

The Lodge Trust CIO

The 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

This was a first comprehensive inspection and was carried out on 24 August 2017. The inspection visit was unannounced.

The Lodge Trust CIO provides accommodation with personal care for up to thirty people with learning disabilities or Autistic Spectrum Disorder. There were four houses and thirteen flats. There was also a range of communal building such as a communal hall, café and woodwork block. The service was set in four acres of land and there was also a country park and caravan park which was open to the public. The Lodge Trust CIO is a conservative evangelical Christian home. People who used the service were expected to follow a Christian lifestyle.

A registered manager was 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.

People were safe. Staff understood their responsibilities to keep people safe from abuse and avoidable harm. There were sufficient numbers of experienced and trained staff to safely meet people's assessed needs. Recruitment practices were safe and made sure that checks were carried out on people before employment was offered.

People knew what being safe meant and knew what to do if they had any concerns. Risk was assessed and management plans were in place to protect people. There were plans in place to respond to emergencies and these were understood by people who used the service and by staff.

People's medicines were managed in a safe way so that people received their medicines at the right time and in the right way. People were supported to manage their own medicines if they were able to.

People received care and support from staff who were trained and knew how to meet their needs. Staff had their performance assessed and received supervision and appraisal and were given opportunities to discuss their development needs. Staff had access to the training they required.

Consent was sought before care and support was delivered. Staff knew how to deal with behaviour that challenges others in a safe and effective way. Staff were working within the principles of the Mental Capacity Act (MCA) and deprivations of liberty safeguards (DoLS).

People were supported to eat and drink and maintain a balanced diet. Staff knew about people's nutritional needs and followed guidelines provided by healthcare professionals. People had a choice of meals and said they enjoyed the menu provided. People had access to the healthcare services they required and were supported to make and attend appointments.

People were treated with kindness and compassion. People told us how staff made them feel that they mattered and listened to them. Staff knew people well and took action when people were upset or

distressed. People had access to advocacy services should they need help making a decision. People had their privacy and dignity respected and promoted.

People had their needs assessed and regularly reviewed so that their care and support could be adjusted to meet their preferences and needs. People had access to a wide range of recreational and work based activities and were also able to access training.

Concerns and complaints were encouraged and action was taken to resolve issues as soon as a complaint was raised. Improvements were made as a result of complaints or concerns.

There was a positive and open culture. Managers were visible and accessible. There was a clear organisational structure and staff understood their roles and responsibilities. The quality of the service was monitored to check that people were satisfied and policies and procedures were followed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse and avoidable harm.

Risk was assessed and people had their freedom supported and respected.

There were enough staff with the right experience and training to meet people's needs. Staff were recruited in a safe way.

People had their medicines at the right time and in a safe way.

Is the service effective?

Good ●

The service was effective.

People received care and support that was based on best practice from staff who had the knowledge and skills to meet people's needs.

Consent was sought before delivering care and support in line with legislation and guidance.

People were supported to eat and drink and had a varied and balanced diet.

People had access to the healthcare services they required.

Is the service caring?

Good ●

The service was caring.

People valued the relationships they had with the staff team and felt they often went that 'extra mile for them, when providing care and support.

Staff knew people well and showed concern for their wellbeing and took action to relieve distress..

People were supported to express their views and were actively

involved in making decisions.

People had their privacy and dignity respected.

Is the service responsive?

The service was responsive.

People received care and support from staff who knew them well and knew how to meet their needs.

A range of activities and work based programmes were available. People were able to follow their interests and hobbies.

People knew how to complain and were confident they would be listened to.

Good ●

Is the service well-led?

The service was well led.

There was a positive and open culture that was inclusive and empowering.

People and staff were involved in the development of the service and felt supported by managers.

There was an effective quality monitoring which was used to learn and improve the service.

Good ●

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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 unannounced inspection was carried out by one inspector and an expert by experience and their supporter and took place on 24 August 2017. Our expert had experience of using services. Before the inspection, we reviewed the information we held about the service. We had asked the provider to complete a Provider Information Return (PIR), which is a form that asks them to give some key information about the service, such as what the service does well and improvements they plan to make, and this was taken into consideration. We also reviewed statutory notifications and safeguarding alerts. A statutory notification is information about important events which the service is required to send us by law.

