Choices Housing Association Limited

The Lodge

Inspection report

Clayton Road
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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

This inspection was unannounced and took place on 13 April 2017.

The Lodge provides accommodation and personal care for up to four people. On the day of our inspection two people were living in the home.

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

People were protected from the risk of potential abuse because staff knew how to recognise the signs and what action to take to safeguard them. People's risk was managed in a way that promoted their independence. People were cared for by sufficient numbers of staff who were recruited safely. People received their medicines as prescribed by staff who were appropriately trained.

People's care needs were met by skilled staff who were supported in their role to provide effective care and support.. People's human rights were protected because staff had applied the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards in their care practices. People had access to a choice of meals and were encouraged to eat and drink sufficient amounts. People were assisted by staff to access relevant healthcare services when needed.

People were cared for by staff who were kind and sympathetic to their needs. People were supported to be involved in making decisions about their care needs. People's right to privacy and dignity was respected by staff.

People were encouraged to be involved in their care assessment and had access to an advocate to represent them. The service provided was person centred to meet people's specific needs. Staff were able to recognise when people were unhappy and this was explored and resolved where possible. The provider had systems in place to record and monitor complaints.

People were supported to have a say in how the home was run. The home was run by a registered manager who was supported in their role by the performance and compliance manager. Staff felt supported in their role by the registered manager. The provider had effective systems in place to assess and monitor the quality of the service provided to people.

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.

People were protected from the risk of potential abuse because staff were aware of the signs and knew what to do to safeguard them. The risk to people was managed in a way that promoted their independence. People were supported by sufficient numbers of staff to ensure their needs were met. People's prescribed medicines were managed safely by skilled staff.

Is the service effective?

Good

The service was effective.

People were cared for by skilled staff who were supported in their role to ensure people's needs were met. People's human rights were protected because the provider was appropriately applying the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards. People had a choice of meals and were supported to eat and drink sufficient amounts. People had access to relevant healthcare services when needed.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were caring and sympathetic to their needs. Systems were in place to encourage people to make decisions about their care needs. People's right to privacy and dignity was respected by staff.

Is the service responsive?

Good

The service was responsive.

People were encouraged to be involved in their care assessment and reviews. People were able to live a lifestyle of their choice and were supported by staff to pursue their interests. People could be assured their concerns would be explored and acted on. The provider had systems in place to appropriately manage complaints.

Is the service well-led?

Good

The service was well-led.

People were encouraged and supported to have a say in how the home was run. The home was run by a registered manager and staff told us they felt supported by them. The provider's governance was effective in assessing and monitoring the quality of service provided to people.

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 13 April 2017 and was unannounced. The inspection team comprised of one inspector.

Before the inspection we spoke with the local authority regarding information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed the statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law, such as allegations of abuse or serious incidents. We used this information to help us plan our inspection of the home.

The people who used the service were unable to tell us about their experience of living in the home. We spoke with one person's advocate and observed staff interacting with people and the care provided. We spoke with two support workers and the registered manager. We looked at two care plans and risk assessments, medication administration records and records relating to quality audits.

Good

Is the service safe?

Our findings

People were protected from the risk of potential abuse because staff were aware of the signs. One staff member said, "Changes in a person's behaviour and unexplained bruising would raise suspicion of abuse." They told us they would share any concerns with the registered manager. Another staff member told us, "If a person doesn't appear to be their normal self I would share this information with the registered manager." Staff were aware of other external agencies they could share their concerns with to protect people from the risk of further harm. Discussions with the registered manager confirmed their awareness of when to share information about abuse with the local authority to safeguard people and our records confirmed this. The registered manager informed us of a recent safeguarding referral they had made in relation to a medication error. Action had been taken to reduce the risk of this happening again.

People's risks were managed in a way that promoted their independence and safety. For example, people were provided with one to one support to enable them to pursue their interests whilst ensuring their safety. One person required support to manage their behaviours. A staff member told us about the use of equipment and behaviour management techniques they used to calm the person. We observed people had specific equipment in place to maintain their safety where required. For example, sensor mats which alerted staff when people were mobile so staff were aware of when they needed support. We observed that hourly checks were completed on a person who was unwell to ensure they were safe and comfortable. We observed this practice during the inspection. The registered manager said, "We are not risk averse, we promote their independence but also try to keep them safe." This meant staff were aware of people's risks and how to manage them .

