Reed Care Homes Limited

St Andrews Lodge

Inspection report

184 St Andrews Avenue
Colchester
Essex
CO4 3AG

Tel: 01206797737

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

St Andrews Lodge provides accommodation without nursing for up to 8 people who have complex mental health needs.

There were 6 people living in the service when we inspected on 5 July 2016. This was an unannounced inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 some procedures and processes in place to ensure the safety of the people who used the service. However, people did not have personal evacuation plans to guide staff on how to support them in the event of a fire. Water temperatures had not been checked to protect people against the risk of legionella or to check that thermostatically controlled valves were working correctly.

People were provided with their medicines when they needed them and in a safe manner. The manager had identified and was working on improvements to systems for administering as and when required medicines. This was to ensure this was being managed safely

Staff were trained and supported to meet the needs of the people who used the service. There were sufficient numbers of staff to meet people's needs and recruitment processes checked the suitability of staff to work in the service.

Systems were in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

People received care that was personalised to them and met their individual needs and wishes. Staff respected people's privacy and dignity and interacted with people in a caring, compassionate and professional manner.

People were encouraged to attend appointments with other health care professionals to maintain their health and well-being.
Staff were passionate about supporting and promoting the independence of those who lived at St Andrews Lodge.
Care and support was based on the assessed needs of each person and people were encouraged to pursue their hobbies and interests.
People's nutritional needs were assessed and they were supported to eat and drink sufficiently.

There were processes in place that encouraged feedback from people who used the service and people were involved in making decisions about their care and support.

There was a complaints procedure in place and people knew how to make a complaint if they were unhappy with the service.

Quality assurance audits were used to identify shortfalls and drive improvement in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were systems in place to minimise risks to people and to keep them safe, however people did not have personal evacuation plans to guide staff on how to support them in the event of a fire and water temperatures were not regularly checked.

There were sufficient staff to meet people's needs. Recruitment checks were completed to make sure people were safe.

People were provided with their medicines when they needed them, however guidance for some as and when required medicines was not in place.

Is the service effective?

Good

The service was effective.

Staff members were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People were supported to maintain good health and had access to ongoing health care support.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

The positive and friendly interactions of the staff promoted people's wellbeing.

Staff were passionate about providing person centred care.

There was a strong ethos of those living in the service being involved in how the service was run.

Is the service responsive?

Good

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well led.

The management team were approachable and staff felt well supported.

Audits were completed by the management of the service and used to drive improvement.

St Andrews 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 18 July 2016, was unannounced and undertaken by one inspector.

Before our inspection a Provider Information Return (PIR) was submitted by the registered manager. This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make.

We spoke with three people who used the service and one person's relative. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to three people's care. We spoke with the registered manager, the acting manager, the deputy manager and two members of staff. We also received feedback from the local authority who are responsible for commissioning the service.

We looked three staff records which included recruitment and training. We looked at records relating to the management of the service and systems for monitoring the quality of the service provided.

Requires Improvement

Is the service safe?

Our findings

Some aspects of the service needed improvement to ensure that all risks had been thoroughly and appropriately assessed to ensure people's safety and wellbeing.

Legionella testing had been carried out in October 2015 and showed that the systems in the service were all clear. However, there was no risk assessment in place to show what staff needed to do to minimise the risk to people or what to do if there was an outbreak of legionella. There was no evidence of water temperatures being checked regularly within the service to identify potential concerns with the water system in between the external company doing checks. It is important that these checks are completed and documented so that action can be taken to address any shortfalls promptly and minimise any risk to people, staff or others. .

There were thermostatically controlled valves in place to regulate the water temperatures on baths, sinks and showers. This reduced the risk of people accidentally scalding themselves, however the temperatures of the water were not checked regularly to ensure that the valves were working correctly. The manager assured us that a system for checking the water temperatures would be put in place.

There was an emergency evacuation procedure and general fire risk assessment completed which had considered the needs of people in the event of a fire. For example one person's needs meant that they had a room nearest the fire exit. The manager told us that everyone within the service was able to leave the service independently in the event of a fire and did not require any staff assistance. However, people did not have personal emergency evacuation plans in place to evidence that they had been assessed to determine if they could understand the dangers of a fire, the fire evacuation process and what assistance they required in the event of a fire.The manager assured us that these would be put in place.

Medicines were stored safely in a lockable cupboard for the protection of people who used the service. Records showed when medicines were received into the service and when they were disposed of. Staff recorded that people had taken their medicines on medicine administration records (MAR). Staff provided people with their medicines respectfully and encouraged them to be involved in the process. For example, we observed a member of staff asking a person which medicines they took at that time and dispensing the medicines as they named them. A staff member who was responsible for administering medicines told us that they had received training to safely do this.

