Wingreach Limited

Throwleigh Lodge

Inspection report

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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

The inspection took place on 21 March 2016 and was unannounced.

Throwleigh Lodge provides care, support and accommodation for a maximum of 17 adults with learning disabilities, some of whom have additional physical disabilities and complex needs. There were 17 people living at the service at the time of our inspection.

There was no registered manager in post at the time of our inspection. The service manager had applied for registration with the CQC and their application was under consideration. 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 and associated Regulations about how the service is run.

There were enough staff on duty to meet people's needs safely and promptly. Staffing rotas were planned to ensure that staff with appropriate knowledge and skills were available in all areas of the service. People were protected by the provider's recruitment procedures. Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place.

Risks to people had been assessed and actions to minimise the likelihood of harm were recorded.
The service aimed to learn and improve from any incidents and accidents that occurred. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

Medicines were managed safely but we identified two areas in which the provider should improve their practice. Some medicines were stored in a warm environment in which the temperature was not recorded, which meant the provider could not be certain that all medicines were being stored appropriately. When staff gave people PRN ('as required') medicines, they had not always recorded the reason for doing so. We raised these issues with the service manager during the inspection, who agreed to implement measures to address them.

People were supported by staff that had the skills and experience needed to provide effective care. Staff had induction training when they started work and ongoing refresher training in core areas. They had access to regular supervision, which provided opportunities to discuss their performance and training needs.

Staff knew the needs of the people they supported and provided care in a consistent way. Staff shared information effectively, which meant that any changes in people's needs were responded to appropriately. People were supported to stay healthy and to obtain medical treatment if they needed it. Staff monitored people's healthcare needs and took appropriate action if they became unwell.

The acting manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People's best interests had been considered when

decisions that affected them were made and applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe.

People were supported to have a balanced diet and could have alternatives to the menu if they wished. People's nutritional needs had been assessed when they moved into the service and were kept under review. Risk assessments had been carried out to identify any risks to people in eating and drinking.

Staff were kind and sensitive to people's needs. People had positive relationships with the staff who supported them. Relatives said that staff provided compassionate care and were kind and caring. The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly manner. Staff understood the importance of maintaining confidentiality and of respecting people's privacy and dignity.

The service manager provided good leadership for the service. People and their relatives had opportunities to give their views about the care they received and told us that the service manager responded appropriately to any concerns they raised. People who had complained in the past told us the provider had responded well to their complaint. Staff told us they had opportunities to express their views and raise any concerns they had.

The provider had implemented an effective quality assurance system to ensure that key areas of the service were monitored effectively. Records relating to people's care were accurate, up to date and stored appropriately. The service had established effective links with relevant health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed.

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.

There were sufficient staff deployed to meet people's needs in a safe and timely way.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People were protected by the provider's recruitment procedures.

Medicines were managed safely but we identified two areas in which the provider should improve their practice.

Is the service effective?

Good

The service was effective.

People were supported by regular staff that had the necessary skills and experience to provide effective care.

Staff had appropriate support and training for their roles.

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS. Applications for DoLS authorisations had been made where restrictions were imposed upon people to keep them safe.

People's nutritional needs were assessed and individual dietary needs were met. People enjoyed the food provided and were consulted about the menu.

People were supported to stay healthy and to obtain treatment when they needed it.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and sensitive to people's needs.

People had positive relationships with the staff who supported

them.

Staff treated people with respect and maintained their privacy and dignity.

Staff encouraged people to maintain their independence.

Is the service responsive?

Good

The service was responsive to people's needs.

People's needs had been assessed to ensure that the service could provide the care and treatment they needed.

Care plans had been regularly reviewed to ensure they continued to reflect people's needs.

Staff were aware of people's individual needs and preferences and provided care in a way that reflected these.

People had opportunities to take part in activities.

Complaints were managed and investigated appropriately.

Is the service well-led?

Good

The service was well led.

There was an open culture in which people were encouraged to express their views and contribute to the development of the service.

Staff had opportunities to discuss any changes in people's needs, which ensured that they provided care in a consistent way.

The provider had implemented effective systems of quality monitoring and auditing.

Records relating to people's care were accurate, up to date and stored appropriately.

Throwleigh 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 was 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.

The inspection took place on 21 March 2016. The inspection was unannounced and was carried out by three inspectors.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We also reviewed the Provider Information Return (PIR). The PIR 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.

