

Care service inspection report

Lothlorien Community Housing Support Service

Corsock

Castle Douglas

DG7 3DR

Telephone: 01644 440602

Type of inspection: Unannounced

Inspection completed on: 19 March 2015



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Service provided by:

Rokpa Trust

Service provider number:

SP2003002562

Care service number:

CS2003053476

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	6	Excellent
Quality of Staffing	6	Excellent
Quality of Management and Leadership	6	Excellent

What the service does well

Lothlorien has fully embraced the ethos of participation for everyone who lives and works there. We saw numerous excellent examples of this throughout the inspection.

What the service could do better

Lothlorien should continue to build on all it's current ways of providing excellent care and support and ensure that co-workers and the core group of staff do not lose their motivation and enthusiasm.

What the service has done since the last inspection

The manager was relatively new to post at the last inspection and since then has strengthened the services policies, guidance and quality assurance methods.

Conclusion

Lothlorien provides excellent care and support using an empowerment model along with horticultural therapy. This facilitated many positive outcomes to the lives of the residents.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations

If we are concerned about some aspect of a company, or think it could do more to improve, we may make a recommendation or requirement.

A recommendation is a statement that sets out actions the care company provider should take to improve or develop the quality of the company but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

A requirement is a statement, which sets out what is required of a care company to comply with the Public Services Reform (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Lothlorien is a therapeutic community for people with mental health problems, situated in a quiet rural setting a few miles from the village of Corsock in South West Scotland. It has been run since 1989 by the Rokpa Trust. The service is registered to provide a Housing Support Service.

The community can accommodate 8 residents with mental health problems and 5 voluntary co-workers, living in the main house and a further 5 people living in the move-on house, Roan Lodge, which opened in April 2003. The paid staff at the service are known as the Core Group and the volunteers who live and work at Lothlorien are known as co-workers.

The service provides a therapeutic community for people who are motivated to deal with their mental health problems and committed to the principles underpinning the community. There is an emphasis on equality, value and respect and to creating and developing a therapeutic community through which people support and understand each other.

The community has 17 acres of land, including vegetable gardens, woodland and pasture land. The main house has wheelchair access and a disabled toilet on the ground floor.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 6 - Excellent

Quality of Staffing - Grade 6 - Excellent

Quality of Management and Leadership - Grade 6 - Excellent

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following an unannounced inspection. This was carried out by one inspector. The inspection started on Wednesday 4 March 2015 between 10am and 10.45am. It continued on Thursday 19 March 2015 from 9.30am until 6.45pm. We gave feedback to residents, co-workers and the service manager on 19 March 2015.

As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and submit to us.

We sent ten care standards questionnaires to the manager to distribute to residents. Four residents returned a completed questionnaire.

We also asked the manager to give out six questionnaires to staff and we received five completed questionnaires.

During the inspection process, we gathered evidence from various sources, including the following:

We spoke with:

- 5 residents
- The service manager
- 2 core group staff
- 3 co-workers

We looked at:

- Insurance certificate
- Accident records
- Complaints policy
- Support plans
- Reviews
- Risk assessments
- Training records

- Training planner
- Staff supervision/appraisal records
- Minutes of meetings
- Action plans
- Questionnaires
- Feedback forms
- Policy and guidance manual

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

What the service has done to meet any recommendations we made at our last inspection

More information is detailed under Quality Theme 3, Statement 3.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. The provider told us how the people who used the service had taken part in the self-assessment process.

Taking the views of people using the care service into account

These are reflected throughout the statements of the report.

Taking carers' views into account

Not applicable for this service.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 6 - Excellent

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an excellent level.

We found that the inclusion of residents ran through all aspects of decision making at the service as it was a key ethos of Lothlorien. The benefit of this was that residents told us they felt valued and were seen as having equal standing alongside co-workers and core group staff.

We found that the service had regular daily meetings to plan the day and for general business. We attended three meetings during the inspection process and observed that residents, co-workers and core group staff played an equal part with regard to chairing the meeting, contributing to the agenda, taking the minutes and agreeing any actions to be taken forward. This was encouraging to see as this led to the participation being meaningful.

We saw that there was a suggestion box available and residents we spoke with were aware that it was there and could be used if there was anything they wished to address anonymously.

We looked at questionnaires that had been completed by residents since the last inspection. These included exit questionnaires from residents at the end of their stay at Lothlorien. These questionnaires had then been reviewed and collated by the manager and any areas that required further action had been addressed. This meant that people were listened to and their opinions appreciated.

We looked at support plans and spoke to residents and core group staff about these. We found that residents were fully involved in devising and reviewing these and each resident had their own copy, if they wished this. This meant that residents were fully involved in their health and well being support which they received.

We spoke with core group staff who gave us many examples where residents were facilitated to take on key roles within the service including the kitchen budget and ordering process and being responsible for part of new staff inductions.