Accidents and incidents were appropriately managed and we found the provider was taking action to reduce the risk of it happening again. For example, where people were at risk of falls action had been taken to protect the person from injury. We saw that a record of accidents had been maintained. This allowed the provider to monitor for trends and to take action to avoid a reoccurrence. This meant the provider had systems in place to ensure people's safety.

People were supported by sufficient numbers of staff. The registered manager said people required one to one support to ensure their care needs were met safely. Discussions with one person's advocate and staff members confirmed this level of staffing was always provided and we observed this on the day of the inspection. An advocate is a person who supports and enables a person to express their views and concerns. They also support people to access relevant services when needed. At night time one 'waking' staff was on duty and one staff member slept in the home and was available to provide support when needed.

People could be confident that staff were suitable to work with them. The provider's recruitment process entailed safety checks. For example, the registered manager said a Disclosure Barring Service [DBS] check was carried out before staff started to work in the home and staff confirmed this. The DSB helps the provider to make safe recruitment choices. Staff confirmed a request was also made for references.

People were supported by trained staff to take their prescribed medicines. People were unable to tell us about the arrangements with regards to their prescribed medicines. However, we saw that medication administration records were signed to show when medicines had been given to people. A staff member said one person occasionally refused their prescribed treatment. They told us that when this happened the GP would be informed. We observed that medicines were stored securely. The registered manager said all staff had received medication training and staff confirmed this. Access to training ensured staff had the skills to assist people with their medicines safely. The registered manager said competency assessments were carried out to review medication practices and staff confirmed this.

Good

Is the service effective?

Our findings

People were cared for by skilled staff. Staff told us they had access to regular training to ensure they had the skills to carry out their role. One staff member said, "We have a lot of opportunities to do training." They told us, "Training is up dated every year and access to this reminds me of things I had forgotten." The registered manager said they observed staff practices to ensure the skills learnt were put into practice and that people's needs were met.

People received care and assistance from staff who were supported in their role by the registered manager. Staff told us they routinely received one to one [supervision] sessions. One staff member said, "It's nice to get feedback from the registered manager about how well I am doing." We spoke with another staff member who said, "During my supervision we discuss my training needs and my role and responsibility." This meant people could be confident that staff who cared for them were supported in their role to provide them with a safe and effective service.

We looked at how the provider supported new staff in their role. Staff told us they had an induction when they started to work at the home which included training, getting to know people and reading the provider's policies and procedures that promoted good care practices. One staff member said, "My induction gave me a lot of understanding because I had never worked in a care home before." Another staff member told us, "During my induction I was made aware of people's care needs and how the home was run." They said, "My induction helped me understand how to support people to manage their behaviours safely." This meant people could be confident that new staff were aware of how to meet their 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 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had a good understanding of MCA. One staff member said, "I always assume a person has capacity to make their own decision." They told us people only used limited words to express their needs. Hence, their preferences and consent would be determined by their facial expression and body language. Another staff member said people were supported to make decision by using pictorial aids. This enabled people to point at what they wanted. We observed a staff member show a person a picture of a lake. They asked them if they wanted to go for a walk by the lake. The person's facial expression indicated their preference which was respected by staff. This demonstrated that staff were aware of how to support people to make a decision and obtain their consent.

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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager said both people who used the service had an authorised DoLS

in place. This was because they required constant supervision to ensure they received the appropriate care and support. Staff were aware of the reasons why people had a DoLS in place and the impact this had on the individual. One staff member said a person's liberty had been deprived as safety locks had been fitted to doors to prevent them leaving the home. However, people had the opportunity to go out with the support of staff on a daily basis if they wished, this was confirmed by a person's advocate and we also observed this. The registered manager informed us that mental capacity assessments had been carried out and we saw these. This assessment would determine whether people had the capacity to make a decision and whether the DoLS application was appropriate.

People who lacked capacity could be assured they would receive the appropriate care and treatment. This was because where necessary a best interests decision had been made on their behalf. A staff member said, "We respect people's choice to refuse care and support but continual refusal would lead to us considering a best interests decision on the person's behalf." They said this related to supporting a person to maintain their personal care needs and to ensure they ate and drank sufficient amounts to promote their health. The registered manager told us that a best interests decision was in place to administer a sedative prior to a person receiving a medical procedure. This was to reduce the person's anxiety. Relevant healthcare professionals such as a community nurse and GP were involved in making this best interests decision.

