

TKSD Care Homes & Training Ltd

Steven Lodge

Inspection report

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Date of inspection visit:
25 June 2018

Date of publication:
07 August 2018

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

The inspection was carried out on 25 June 2018, and was an unannounced.

Steven 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 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.

Steven Lodge is registered to provide accommodation and personal care for three people who need 24 hour care who prefer to live in a small home. The people who use the service needed support to undertake life skills and be safe in the community. At the time of our inspection, the people who lived in the home were able to do somethings on their own and required support from staff to do other things.

At the last Care Quality Commission (CQC) inspection on 15 December 2015, the service was rated Good.

At this inspection we found the service remained Good.

The service did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided at the time we inspected. However, a new quality audit document was being implemented which mirrored CQC key lines of enquiries. This would ensure robust monitoring of the service by the registered manager.

The registered manager had not kept their policies up to date with new developments in social care. We have made a recommendation about this.

People continued to be safe at Steven Lodge. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The provider continued to follow safe recruitment practice. They had introduced new application form to rectify gaps. Medicines were managed safely and people received them as prescribed.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

People received the support they needed to stay healthy and to access healthcare services.

People and staff were encouraged to provide feedback about how the service could be improved. This was

used to make changes and improvements that people wanted.

There were enough staff to keep people safe.

Each person had an up to date support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

Staff received regular training and supervision to help them to meet people's needs effectively.

People continued to receive support to eat and drink enough to meet their needs.

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

Staff showed they were caring and they treated people with dignity and respect and ensured people's privacy was maintained.

People said that they could contact the registered manager and staff at any time, and they felt confident about raising any concerns if they wish to. The registered manager ensured the complaints procedure was made available if people wished to make a complaint.

You can see what action we told the registered provider to take at the back of the full version of this report.

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?

Requires Improvement ●

The service was not consistently well-led.

The service did not have effective systems in place at the time we inspected. However, a new quality audit document was being implemented, which would ensure robust monitoring of the service by the registered manager.

The registered manager had not kept their policies up to date with new developments in social care.

The registered manager was aware of their responsibilities.

There was an open and positive culture which focused on people. The registered manager sought people and staff's feedback and welcomed their suggestions for improvement.

Steven 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 checked 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 was a comprehensive inspection, which took place on 25 June 2018 and was unannounced.

The inspection was carried out by one inspectors and an expert by experience. An expert by experience is a person who has personal experience of using similar services.

Due to technical problems, we did not ask the provider to complete a Provider Information Return. We took this into account when we inspected the service and made the judgements in this report. A Provider Information Return 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. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We observed staff interactions with people and observed care and support in communal areas. We spoke with two people who used the service. We spoke with two support workers and the registered manager.

We looked at the provider's records. These comprised two people's care records, which included care plans, health records, risk assessments and daily care records. We looked at two staff files, a sample of audits and satisfaction surveys, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including employee revised employment application form, legionella policy and staff training plan.

The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

The service continued to provide safe care. People told us they felt safe at Steven Lodge. One person said, "Yeah, yeah, I feel safe. The staff are very nice". Another person said, "Yeah, I do feel safe".

The risk of abuse continued to be minimised because staff were aware of safeguarding policies and procedures. Staff also had access to the updated local authority safeguarding policy, protocol and procedure. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.

People were supported in accordance with their risk management plans. Support was delivered as planned in people's support plans. Risk assessments were specific to each person and had been reviewed recently. The risk assessments promoted and protected people's safety in a positive way. People were supported to take risk by accessing the community, finances and daily routines.

There continued to be enough staff to support people. People received support from flexible staffing based on individual's needs. People continued to receive care from regular staff team who knew them well. There were two staff on duty each day. We observed staff spent quality time with people on the day.

The provider maintained safe recruitment procedures that enabled them to check the suitability and fitness of staff to support people. Staff we spoke with confirmed to us that they did not start work until all necessary checks had been completed, which included references, proof of identification and Disclosure and Barring record checks.

Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. These were stored safely in medicine cabinet. We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. No one was given PRN (as required) medicines in the service.

There were effective systems in place to reduce the risk and spread of infection. Staff showed us a cleaning schedule for the service, which revealed that a routine was in place to ensure that the service was cleaned regularly. We saw that bathroom, toilet, laundry room, corridors, lounges, communal areas and the kitchen were clean. The service had an infection control policy that covered all areas. Staff were trained on infection control and food hygiene.