We found that there was a great sense of skill and knowledge sharing between residents, co-workers and core group staff, which led to mutual respect between people.

We found an overwhelming sense that residents, co-workers and core group staff had equal status. However, within this it was recognised that at times the manager had to make final decisions to ensure health and safety for everyone. When we spoke with residents, co-workers and core group staff, many used the phrase 'there's no them and us' to demonstrate this.

We received four completed questionnaires from residents prior to the inspection and spoke to some during the inspection process. All strongly agreed that they were overall happy with the care and support at the service. Their comments included:

"Lothlorien provides care and support in a very loving environment which, I feel, it is important to preserve without too many regulations - beyond obvious health and safety requirements - hindering the process."

"Lothlorien is a wonderfully supportive and egalitarian community. I have already benefited from living here. It has helped me to come out of a very dark period of my life."

"I feel blessed to be here."

"It's not them and us." (referring to resident and staff)

"Staff are spot on."

Areas for improvement

The provider should continue to monitor and maintain the excellent participation in assessing and improving the quality of the care and support provided by the service. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an excellent level.

We found that each resident has a support plan that is individual and person centred. This is reviewed regularly to ensure that it continues to meet the resident's needs. The review has a section that focuses on future plans. The benefit of this was that it maintained a focus on striving to eventually move on from Lothlorien and live independently.

We saw that an individual risk assessment was in place for each resident and this was reviewed and updated regularly to ensure that it was still appropriate.

We looked at occupancy agreements for residents and found that these were in place and had been signed by the resident to ensure that they were fully aware of their rights and also what was expected from them whilst staying at the service.

We spoke with residents who all told us that they felt extremely well supported by the service with their health and well being needs. They gave us examples of where they felt they had been within their lives when they first joined Lothlorien and how much their lives had improved.

We spoke to two residents who told us that they planned to move on from the service within the forthcoming months. We found that they had been supported to do this by staff, but were also making arrangements independently because they had been enabled by the time spent at the service to do this.

We found that an important part of the service is the use of horticultural therapy. This involves residents taking an active daily role in the gardens whilst being supported and facilitated by co-workers and core group staff. Residents we spoke with told us about the great benefit this had been for them. Any produce from the gardens was used by the service to support mealtimes.

We were told that the service used an empowerment model of care and support which included many therapies including non-violent communication, mindfulness, relaxation and laughter yoga. We participated in one of these sessions during the inspection and could see the benefits associated with it. Residents we spoke with told us about the benefits they found too. They told us that although there were various therapies throughout the week, they were not forced to participate where they did not wish to. This allowed for an individual and respectful approach.

We found that the service had close links with local health services including GP, Community Mental Health Team and Psychiatrist. Staff told us that they would liaise with these services promptly where they had identified that their input was needed. Residents we spoke with confirmed this.

We were told that the service had a comprehensive admission process which ensured that they could fully meet resident's needs. We were told that this included trial visits and on the second day of the inspection we saw this take place.

We heard about many ways in which the service was part of the local community including attending local choirs, volunteering and attending local social activities. Residents we spoke with told us that this had contributed to their improved health and wellbeing and gave them interests out with Lothlorien that could be maintained when they moved on.

We found that health was promoted including the promotion of healthy eating, cycling and other outdoor activities.

When a resident moved on from the service they were able to maintain some contact. Some would meet up in local cafes, visit at times to assist with the garden or volunteer at the service to give back some of the skills they had gained during their stay. Care was taken to ensure that there was not an over-dependency whilst maintaining contact.

We found that Lothlorien provided a warm, welcoming and respectful environment which is relaxed and gives people time to move on to live independently. However, there was still a structure and purpose for residents being supported there which met their goals for deciding to join Lothlorien.

Areas for improvement

The provider should continue to monitor and maintain the excellent quality of care and support. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 6 - Excellent

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an excellent level.

We found that residents were very involved in the recruitment of new staff. When a new member of staff was being recruited, the manager informed everyone and would ask for a volunteer to participate. This resident would then speak to the other residents to find out any questions that they would like asked during the interview and feedback the responses. This ensured that everyone who wished to had an opportunity to be involved.

We were told that candidates were expected to spend some time living at the service to give them and the residents, co-workers and core group staff a chance to gauge how suited they would be to becoming a staff member. We spoke with a member of staff that had been employed since the last inspection who confirmed that this had been their experience. They went on to tell us that they liked this and found it beneficial.

We saw that residents, co-workers and core group staff all contributed to the training planner in place at Lothlorien. The benefit of this was that the planner addressed people's identified needs.

We were told that residents, co-workers and core group staff attended any training in house and by external providers. However, for residents this was optional. We spoke with residents who had attended training alongside staff including adult support and protection, fire warden and non-violent communication. They told us that this had made them feel valued and used the skills learned here at Lothlorien as well as making them better equipped when the time came to look for employment in the future.