People were supported by staff to eat and drink sufficient amounts. People had access to pictures of food and drinks to help them choose what they wanted. The advocate for one person said, "I see staff offer [person] a choice of meals, then they are supported to prepare and cook their meal." We observed one person indicate they wanted a drink and the staff member helped them to make one. Staff told us 'protected' time was allocated at mealtimes to ensure people were appropriately supported without any disruptions. One person's care record informed staff that their meal needed to be cut up to reduce the risk of choking. The staff we spoke with were aware of this. Discussions with staff and the care record we looked at identified that another person frequently refused their meals. These concerns had been shared with the GP who had prescribed high calorie supplements to promote the person's health. This person also refused to drink sufficient amounts. We saw that a chart was in place to monitor how much the person drank. Staff were aware of the amount of drinks the person needed to promote their health. Staff confirmed and the care records we looked at evidenced that people had access to a dietician and a speech and language therapist. These professionals provided support to people and staff with regards to suitable meals to promote their health and to reduce the risk of choking. People's weight was monitored weekly and staff informed us that any concerns would be shared with the GP.

People had access to relevant healthcare services when needed. Staff confirmed they supported people to attend their medical appointments. The advocate for one person said, "When I last visited the home [person] had been seen by their GP." The registered manager told us that people were unable to say when they were feeling unwell. They told us this was determined by their behaviour. For example, they may become withdrawn and show a lack of interest in activities. Staff told us this would be explored further and the GP would be contacted. We looked at two care records that contained an annual medical chart. This provided evidence of routine health checks throughout the year and when follow up medical appointments were required.

Good

Is the service caring?

Our findings

People were cared for and supported by staff who were caring and sympathetic to their needs. We spoke with a person's advocate who said, "The staff are attentive and caring." We observed a staff member routinely chatted with a person even though the person was unable to respond. We saw that when the person indicated they wanted support staff responded to them in a caring manner. When staff entered the room they took the time to talk with the person and to find out if they were alright. One person was unwell and we observed that staff checked regularly to see whether they were comfortable or needed anything. Staff were aware of people's diagnosis, the impact this had on them and how to meet their needs.

People had limited capacity to make a decision about their care. However, staff told us pictorial aids were used to help them make decisions about their care needs. For example, care plans were provided in a pictorial format to promote their understanding. A staff member told us, "Although people are not always able to contribute in their care review, they are present when we talk about their care needs." An advocate for one person said, "The staff know [person] very well and how to manage their health condition."

People's right to privacy and dignity was respected by staff. We observed a staff member knock on a person's door to enquire if they were alright. Staff understood the importance of maintaining people's privacy and dignity. One staff member said they always ensured personal care was carried out in a private area. Another staff member told us about the importance of closing the door and curtains before they supported people with their personal care. We observed people were dressed appropriately to ensure their dignity and when needed they were supported to change their clothes. The registered manager said there were times when people chose to be alone in their bedroom. This was respected by staff and we observed this during the inspection.

People were able to have visitors and discussions with staff confirmed that people were supported to maintain contact with people important to them. A staff member said, "We make arrangements to enable people to visit their family." They said, "Families are always made aware of any changes and are welcome to visit."

Good

Is the service responsive?

Our findings

People were supported by staff to be involved in their care assessment and reviews. A staff member said, "Although people were unable to contribute fully, they were supported by their advocate to ensure they received the appropriate care and support." People were unable to tell staff about their preference in relation to their care needs. However, staff had access to information about people's facial expressions and body language and what this meant. This enabled staff to understand people's preference and how to meet their specific needs.

People were supported by staff to pursue their personal interests. Through the use of pictures people were able to point at things they wanted to do. One person had chosen to go on a train and to have a day trip to the seaside. A staff member confirmed arrangements were in place to enable the person to do this. Another staff member said, "Because of the staff ratio we are always able to support people to do the things they enjoy." We observed a staff member show a person a picture of a social activity and the person indicated they wanted to pursue this. The advocate for one person said, "[Person] has a very full and active life." They told us the person had opportunities to undertake various outdoor activities. With the use of pictorial aids people's preferences were obtained and a monthly activities plan was developed. This ensured that all staff were aware of the individual's preferred interests.