The provider continued to ensure that the environment was safe for people. Environmental risks were monitored through the environmental risk assessment to protect people's health and wellbeing. Each support plan folder contained an individual Personal Emergency Evacuation Plan (PEEP), which had been reviewed. The fire safety procedures had been reviewed and there were regular checks of fire safety equipment and fire drills were carried out. The service had plans in place for a foreseeable emergency. This

provided staff with details of the action to take if the delivery of care was affected or people were put at risk.

Accidents and incidents were reported by staff in line with the provider's policy, and the registered manager took steps to ensure that lessons were learned when things went wrong. Staff were confident to report any near misses, and incidents were recorded and reviewed by the registered manager to look for trends or patterns.

Is the service effective?

Our findings

The service continued to provide people with effective care and support. One person said, "If I need anything I just ask the staff members and they sort it out for me".

The provider undertook an initial holistic assessment with people before they moved into the service. Records also showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support. People and their family members were fully involved in the assessment process to make sure the manager had all the information they needed. People in the service were fairly independent therefore required no adaptations.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the service was working in accordance with the MCA 2005 and associated principles.

Arrangements were in place to ensure that people received effective and coordinated care when they were referred to or moved between services. Each person's care records held easily accessible information which could be handed to health professionals if the person needed to attend hospital, for example. The sheet contained details of the person's allergies, the name of their doctor and details of medicines if staff were supporting the person with them.

People were supported to maintain good health. People had access to health and social care professionals. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. People's individual health action plans set out for staff how their specific healthcare needs should be met. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively.

People continued to have enough to eat and drink and were given choices. Staff were aware of people's individual dietary needs and their likes and dislikes. Information about nutritious foods was used in menu meeting with people, which enabled them to choose balanced diet as observed during our inspection. The kitchen was open and people could come and go as they pleased. As this was a small service, there was no one with cultural needs.

Staff continued to receive the training and updates they required to successfully carry out their role. Training records confirmed this was the case. Staff had received some training to support them in their roles since we last inspected. We saw training certificates in staff files which confirmed this. The staff explained that the trainings was useful.

Staff had regular one to one supervision meetings and an annual appraisal of their work performance with the registered manager. This was to provide opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this.

Is the service caring?

Our findings

People continued to receive a service that was caring. One person said, "Staff are nice, they look after me". Another person said, "if you got any problems or want to talk to the staff member, they will sit down and talk to you. They listen to you".

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. Records were kept securely so that personal information about people was protected.

The provider continued to ensure people's individual records provided up to date information for staff on how to meet people's needs. This helped staff understand what people wanted or needed in terms of their care and support. People were supported to express their views and to make decisions about their care. People were involved in reviewing their care, and when people wanted support from their relatives or friends this was arranged by staff so they were able to fully understand their care.

Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way. They gave people the time they needed to communicate their needs and wishes and then acted on this. Staff communicated with people individually in a manner that showed respect. People who lived in the service communicated verbally.

The staff on duty knew and understood each person's needs very well. They understood the importance of respecting people's individual rights and choices. People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter. One person confirmed this and said, "If I want time alone, I can have it. Before entering my bedroom staff knock on my door". People had their own bedrooms where they could have privacy and each bedroom door had a lock and key which people used.

People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. For example, people were supported to participate in the cleaning of their home and laundry. Staff only stepped in when people could not manage tasks safely and without their support. This promoted their independence. Support plans included what people could do for themselves and where they needed support.

We observed a calm atmosphere in the service throughout the inspection. The interactions between people and staff were positive, caring and inclusive. There was a feeling of mutual respect and equality. People were able to express their needs and received the care and support that they wanted in the way they preferred. The service maintained an open and welcoming environment and family and friends were encouraged to visit the service.

Advocacy information was on the notice board and available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who

support people to make and communicate their wishes. The staff told us they also advocated for people to ensure their views were known.

Is the service responsive?

Our findings

The service continued to be responsive. One person said, "If I have a complaint, I would speak to the staff members".

The initial assessment led to the development of the support plan. Individual support plans were detailed, setting out guidance to staff on how to support people in the way they wanted. Staff told us they had all the information they needed within the support plan to support people well. Support plans covered all aspects of people's daily living and care and support needs. This included people's cultural needs, dignity and independence. The cultural needs plans identified the support required by each person for example, if they needed support to attend the Church. Staff confirmed this with us and said, "We support one person to the Church whenever they wish to attend".