There were audits of the medication system to make sure that any shortfalls were being addressed. Some medicines which were to be taken 'as and when required' (PRN) did not always have detailed guidance in place to tell the staff when they should be administered which could result in a person receiving more medicines than they needed. This had been highlighted as a required action in an external audit of medicines which had been completed by the pharmacy in June 2016 and the manager had an action plan in place to address and improve this.

There were systems and policies in place to reduce the risk of potential abuse. Staff had received training in

safeguarding and had the knowledge and confidence to identify safeguarding concerns and knew how to report any suspicions of abuse to the appropriate professionals. One staff member said, "I would take it to someone more senior immediately. I would talk to the person, have a one to one, raise it with the manager and call the police if required." Information was available for people using the service about how to report any concerns regarding the care they received to the local authority.

People felt safe living at the service. People presented as relaxed and at ease in their surroundings and with the staff.

Occasionally people became upset or anxious. Detailed risk assessments were in place for people to provide guidance to the staff on how to support people in these situations. For example, when one person became upset it helped to have some one to one time and to discuss how they felt with staff. One person said, "The staff have been brilliant with my behaviours."

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. This included risks associated with accessing the community and medicines. Risk assessments were regularly reviewed to ensure that they met people's needs and had been signed by the person.

We saw that potential risks in people's rooms had been discussed with that person. For example, electrical cables being stretched across the floor. This ensured that people were encouraged to take responsibility for their own safety and were clearly made aware of risks so they could make informed choices.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. One staff member said, "I couldn't work until my DBS (disclosure and barring service check) was received." This showed us that checks had been carried out to make sure people were of good character and suitable to work with vulnerable adults.

There were sufficient staffing levels to meet people's assessed needs. The manager told us that they changed the staffing levels according to the situation. The manager gave an example where the on call staff member was used and the staffing level was increased until a crisis situation was resolved to protect people using the service. Staff were attentive to people and requests for assistance were responded to promptly. Staff had time to chat to people. Staff told us that they felt there were enough staff to support people. One staff member said, "I think there is enough staff – absolutely."

Good

Is the service effective?

Our findings

People told us that the staff had the skills to meet their needs. One person said, "The staff do a really good job and look after me as best they can. They know what they are doing."

The provider had systems in place to ensure that staff received training, achieved qualifications and were supported to improve their practice. Some staff were completing National Vocational Qualifications (NVQ) in care. Staff had the necessary knowledge for their roles such as mental health awareness and de-escalation which was required when people needed support and help to reduce their anxiety. One staff member said, "I have been doing online training, first aid, risk assessment, care planning." We saw through staff interaction with people that they were knowledgeable about their work role, people's individual needs and how they were met.

Staff told us that they were well supported, had one to one supervision meetings and attended staff meetings. One staff member said, "I have six weekly supervision and we have regular staff meetings every one to two months. I can go to my senior or manager whenever I want to and if I have concerns they help."

The service was up to date with current best practice guidelines in relation to training in health and social care, including the introduction of the Care Certificate which was being completed by a new member of staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their work.

Staff told us that they had an induction when they first joined the service. One staff member said, "I had an induction and got to know about mental rehabilitation and illnesses and what could happen with a relapse." The staff member explained how they put the training they had learned into practice, "I encourage people. If the person does not want to have their medication, I explain the consequences and that they may relapse if they don't take their medication." Another staff member said, "I had an induction and a probation period. When I first got the job, I was told how it was and what to be prepared for." This showed us that staff had the required knowledge before they started supporting people.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager and the staff team understood the principles of MCA and DoLS. One staff member confirmed that they had received training in MCA and told us, "You must assume that people have capacity and that they can make their own decisions. I always ask for consent before supporting and watch people's expressions to check they are happy for me to help."

We saw that people were asked for their consent before staff supported them with their care needs, for example assisting them with their medicines and we saw that people had signed to give consent to having a photograph taken and their care plan being read.

Care records identified how people made day to day decisions in their lives and any assistance that they required, such as with their personal care. People's records showed where their consent was sought and where people refused care or treatment, this was respected. For example, where one person had refused to see a GP, this choice had been recorded and respected.

People were very complimentary about the food and said that they had a choice of what to eat. There was a menu on display which was chosen through the service user forum held once a month. Where people did not want the meal on offer, they were able to choose an alternative. For example, we heard a staff member asking a person who wasn't happy with curry what they would like instead. There was a note on the board in the kitchen which said that one person would like boiled potatoes instead of roast potatoes and the person confirmed that they always had what they requested. This showed us that people's choices were listened to and respected.