People were provided with person centred care. We spoke with a person's advocate who said the service provided was 'person centred' to meet the individual's specific needs. For example, they told us the person required support with their behaviour. The person's bedroom had been designed to reduce the risk of injury in relation to the behaviour they displayed. We saw a staff member engage with a person and supported them to pursue their chosen social activity. One staff member told us that each person liked different things. For example, one person enjoyed going out shopping and the other person enjoyed going to the local pub. Staff were aware of each person preferred daily routine and we saw this information was also contained in their care record. For example, what the person liked for breakfast, when they liked to have a wash and the time they enjoyed going out. We saw people's preferred routines had been carried out. People's religious needs were assessed and met. For example one person was supported to attend a place of worship. Records also provided staff with information about 'what makes a bad day' for one person. For example, the person disliked being rushed and not being supported to go out and staff were aware of this. We saw that staff were patient with the person and gave them time to express their needs and they were supported to go for a walk. This demonstrated that the service provided was specific to the individual and was person centred.

People had access to their care plans that were provided in a pictorial format to promote their understanding and to encourage their involvement. Staff were aware of people's personal history. For example, one staff member informed us they had cared for both people at their previous placement before they moved into the home. Hence, they were aware of people's needs and the things important to them.

People were unable to say if they were unhappy. However, staff told us they were able to determine this by their body language and facial expressions. They told us this would be explored further to try and resolve

the problem. The registered manager said they had not received any recent complaints. They informed us that complaints would be recorded and responded to. The recording of complaints would enable the provider to identify any trends and action would be taken to address them.

Good

Is the service well-led?

Our findings

People were encouraged and supported to have a say in how the home was run. Staff told us regular meetings were carried out with people. One staff member said with the use of pictorial aids people were asked about the foods they liked. This helped staff to develop a menu with them. People were asked if they were happy with the way staff cared and supported them and whether they felt safe. A staff member said the use of pictures assisted people to tell us about the things important to them. Another staff member said people were able to express how they felt about where they live.

The registered manager said meetings were carried out with the staff team and staff confirmed this. A staff member said we have discussions about any forthcoming changes within the service and ideas for activities for people. They said, "The registered manager always listens to us and gives us the opportunity to try new things with people."

Staff felt supported in their role and understood their responsibilities. One staff member said, "The manager is very supportive." The registered manager told us they were supported in their role by the performance and compliance manager. They confirmed they had access to regular one to one [supervision] sessions that helped them in their role. They told us this had boosted their confidence and gave them a better understanding of what was expected from them. They told us they had access to training to maintain their skills to provide an effective service for people. Further discussions with the registered manager confirmed their awareness of when to send us a statutory notification of incidents that occur in the home which they are required to do so by law.

We spoke with staff about the culture of the home. One staff member said, "This is a very friendly and happy place." Another staff member told us the emphasis was to provide a homely environment where people felt safe and comfortable in and we observed this. The registered manager described the culture as, "Very person centred and we get to do lovely things with people." We observed that the service was homely and staff were committed in providing people with a good service.

We looked at the systems the provider had in place to monitor the quality and consistency of the service. People were provided with a pictorial quality assurance survey. A recent survey had been carried out in February 2017, to gather people's experiences of the service and the results were positive. The registered manager said there was a 'grumble's box in place and we saw this. The registered manager confirmed people were unable to use the 'grumbles' box and they were reliant on people's family, advocate, healthcare professionals and staff to use this on people's behalf. The registered manager said any comments would be reviewed and changes to the service would be made where necessary. The provider had not received any recent comments.

The registered manager informed us of the 'annual improvement plan,' this looked at the quality of service provided and where improvements were needed. This plan was shared with staff at team meetings to ensure they were aware of the improvements that were required. Weekly audits of the management of medicines were carried out. The registered manager said they observed medication practices and staff

confirmed this. This was to monitor and promote safe working practices. The registered manager said staff had access to regular training. Staff's practices would be observed by the registered who would decide whether they were competent or if further training was required. This ensured people received a good standard of care from skilled staff. Care records were regularly reviewed to ensure they provided staff with up to date information about how to care for people. Staff confirmed that information contained in care records were relevant and reflected the person's care and support needs.