During the inspection we spoke with nine people who lived at the service and two relatives. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We spoke with six staff, including the acting manager, registered nurse, care and catering staff. We looked at the care records of five people, including their assessments, care plans and risk assessments. We checked how medicines were managed and the records relating to this. We looked at five staff recruitment files and other records relating to staff support and training. We also checked records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

The last inspection of the service took place on 25 September 2013 when no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe at the service and when staff provided their care. They said staff were always available when they needed them. Relatives told us that staff provided care to their family members in a safe way. They said staff were aware of any risks to their family member's safety and managed these appropriately. One relative told us, "There are always enough staff around and they respond quickly to [my relative]'s complex needs." We observed during our inspection that staff supported people in a way that kept them comfortable and maintained their dignity. The service manager told us staff on each shift were divided into teams with specific responsibilities to ensure accountability for providing the care people needed. This was confirmed by the staff we spoke with and the shift plans we checked.

The staffing rotas were planned to ensure that staff with appropriate knowledge and skills were available in all areas of the service. Staff told us that there were enough staff on duty on each shift to meet people's needs effectively. They said they had time to provide people's care in an unhurried way. Care staff told us that qualified nursing staff were available if they needed to raise any concerns about a person's health or welfare. We observed that people's needs were met promptly during our inspection and that people were not rushed when receiving their care.

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. The service manager told us that safeguarding and whistle-blowing were discussed with staff at individual supervisions and team meetings. This was confirmed by the staff we spoke with during the inspection. One member of staff told us, "We are told about abuse and whistle-blowing. Our responsibilities are made clear. We are told to report anything we notice, like an unexplained bruise." Another member of staff said, "If I witnessed abuse I would inform the nurse or a senior. If I needed to, I know I could contact CQC or the safeguarding team." Staff told us they had attended safeguarding training in their induction and that refresher training in this area was provided regularly. We found evidence to support this in the staff training records.

Risks to people had been assessed and actions to minimise the likelihood of harm were recorded. For example staff evaluated the risks to people of developing pressure ulcers and those at risk of inadequate nutrition and/or hydration. Risk assessments were reviewed regularly to ensure they continued to reflect people's needs. The service aimed to learn and improve from any incidents and accidents that occurred. The service manager told us they analysed incidents and accident records to identify any patterns and actions needed to keep people safe. For example one person who had a history of falls had been supported to manage this risk. The analysis of falls identified the factors contributing to these events. The service manager arranged input from healthcare professionals, who provided specialist equipment for the person and guidance for staff. This had resulted in positive outcomes for the person, as their risk of falling had reduced and staff described feeling more confident in how they managed this risk.

The provider had developed plans to ensure that people's care would not be interrupted in the event of an emergency, such as loss of utilities or severe weather. Health and safety checks were carried out regularly to ensure the premises and equipment, such as adapted baths, hoists and beds, were safe for use. The

provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire. The fire alarm system and firefighting equipment were checked and serviced regularly.

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form with the names of two referees and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work.

Medicines were managed safely but we identified two areas in which the provider should improve their practice. Medicines requiring refrigeration were stored in a fridge, the temperature of which was monitored. The area in which medicines were stored at room temperature was warm and the temperature was not recorded. This meant the provider could not be certain that all medicines were being stored in appropriate conditions. We found that medicines administered were recorded accurately but when staff gave people PRN ('as required') medicines, they had not always recorded the reason for doing so. We raised these issues with the service manager during the inspection, who agreed to implement measures to address them.

Staff authorised to administer medicines had completed training in the management of medicines and had undertaken a competency assessment where their knowledge was checked. There were appropriate arrangements for the ordering and disposal of medicines. Staff carried out medicines audits to ensure that people were receiving their medicines correctly. We checked medicines administration records during our inspection and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines.

Good

Is the service effective?

Our findings

People were cared for by staff who had the skills and knowledge they needed to provide effective support. People told us that staff knew them well and provided their care in the way they preferred. One person said, "The staff are good" and another person told us, "I feel staff have had the right training." Relatives told us they were confident in the skills and abilities of the staff who cared for their family members. One relative said, "She is well looked after. I find it very reassuring. I have never had any cause for concern." Another relative told us, "The staff they are all very good. I'm quite happy, they look after her well."

Staff told us they were supported in their work and said they had access to the training they needed to do their jobs. They told us they attended regular refresher training to ensure their skills were up to date and that they had been supported to achieve vocational qualifications in health and social care. One member of staff said, "We get all the training we need. We have refreshers in our mandatory training." Staff told us they had regular one-to-one supervision, which gave them the opportunity to discuss any support or further training they needed. One member of staff said, "We have regular supervision but you do not have to wait until then if there is something you need to discuss." The records we checked confirmed that staff received training relevant to their roles and met regularly with their managers for individual supervision.