There was a comments book in the kitchen for people living at the service to provide feedback on the food. One of the comments included, "Dinner was gorgeous."

People were provided with the support they required to maintain a healthy, balanced diet and were supported to develop skills in menu planning, budgeting, shopping and cooking. One person said, "I get support to try and eat healthily. They (staff) do encourage me to eat the right thing but I do like my chocolate." One person with diabetes had their own menu to ensure that they ate the right foods.

People had access to the kitchen and there was fresh fruit available. Throughout the day we saw people helping themselves to food and hot or cold drinks.

People's health needs were met and where they required the support of healthcare professionals, this was provided. We saw that people had medication and health reviews. One person said, "Staff will make appointments for me if I ask them but I usually phone them myself."

Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support from district nurses, physiotherapists and opticians. There were contact numbers of additional support agencies available to people such as counselling services.

Where changes in people's wellbeing were identified, prompt action was taken to seek guidance and treatment from health professionals, such as involving speech and language therapists. This showed us that staff took appropriate action to keep people well.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, "The staff are the best thing about living at St Andrews Lodge as they support you." A relative said, "The staff are caring. They are careful to ensure they place the right people at St Andrews Lodge." A staff member told us, "They (St Andrews Lodge) go above and beyond for people here and provide stability and support."

The atmosphere within the service was welcoming, relaxed and calm. Staff were caring and respectful in their interactions with people. People were clearly comfortable with the staff, they responded to staff interaction by laughing and chatting to them. The staff spoke fondly of the people they were supporting. One staff member said, "The people here are cool. I have bonded with them."

Staff talked about people in a compassionate and respectful way and understood people's individual needs. They understood people's preferred routines and knew people well. One person was feeling anxious on the day of inspection and staff provided reassurance and responded in a caring manner when supporting the person.

Staff respected people's individuality. One staff member said, "People are all different and staff treat people as individuals which is really nice to see." Another staff member said, "There is a sound philosophy of person centred care."

People told us that they felt staff listened to what they said. One person said, "I talk to all of the staff about things. The staff do listen if I have a complaint and I express my feelings a lot." We saw that staff listened to people about how they wanted to be supported, for example, if they needed assistance with their personal care needs or support to cook their meal.

People's views were gathered through a service user forum which was held monthly and covered topics such as activities and the menu. One person told us that they were the service user champion. Their role was to bring concerns from people who were less confident in a group setting to support them to speak up or to ensure that their voice was heard. One person said, "We have a service user forum and we discuss what's been happening, what people have done." We saw that different theme nights had been held as requested at these meetings and we saw photographs of the theme nights on the walls. For example, an Indian theme night where people decorated flags and cooked Indian food. One person said, "The Indian theme night was excellent."

People were involved in their care and staff respected people's choices. Throughout the day we saw that people were encouraged by staff to make decisions about their care and support. This included if they wanted to go out or if they wanted medicines. One person said," If I don't want it (medicines), it goes down as refused. I can say if I don't want it."

Records showed that people and, where appropriate, their relatives had been involved in their care planning. A relative told us they attended meetings and said, "They try to involve me as much as possible."

Reviews were undertaken monthly by keyworkers and people were involved in reviewing their care. One person said, "I have seen my care plan. I signed to say I agree and add anything that I like."

The service promoted independence in all aspects of their lives. This including promoting people's human rights for example to vote in a referendum. People had been encouraged and supported to vote. One person who was preparing to move out of the service said, "The staff are helping me with the move. I do most things myself and I cook my own meals. I have done a self-medicating care plan which is another step forward to moving on." One staff member said, "I talk to people about things they enjoy and provide information so they can make a decision."

Where one person who was due to move had required additional support, an advocate had been offered to support the person with the process. An advocate is someone who can provide support to a person to ensure that their views and wishes are heard and using to influence the care they receive.

Good

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in activities which were important to them. People were supported to go out and where possible to do this independently. People accessed the community to maintain their interests including attending college and taking part in Thai Chi. One person said, ""I like spending time with everyone and going out in the minibus. I've been to West Mersea and Tescos." Another person said, "I go out for courses almost every day – biology. I go on the mini bus. I do trampolining on a Wednesday."