We spoke with three people using the service and looked at their care records. We spoke with the registered manager, training manager, two senior carers, a carer, the health and safety facilities manager, and the work and education manager. We reviewed a range of records in relation to how the service was managed, such as maintenance records, medicines administration records, and people's daily support records. We looked at three records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service by the provider and senior staff. We undertook general observations throughout the home, including observing interactions between care staff and people in the communal areas. We viewed the communal accommodation and facilities in the home, as well as the garden, and one person showed us their bedroom.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe here when staff do the fire checks, I go straight to the patio area where we all have to meet". People told us that staff checked their equipment such as wheelchairs and arranged for maintenance work to be carried out when this was required. They told us that staff regularly asked them if they were 'ok'. One person said, "I am able to speak up for myself. If I am upset I will tell staff and this makes me feel safe." People were asked if they had any concerns at the monthly 'resident forum' meetings. Staff were also asked at their supervision meetings with their line manager if they had any concerns.

Staff had received training about the prevention of abuse and avoidable harm. They knew how to recognise the signs of abuse and the correct action to take should they suspect abuse. This included contacting other authorities such as the local authority safeguarding team or the Care Quality Commission (CQC). Staff knew how to support people who displayed behaviour that may challenge others, they knew about the things that may upset people and made sure these were avoided. They knew what action to take to reassure people and to diffuse potentially risky situations in the safest way.

The provider had a safeguarding policy and procedure for staff to follow. At the time of our inspection this policy was being updated. We were shown a draft version of the new policy and saw that it was comprehensive and set out clearly the types of abuse and what action staff should take.

Risk was assessed and management plans were in place to keep people safe. For example, where a person had epilepsy and risk of seizures then staff took action such as increasing the amount of checks or using assistive technology to alert staff if the person was having a seizure.

Risk was managed appropriately so that people were involved in decisions and had their freedom supported and respected. One person said " I get a lot of freedom here I can go out to the local shops when I want to with staff support, sometimes staff will take me out in the car they always remind me to put on my seat belt to keep me safe I know this is very important." Another person said, "I get a lot of freedom here in my home I can come and go when I want to but still feel very safe at the same time."

Staff knew what action to take in the event of an accident or incident and there was a 'business continuity plan' for staff to follow. This instructed staff what to do in the event of a major incident such as loss of power, severe weather or flooding.

A health and safety and facilities manager was employed and was responsible for the premises, equipment and working practices. They told us about recent changes they had made to policies and procedures to improve safety for people. For example, fire sheets had been purchased so that staff could get people with mobility problems out quickly in the event of a fire. Staff were told to reverse park their cars into the space in the car park because this was known to reduce risk of accidents occurring in the car park. People and staff were familiar with these changes and had up to date training.

All accidents and incidents were recorded and discussed at health and safety meetings so that action could be taken to reduce further risk.

There were enough staff on duty to keep people safe and meet their needs. People told us that staff were available when they needed them. One person said, "I have never had to wait for staff to come to me they always take time out to talk to me ask me if everything is ok. I use a Bleeper alarm this is in my bedroom so if I need help from staff I will press the alarm for staff to come to me they come straight away." Staff said there were enough staff on duty to meet people's needs and keep them safe. They told us that short notice staff absences were usually covered. The registered manager told us that staffing numbers and the skill mix of staff was calculated using the dependency needs of people and that this was reviewed daily.

Staff were recruited in a safe way and checks were carried out about the suitability and character of the person before employment was offered. Staff we spoke with and records seen confirmed that this was the case.

People's medicines were managed in a safe way so that people received them in the right way as prescribed by the doctor. One person said, "I take medication and staff support me with this they put my medication up and get it ready for me to take. All my medication is kept safe locked away in a safe staff have a key for this I know there is a medication policy that staff have to follow." Another person said, "I take medication and support me with this and ensure I take it and get it at the right time." Staff had received training about managing people's medicines and had their competency assessed. We saw that medicines were stored correctly and administration records were accurate and up to date.

