,

"I love the food here, they [staff] are a top-class chef."

- The Food Standards Agency visited the service in May 2016 rating them five which is the highest rating a service can achieve.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People's physical, mental and emotional well-being needs were assessed and documented in their plan of care. Staff monitored people's daily well-being to ensure their needs were met.
- Staff worked in partnership with health and social care professionals to plan, review and monitor people's needs and well-being. Staff worked and shared information with healthcare professionals where appropriate and arranged staff support when required to accompany people to appointments.
- Records of health care appointments were retained in people's care plans documenting any treatment required or received. This ensured staff were informed of any changes.
- Guidance from health care professionals such as community mental health nurses were in place to ensure people received appropriate care and support to meet their needs.

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

- People were encouraged and supported to decorate their own rooms with items specific to their individual taste and interests.
- People had access to specialist equipment that enabled greater independence whilst ensuring their physical and emotional needs were met. For example, one person who was deaf had sensor mats and lights in place to alert them if the fire alarm sounded.
- Care plans contained detailed guidance for staff on the use of specialist equipment which was subject to regular checks and routine servicing.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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.

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.

- Staff were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- People using the service had capacity to make decisions for themselves. People told us staff sought their consent and respected their decisions and rights.
- The registered manager and staff empowered and supported people to make their own decisions.

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.

Ensuring people are well treated and supported; equality and diversity

- Staff had built trusting respectful relationships with people valuing their independence, needs and wishes.
- People spoke positively about staff and the care and support they offered. One person said, "I love it here. Everyone is so nice; the staff are wonderful."
- People were allocated a keyworker to support them to meet their expressed needs and goals. A keyworker is a member of staff who has responsibility for a person's care plan, well-being and progress.
- People's diversity and cultural needs were respected, assessed and documented as part of their plan of care. Care plans included information about people's cultural requirements and spiritual beliefs.
- Staff received training on equality and diversity and worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.
- People were supported to access and attend community services, activities of their choosing and paid or volunteered work. For example, we saw that key work sessions supported one person to gain further volunteering work at a local farm which they enjoyed.

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

- People were consulted about the care and support options available to them. People said they were involved in making decisions about their care and support. For example, one person told us how staff supported them to venture out safely everyday whilst ensuring they ate a healthy diet.
- People told us, and we observed that staff communicated effectively with individuals. People's communication needs were assessed and documented in their plan of care ensuring staff could communicate, support and engage with people appropriately.
- People were provided with information about the service in the form of a service user guide in a format that met their needs, for example, easy to read or large print versions.

Respecting and promoting people's privacy, dignity and independence

- Following the principles of Registering the Right Support, people told us staff respected, supported and encouraged their independence. One person commented, "I go to a club everyday with my friend. Staff make sure we are safe when walking there."
- Care plans were person centred and focused on what people could do for themselves and areas they felt they needed support with. Positive risk taking was safely encouraged by staff with empowering respectful support offered if required.
- People were supported to maintain relationships that were important to them such as visiting relatives

and friends and attending social clubs and events. One person commented, "I love going out every day to see my friends. It's very important to me."

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 'Good'. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were supported and encouraged by staff who knew them well to have maximum choice and control over their lives. People's care and support needs were regularly assessed and reviewed to ensure their needs, wishes and goals were met appropriately.
- Person centred care plans contained information relating to people's physical, emotional and mental health needs, their life histories, wishes and things that are important to them. This meant staff had detailed knowledge to support them appropriately.
- People were supported by a stable staff team who knew them well, and who supported them to plan for things they wanted to do. For example, supporting individuals to go to their places of interest independently by ensuring the safe use of transport and packing them a lunch to maintain a healthy diet.
- Care plans documented people's health care needs and there was guidance for staff on how to best support people. For example, actions to take to support people to manage long-term health conditions such as epilepsy and anxiety.
- People were supported and encouraged to talk about their care and any thoughts they had on how the service could support them better and improve. For example, keyworker and residents' meetings were held on a regular basis.

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 needs were identified, assessed and recorded in their plans of care in line with the AIS. Communication assessments included information on individual's communication preference and useful communication strategies for staff.

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

- Staff supported and encouraged people to pursue hobbies and interests inside and outside their home environment. For example, two people regularly attend a local social club and another person enjoyed volunteering at a local farm. Other activities people enjoyed, included, arts and crafts, baking and group outings to coastal areas or places of interest.

Improving care quality in response to complaints or concerns

- There were appropriate arrangements in place to respond to people's concerns and complaints. The complaints procedure was readily available in different formats to meet people's needs, including an easy to read version.
- People told us they were aware of the complaints procedure and knew how to raise a concern, or make a complaint. One person commented, "I would speak to any of the staff, they are lovely. We have nothing to complain about here."
- The registered manager told us they had not received any complaints since our last inspection and records we looked at confirmed this. There were systems in place that ensured complaints would be received and responded to in line with the provider's policy.

End of life care and support

- The registered manager told us that no one was receiving end of life care and support at the time of our inspection. However, they said they would liaise with health and social care professionals and specialised services including local hospices to provide people with appropriate care and support if required.
- People were supported to make decisions about their preferences for end of life care where appropriate and these were retained in individual care plans for reference.

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 'Good'. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were positive about the care and support they received and the way in which staff supported and empowered them to do the things they wanted. One person said, "I love my home, the people I live with and all the staff. They [staff] really make all the difference."
- The registered manager had an open-door policy that enabled people, their relatives and staff to raise any issues or concerns, or to make suggestions to help drive service improvements. The registered manager understood their duty of candour requirements and acted accordingly.
- The registered manager and staff demonstrated a strong commitment to provide person centred, meaningful care and support by engaging with and being led by people and their relatives where appropriate.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were processes and procedures in place to ensure people received the care and support they wanted.
- The service had an experienced registered manager in post. They knew the service well and they were aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law and had completed their CQC Provider Information Return, as required. They were aware of the legal requirement to display their CQC rating.
- Staff spoke positively about the registered manager saying how, 'supportive and well managed' the service was.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team.

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

- People told us staff regularly sought their views on the care and support provided. One person said, "They [staff] always sit and talk with us. We can go to them at any time."
- There were formal systems in place to ensure the service sought the views of people through regular reviews, keyworker meetings, resident's meetings and annual surveys.

Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality of the service to help drive improvements.
- There were effective processes in place to monitor the quality of the service and to make any improvements if required.
- Audits were carried out on a regular basis in areas such as medicines management, care plans and records, health and safety, infection control and the home environment. Where required action plans were developed to address any issues or concerns raised.
- Daily staff handover meetings were held; these provided staff with the opportunity to discuss people's individual daily needs and any issues or concerns. Staff team meetings were held on a frequent basis and provided staff with the opportunity to discuss issues relating to the management of the home.

Working in partnership with others

- The registered manager and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were appropriately met. For example, service commissioners, mental health professionals and GPs.
- The registered manager told us the service worked in partnership with many local services and organisations to ensure the most appropriate support was available to individuals if required, such as local churches and MIND.