There was an activity co-ordinator who arranged in house activities for people and supported people to find external courses and sign up for these. Activity records were in place and the manager checked these monthly to see how many in house and external activities people had been involved in. They explained this often helped them to monitor people's habits and preferences which in turn could be an indication of a change in their mental health wellbeing. For example, where one person had not done much activity, the manager explained that it was difficult to motivate that person at times and alternative options were currently being discussed with the community nurse.

People were encouraged to be involved in their home and the service had a strong culture of ensuring that people's acheivements were celebrated. Each person had their own vegetable plot and there were hanging baskets made by people at college in the garden.

People's life histories were documented and called 'A reflection of my life so far'. Care plans were person centred and reflected the support that each person required and preferred to meet their assessed needs and covered communication, likes and dislikes and nutrition. Where people had specific health needs there was information in the care records about how these affected the person's daily living. For example, supporting a person with diabetes. People were involved in developing their care plans and these had been regularly reviewed. They were personalised, detailed and had been signed by the person. They covered areas such as mental and physical health, nutrition, safeguarding rights and personal care. They included if people wanted their personal care needs provided by a male or female staff member. The service used a Recovery STAR Chart which identified monthly goals and covered areas such as managing mental health, social networks and relationships. It was used to recognise achievements by each person who used the service. One person said, "I have seen my STAR chart about different topics and how you are getting on."

In addition to thorough care records, staff were able to demonstrate they knew people well and understood their needs. They explained how they kept up to date when people's needs changed. One staff member said, "We have a communication book so you can always catch up on any issues there." Some of the care plans contained blank forms and old information which could mean staff did not use the most up to date information. The manager told us the old information would be removed.

People knew who to speak with if they needed to make a complaint. The complaints procedure was given to people in the service user guide. Complaints were dealt with appropriately and a procedure was in place. Where a complaint had been made, we saw that action had been taken to resolve the issue and reduce any

re-occurrence.

Good

Is the service well-led?

Our findings

People were regularly asked for their views about the service and their feedback was used to make improvements. This included through regular care reviews and keyworker meetings, daily interactions and service user forums. There was no recent feedback from relatives of people using the service. The manager told us that there were not many relatives actively involved but that they would look into gathering feedback from those that were.

The acting manager had been in post since January 2016 and had identified and recognised the areas that needed to be developed to encourage improvement. This included introducing systems that had worked well in their past experience. The manager was also planning to improve the induction programme.

The manager had completed a full audit of the service to identify any areas for improvement. The audit covered areas such as staffing, people's involvement, and health and safety. Despite a health and safety audit being completed, the concerns regarding legionella and water temperatures had not been identified. Where concerns had been identified, the manager had taken action. For example, the service did not have a maintenance contract in place to ensure that fire systems were regularly checked and a contract had now been agreed. We saw that actions highlighted through an audit of care plans had been completed.

The acting manager met with the registered manager on a weekly basis to discuss the service and ensure that they were both up to date. Results from audits were discussed and action points agreed. This ensured that the registered manager had a good oversight of the service and provided good support to the acting manager.

Staff members told us the service was well-led and that the management team were approachable and listened to them. One staff member said, "I have a good relationship with the manager and I can talk to them about anything. I can definitely be open and honest." Another staff member said, "I think the service is well led. The management team always fight for the rights of the clients. They remain calm under pressure and we have clear direction. We stick together as a team and I feel very proud of the service." One relative said, "I think it is well led. It is not quite what my relative needs but it is well led for what it is supposed to do. They (management) are trying to help us find something more suitable. They are definitely approachable."

Staff members were motivated and committed to ensuring people received the appropriate level of support and were enabled to be as independent as they wished to be. The staff team were clear on their roles and responsibilities and committed to providing a good quality service. We saw through supervisions that the management team dealt with any concerns regarding performance. There were policies and procedures in place to provide guidance to staff and these had been reviewed regularly and signed by the staff team.

The acting manager, registered manager and deputy manager were very visible in the service and provided support to staff as required. This meant that they could speak to staff and people regularly, monitor the service and make any improvements as required. One staff member said, "We discuss things every time I am here." Meeting minutes showed that staff were kept up to date and topics that had been discussed included

medicines, new admissions and training. The staff were aware of incidents and action required through entries in the communication book. This contributed to the good running of the service.

The service worked in partnership with various organisations, including the local authority, local GP services and mental health services to ensure they were following correct practice and providing a high quality service. The manager had attended annual workshops which had recently included included wellbeing and staff morale. They told us how they wanted to use this learning to improve the service.

We saw a compliment from a relative who said, "I wanted to express my thanks and admiration for the care and understanding of those at St Andrews Lodge. The staff have been welcoming and friendly on my visits."