The registered manager told us that new procedures had been introduced which had reduced errors. For example, records were checked by a second person after each administration. There were clear procedures in place for the safe management of medicines. Medication errors were treated seriously and included staff capability procedures and reviewing processes. People were able to manage their own medicines if they wanted to and risk assessments were carried out for this.

Is the service effective?

Our findings

People received care and support from staff who had the knowledge and skills to meet their needs. One person told us, "I feel that my staff here are well trained when new staff start they are trained straight away to support me with my physical and emotional needs. This is very important to me, all the new staff have to go through a new training plan."

Staff we spoke with said they received all the training they required and completed 'the care certificate' when they first began working at the service. This meant that staff were given training which was up to date and in line with best practice guidance. All staff then worked towards a diploma in health and social care. There was also a system of 'supervision' and appraisal'. This meant that staff had their competency assessed and were given opportunities to discuss their learning and development needs.

A member of staff told us they said they had spent a week undertaking office based training and had then worked with a more experienced member of staff as part of their induction training. They were able to describe how they applied the training they received to meet people's needs. For example, they had received training about managing challenging behaviour with an emphasis on positive behaviour support. They told us how this training helped them to keep people safe and about the techniques they used to diffuse tension and reassure people.

There was a training manager employed to organise and oversee staff training. The registered manager told us that leadership courses had been offered to deputy managers to enhance and assist their decision making and taking responsibility. Other staff had also been given opportunities to develop their roles and take on responsibilities.

People were asked for their consent about the care and support they received and their capacity to make decisions was assessed. Staff had received training about this and described how they talked through each process and supported people to make choices. 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 supported to do so. 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. Records showed that people's capacity to make decisions had been assessed and best interest decisions had been recorded in people's care plans. Best interest decisions were also made where required for use of the CCTV in communal areas and where the provider was acting as a financial appointee and managing money on the person's behalf.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether staff were working within the principles of the MCA and found that they were. Where DoLS were required in order to keep people safe, the correct authorisation was in place and care plans instructed staff how to apply the DoLS in the least restrictive way. For example, one care plan instructed staff how to reassure the person and keep them calm. Staff had sought advice from a

specialist mental health team and this was recorded in the care plan along with examples of staff following this advice and the positive effects this had on the person.

People had enough to eat and drink and were supported to maintain a balanced diet. People told us they enjoyed their meals. One person said, "The food here is really nice I sometimes cook with support but our meals will normally come from the café/ kitchen. I sometimes go shopping on a Thursday to buy things for my home with staff support. If I am still feeling hungry after my meal I will tell staff they will offer me some more food it's not very often this happens I am normally full." Another person told us, "The food here is nice."

Staff knew about people's dietary needs and preferences. Specific food and hydration needs were recorded in people's care plans and staff had consulted with relevant professionals such as dieticians and speech and language therapists where this was required. People who were at risk of not having enough to eat and drink had their intake monitored and recorded.

People had access to the healthcare services they required. One person said, "I have recently visited my GP for my health check with staff support I had my eyes checked only three weeks ago everything was ok. The chiropodist visits my home every two weeks and I am very happy with this. Another person told us, "Staff here support me to visit my GP I have just visited only last week as I was feeling very unwell I was then referred to my dentist where I am now receiving treatment staff supported me really well throughout my procedure."

Staff knew how to recognise people's deteriorating health and contacted healthcare professionals when they needed to. Records showed this was done promptly.

Is the service caring?

Our findings

People were treated with kindness and compassion. One person told us, "I feel that staff have got to know me really well I have 24 hour care. Staff will come to me and tell me how they are going to support me on the day. Staff here go above and beyond their duties. They are all very caring and kind and help me with my emotions and my feelings. When I am out at work I know there are other residents working too but staff never fail to come to me ask how I am feeling. I have a care plan that is kept in the office I do sit with my staff and go through it from time to time to just check that I am happy with everything and to see if any of my health needs have changed.

Staff knew people well and knew about the things that were important to them. One person was cared for in bed because of their condition. Staff ensured they had their favourite music playing and were as comfortable as they could be. There was a key worker system in place so that people were supported by staff who knew them. In the evenings staff were available for 'talk time' whenever people requested this. This meant that the person had the undivided attention of the staff member for half an hour and could talk about anything that they wanted to.