We found that currently people were attending an eight week mindfulness training programme and saw that after each session, everyone gave their feedback which was then collated by the manager and shared with the tutor who used this to modify the next session. This meant that the training offered suited everyone's needs.

See service strength under Quality Theme 1, Statement 1 for more information.

Areas for improvement

The provider should continue to monitor and maintain the excellent quality of care. The provider should ensure it is rigorous in identifying and areas for improvement and implementing action plans to address these.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an excellent level.

We made a recommendation at the previous inspection that the service should ensure that the application form for core group staff and co-workers is revised to take account of current best practice. We found that this was in place. This recommendation had been met.

We made a recommendation at the previous inspection that all applicants as part of the recruitment process are checked against their professional register prior to appointment. We found that this was in place. This recommendation had been met.

We made a recommendation at the previous inspection that the service provider should revise the current recruitment and equality and diversity policy and procedures to take account of current best practice. We found that this was in place. This recommendation had been met.

We looked at training records and found that all co-workers and core group staff had received adult support and protection training, with the exception of one person. Training was planned for them this year.

We found that co-workers and core group staff had received a variety of training since the last inspection including non-violent communication, fire warden, ASSIST and mental health first aid. These courses were all pertinent to the service and people told us how they used them to enhance the support they gave to the residents.

We looked at the planner in places for 2015 and found that training was planned regularly throughout the year and topics included mindfulness, chain saw usage and autism. The topics had been decided following consultation with residents, co-workers and core group staff to ensure that they would be appropriate.

We looked at records kept that ensured that the manager was registered with the SSSC (Scottish Social Service Council) as this is a legal requirement and found that this was up to date.

We found that co-workers and core group staff were extremely approachable. They were very enthusiastic and motivated about working for Lothlorien.

Areas for improvement

The provider should continue to monitor and maintain the excellent quality of care. The provider should ensure it is rigorous in identifying and areas for improvement and implementing action plans to address these.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 6 - Excellent

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an excellent level.

We were told that residents, co-workers and core group staff were all involved in any management decisions that may affect them. We spoke with all three groups of people who confirmed this. We also observed this during the meetings we attended.

We spoke with residents, co-workers and core group staff about how they felt they were involved in assessing and improving the quality of the management and leadership. All gave us many examples including informal chats, meetings and questionnaires. This meant that each person could use the method that best suited their needs at the time.

We were told that the manager was extremely approachable and that people could speak to her about any ideas or concerns at any time and would feel listened to. We heard many examples of how this worked for individual people, which led us to believe that these methods worked well within Lothlorien.

We found that in response to an identified need recently raised for people to be better skilled to carry out maintenance around the service, the manager has now arranged for a sessional worker to start to address this.

See service strength under Quality Theme 1, Statement 1 and Quality Theme 3, Statement 1 for more information.

Areas for improvement

The provider should continue to monitor and maintain the excellent quality of care. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an excellent level.

We looked at the policy and guidance manual and found that these were up to date and had been reviewed within the last year. At the last inspection the service did not have an up to date copy of Dumfries and Galloway Interagency Adult Support and Protection policy. This was now in place.

We considered all the various methods of feedback and consultation used between residents, co-workers and core group staff and how the manager had used these to assess and improve the service. We found that although in the majority of instances the manager would be guided by this feedback, they were fully aware of their responsibility to ensure that she delivered a service that worked within current legislation and national care standards. This led to the service being managed both safely and professionally.

We looked at some feedback from other stakeholders including the community mental health team and found this to be positive and gave an opportunity for any suggestions to be made.

We saw that there was an accident and incident policy in place and that the manager was aware when these should be notified to the Care Inspectorate. We looked at accidents recorded since the last inspection and found that they had been managed as expected.

We found that there was a concerns and complaints policy in place which included information that people had the right to address any concerns or complaints to the Care Inspectorate. The policy also gave details of the local advocacy service. There had been no formal complaints since the last inspection.

We spoke with residents who all told us that if they had any concerns or complaints, then they would know how to raise them. They told us that if they raised any with staff or management then they would be listened to and resolved.

We found the manager to be motivated and enthusiastic about her role in the service and eager to research any new ideas that she could use in the future to develop the service.

Areas for improvement

The provider should continue to monitor and maintain the excellent quality of care. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

None.

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 6 - Excellent	
Statement 1	6 - Excellent
Statement 3	6 - Excellent
Quality of Staffing - 6 - Excellent	
Statement 1	6 - Excellent
Statement 3	6 - Excellent
Quality of Management and Leadership - 6 - Excellent	
Statement 1	6 - Excellent
Statement 4	6 - Excellent

6 Inspection and grading history

Date	Type	Gradings
22 Aug 2013	Unannounced	Care and support 5 - Very Good Staffing 4 - Good Management and Leadership 5 - Very Good
2 Nov 2010	Announced	Care and support 4 - Good Staffing Not Assessed Management and Leadership Not Assessed
24 Sep 2008	Announced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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