All staff attended an induction when they started work, which included shadowing an experienced colleague. Staff said they had also familiarised themselves with people's care plans during their induction, which provided detailed guidance about how people preferred their care to be provided. Staff attended all elements of core training during their induction, including health and safety, moving and handling, safeguarding, infection control, fire safety and first aid. Staff also attended training in areas relevant to the needs of the people they cared for, such as dementia care, and the safe use of equipment involved in people's care, such as slings and hoists.

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.

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 service manager and staff understood their responsibilities in relation to the MCA and DoLS. The provider had delivered training in this area and staff understood how the principles of the legislation applied in their work. Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. There was evidence that people's capacity had been assessed and that their best interests had been considered when decisions that affected them were made. Where possible, the provider involved people's families to support them in making decisions. Applications for DoLS

authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the service independently and any equipment used in their care, such as bed rails, hoists and slings.

People were supported to have a balanced diet and were consulted about the menu. They said they enjoyed the food provided and could have alternatives to the menu if they wished. One person told us, "I enjoy my food. Staff make what is on the menu. If you don't like the meal, you can choose something else." Relatives told us their family members were supported to eat foods they enjoyed whilst maintaining a balanced diet. One relative said, "They encourage her to eat well. They support her to maintain a healthy weight and diet."

People's nutritional needs had been assessed when they moved into the service and were kept under review. Risk assessments had been carried out to identify any risks to people in eating and drinking. Where risks had been identified, we saw evidence that referrals had been made to healthcare professionals, such as a speech and language therapist. Any guidance developed by the speech and language therapist, such as the consistency of food and drink, positioning, and equipment, was recorded in people's care plans. During the mealtime we observed that staff supported people in line with the guidelines in their care plans.

People's healthcare needs were monitored effectively and people told us they were supported to make a medical appointment if they felt unwell. One person told us, "I can always see a doctor if I feel ill." Staff were able to explain the signs they looked for to indicate if someone was unwell and the action they would take if they noticed these. Relatives told us they were confident that staff monitored their family member's health and obtained appropriate treatment when needed. They said staff always informed them of any changes in their family member's health or well-being. One relative told us, "They keep me up to date with everything. I told them I wanted to know anything that happened and they do that." Staff shared and communicated information about people's healthcare needs effectively. Staff beginning their shift attended a handover at which they were briefed about any changes in people's needs or in the way their care was delivered. Changes were also recorded in the communication book, which staff told us they read before beginning their shift.

Good

Is the service caring?

Our findings

People received their care from kind and compassionate staff. People told us they had good relationships with the staff who supported them and enjoyed their company. One person told us, "The staff are very friendly, I get on well with them all." Relatives told us their family members were looked after by staff who genuinely cared about them. They said staff were kind and sensitive to people's individual needs. One relative told us, "The care is very good. The staff are all very kind and friendly." Relatives said the atmosphere in the service was relaxed and friendly. They said their family members felt at home at the service and that they were made welcome when they visited. One relative told us, "[Family member] is very relaxed here and we are always made welcome when we come."

The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly manner. Staff were attentive to people's needs and proactive in their interactions with them, making conversation and sharing jokes. We observed that staff supported people in a kind and sensitive way, ensuring their wellbeing and comfort when providing their care. Staff communicated effectively with people and made sure that they understood what was happening during care and support. We saw examples of staff going out of their way to compliment people on their appearance, which had a demonstrably positive effect on the people concerned.

Relatives told us that staff recognised the importance of encouraging people to maintain their independence and supported people in a way that promoted this. One relative said, "They encourage her to do things for herself where she can." Staff told us they encouraged people to do what they could for themselves and gave us examples of how they did this. One member of staff told us, "We encourage people to do as much as they can for themselves, such as washing and drying themselves and cleaning their teeth. We just make sure they know we are there if they need us." We observed during our inspection that staff encouraged people to do things for themselves where possible. For example staff encouraged people to mobilise as independently as possible and supported them to do this.

People told us that they could have privacy when they wanted it and that staff respected their decisions if they chose to spend time in their rooms uninterrupted. They said they could meet in private with their visitors if they wished. We observed that staff treated people with respect and supported people in a way that maintained their dignity. People had access to information about their care and the provider had produced information about the service. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed. All staff had signed this policy to indicate their understanding of it and their agreement to adhere to it.

People and their relatives were encouraged to be involved in developing their care plans. Relatives told us the contents of their family member's care plans had been agreed with them before being put in place. They said care plans were reviewed regularly and that they were invited to these reviews. Relatives told us their views were taken into account and changes made to their family member's care plan when they requested them.