People were supported to be involved in the care and support they needed. Staff worked with people's wishes and preferences on a daily basis. Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes. The staff were able to tell us how they provided people with care that was flexible and met their needs. Staff said, "We understand the people we support. One person likes their privacy in their room and we ensure no one disturb them while another person likes to sit with staff and engage us in conversation". The staff showed in discussion with us they understood people's complex learning disabilities and how these impacted on their life.

The registered manager had started to gather information about end of life in people's support plans. This was a person-centred plan to gather advance information about people's wish at the end of their life. It allowed people to choose the type of funeral they would like to have, their preferred place to be, who they would want to be with them and any other wish they may have while they still had the mental capacity to do so. We saw that the service gathered this information in respect of people's wishes.

People remained active and had opportunities to participate in a variety of activities and events that met their social and physical needs. People were supported to go on holidays and visited relatives. People were also supported to pursue personal interests such as shopping and going for a walk. People were involved in the community by attending the day centre at various times of the week. During our inspection, one person went for a haircut with staff as stated in their activities plan for the day. One person said, "Yeah, there is enough to do. I do not get bored. I go out and help with the shopping, I go to the day centre once a week and if staff need a hand with anything, I am willing to help".

The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was on display on the notice board in the service. However, this was not in an accessible format. The registered manager told us that people who lived in the service were able to read and write. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services, local government ombudsman and the Care Quality

Commission (CQC). There had been no complaints received in the last twelve months. The registered manager said, "We talk about any concerns with people at all times. We have not had any formal complaints". We saw records of these conversations staff had with people in their care notes.

Is the service well-led?

Our findings

Our observation showed that people knew who the registered manager was. We asked people what do they think of the care provided for them? One person said, "I like the garden. I like it here". Another said, "Very good. Yeah, very good. All my needs are catered for".

There was a registered manager at the service. 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.

There were a range of policies and procedures governing how the service needed to be run. The registered manager followed these in reporting incidents and events internally and to outside agencies. However, the registered manager had not kept the policies up to date with new developments in social care. The policies did not reflect current regulations.

We recommend that the registered manager update all their policies to required standards.

The service did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided at the time we inspected. A range of quality audits such as support plans, incidents and accidents, medicine and staff files had not been carried out. We spoke with the registered manager to ask whether there were any records of audits and checks to evidence that they were monitoring the service and they told us that this was being implemented. The registered manager showed us the new document being implemented which mirrored CQC key lines of enquiries. The registered manager said, "This new quality audit system would enable us to adequately monitor the service from now on". This meant that once fully implemented, the registered manager would have a robust system in place for monitoring the quality of the service. We will review this at our next inspection.

Staff told us that the management team continued to encourage a culture of openness and transparency. Staff felt confident about raising concerns with the management. Comments from staff included, "It is not stressful working here. The boss is good. We can talk to them about anything. They are approachable" and "I enjoy working here as a team. Manager is good. We have meeting monthly. He shares his ideas. The relationship is 100%. Communication is good". The registered manager engaged with staff team, holding staff meetings and one to one meetings so staff felt valued and included. The registered manager told us that feedback from staff was an integral part of measuring the quality of the service being provided. The registered manager had contact with staff daily as a small service. There was also a weekly meeting with people who used the service.

The provider continued to have systems in place to receive people's feedback about the service. The provider sought peoples, relatives and healthcare professional's views by using annual questionnaires to gain feedback on the quality of the service. The summary of feedback received showed that people were happy with the service provided. A relative answered, 'I have peace of mind my 'X' is well looked after'. When

asked about the quality of care, they answered, 'Very good overall'.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The registered provider confirmed that no incidents had met the threshold for Duty of Candour. This demonstrated the registered manager understood their legal obligations.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating on their notice board in the service and on their website.

There was evidence of learning from accidents and incidents. Investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. The service was both responsive and proactive in dealing with incidents which affected people.

The registered manager was developing strong links with the local community. They had good relationships with the local authority, GPs and other health professionals. They also looked to build links with services and organisations which the people they support might find useful, such as other local care providers. The service had been sharing information appropriately with relevant agencies for the benefit of people who use the service.