Good

Is the service responsive?

Our findings

The service was responsive to people's individual needs. People's needs had been assessed before they moved in to ensure that staff could provide the care and treatment they needed. Where needs had been identified through the assessment process, these were recorded in people's care plans. Care plans were in place for areas including communication, nutrition, personal hygiene, skin integrity, continence, mobility and pain management.

Care plans were person-centred and provided clear information for staff about how to provide care and support in the way the person preferred. In addition to guidance about the delivery of support, care plans also recorded people's likes and dislikes and how they preferred their care to be provided. Nursing staff told us they were allocated supernumerary time each week to review and update people's care plans.

Staff understood the importance of treating each person as an individual and ensuring that the care they received reflected their needs and wishes. Staff told us the service manager frequently reiterated this message and that this had increased the extent to which care was person-centred. One member of staff told us, "It is important to treat each person an individual." Relatives told us that their family members' preferences about their care were known and respected by staff. One relative told us, "They all know her very well so they understand how she likes things to be done."

People had opportunities to take part in activities at the service and to be involved in their local community. Staff supported people to take part in activities such as cookery and going for walks and drives to places of interest. People made use of local shops, cafes and garden centres. Some people chose to attend resource centres and were supported to do this by staff. External providers also visited to provide activities tailored to the needs of people living at the service. For example the charity Us In A Bus visited regularly to provide tailored communication and intensive interaction sessions.

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. One of the relatives we spoke with told us they had made a complaint and that the provider had responded apply. The relative said, "I made a complaint once when I wasn't told about an incident and they responded well. They have always done so since then." We checked the complaints record and found that any complaints received had been investigated and responded to appropriately.

Good

Is the service well-led?

Our findings

There was no registered manager in post at the time of our inspection. The service manager had applied for registration with the CQC and their application was under consideration. The service manager had attended a Fit Person Interview with the CQC and was awaiting the outcome of this process.

Relatives told us the service manager provided good leadership for the service. One relative told us, "I would say it is well led. Staff seem to be well trained and well supported." Staff told us the service manager was available for advice and support when they needed it. They said they met as a team regularly and were encouraged to give their views about improvements and to raise any concerns they had. One member of staff told us, "We have opportunities to give our views and they are listened to." Another member of staff told us, "We have team meetings to make sure we are all working to support people in the same way."

We saw evidence that staff met regularly and that the service manager used these meetings to ensure staff were working consistently. Notes of team meetings demonstrated that staff discussed any changes in people's needs and any new guidance about their care. For example the most recent meeting had been used to ensure that all staff were following new support guidelines for one person that had been put in place by a speech and language therapist. Action plans agreed at previous team meetings were checked to ensure any actions had been completed. For example it was noted at one team meeting that a person's care review was overdue. The following team meeting was used to check that the person's review had been scheduled.

People who used the service and their families had opportunities to give their views about the care they received and these were acted upon. People told us that staff always listened to what they had to say and respected their wishes. Relatives told us the service manager was approachable if they needed to discuss any aspect of their family member's care. One relative said, "The manager is always available if I need to speak to him. He always takes what I say on board." The provider distributed satisfaction surveys, which people could return anonymously if they wished. Surveys had last been distributed in October 2015 and asked for people's views about whether the service met their needs, whether their choices were respected, the activities and food provided and the skills and professionalism of staff. We saw that the feedback from these surveys was positive and that, where suggestions for improvements had been made, these had been considered.

The provider had implemented effective systems to monitor and improve the quality of the service. The service manager carried out regular audits on key areas of service delivery, such as accidents and incidents, pressure ulcer care and equipment, medicines management and infection control. A report of each audit was produced and the action taken where areas had been identified for improvement. The provider's Quality Assurance team also carried out unannounced monitoring visits and produced reports of their findings. The most recent report had checked staff recruitment files, any whistle-blowing or safeguarding incidents and the complaints record.

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily records for each person, which provided information about the care they received, their health, the

medicines they took and the activities they took part in. Where risks to people had been identified, monitoring charts were put in place to ensure actions were being taken to reduce these risks. For example where people were at risk of developing pressure ulcers, a repositioning regime had been implemented to ensure that people were turned in bed regularly. Minutes of team meetings demonstrated that the service manager reminded staff to ensure they were completing care records accurately.

The service had established effective links with relevant health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed. We saw evidence that referrals had been made where necessary to healthcare professionals including the GP, speech and language therapist, community nurse and the community team for people with learning disabilities. The outcomes of healthcare professionals' visits and appointments were recorded in people's care plans and were discussed at team meetings to ensure all staff were kept up to date about people's care needs.