People were supported to maintain relationships with the people that mattered to them. One person told us, "Staff support me to visit my family in [xxxx] this is very important to me that I get to visit and keep in touch with them all." Staff spoke in a positive way about the people they supported and about other staff. A staff member said "We are just one big happy family; we [staff] are always there for people."

People were given opportunities to celebrate successes and achievements. Certificates of achievement were presented to people so that they could celebrate their successes. People had an annual review where they were given the opportunity to discuss their aspirations and goals and staff supported people to do the things that were important to them. We saw that staff provided reassurance when a person became upset, they spent time talking to people in a calming way. One person told us how staff had helped them cope with a family bereavement. They also said, "Staff take time out for me and ask me how I am feeling. They will even come and find me if I am not in my home just to see how my day is going this means so much to me." Record showed that staff responded quickly and appropriately if people were upset or distressed.

People were supported to be as independent as possible. One person said, "When my mail arrives in my letter box staff will support me to read it and understand what my mail is about. They will help me go to the collect my money from the bank I have my own wallet staff support me to keep my money safe and my wallet. I am a very independent person I take a shower and dress myself." Care records promoted independence and recorded the things people could do for themselves and how best staff could support them.

Staff and managers were committed to providing care and support in a person centred way. People were actively involved in making decisions about their care and support. People knew about their care plans and had been involved in its development. People also had an annual review where they were asked to give their feedback and set new goals. Monthly 'our voice' meetings were held for people who used the service. The

registered manager told us that these meetings were held in small groups and were led by people who used the service. The minutes of these meetings were available in an accessible format. Minutes of these meetings showed that each person was given an opportunity to give their feedback. A person centred approach was also reflected throughout the provider's staff handbook and service user's guide.

People had their privacy and dignity maintained. One person said, "Staff respect me, they knock on my door before they come in to my home, staff care for me and are kind and they calm me down when I am feeling angry and anxious." The registered manager told us that all training reflects the core threads of dignity, care and respect. Practical examples were given when completing personal care and moving and handling.

The service had signed up for the 'social care commitment' this is a set The Social Care Commitment is an agreement between employers and employees, where both sides sign up to seven clear commitments to develop skills and knowledge within their workforce. It focuses on effective communication, upholding dignity and protecting an individual's privacy.

People had access to advocacy services if they required an independent person to give them support making decisions. An advocate had recently been used to help a person decide whether they wanted to live somewhere else.

Information about people was stored securely and staff understood their responsibilities to maintain confidentiality. Records were held electronically and could only be accessed by authorised members of staff. This was maintained by a technical team to ensure that data was secure, backed up daily and accessible in the event of a power failure.

The provider's 'disclosure and confidentiality' policy was clear and accessible to all staff. This meant that people could be assured that information about them would be protected.

Is the service responsive?

Our findings

The service was a conservative evangelical Christian home. This meant that people who moved into the service would be expected to live their lives in this way. This meant that people would have prayer times and bible study every day, go to church most weeks and to take part in work. This was made clear in the provider's service user's guide and during an 'assessment week'. The assessment week assisted people to make a choice and assessed people's needs to check they could be met.

People told us about attending bible study and going to church. They also told us about the work and leisure activities. One person said, "I like to bake with staff support, I have a day once a week Tuesdays but would love to be able to bake when I want to. I really enjoy spending time on my lap top and watching my DVD's in my home and going out to the local pub for a diet coke. I have recently been on a holiday and feel very proud of myself."

Another person said "I enjoy helping staff out with jobs. Staff support me to tidy my house they help me to change my bedding and do my washing. Staff will sit with me and plan what I am going to be doing the next day. I like to go on holidays and day trips out. One person said they didn't get much choice about where they went on holiday and another person had been reluctant to go to Bible study. We spoke with the registered manager about this. They explained how they supported people to make decisions but agreed to look into this. We saw the minutes from the meeting held for people who used the service. We saw that people were consulted about where they wanted to go on holiday. People were supported by getting into small groups and looking through brochures.

There was a programme of work that people attended Monday to Friday from 9am to 4 or 5pm. The work teams included craft, woodwork, gardening, working in the park and cleaning activities. People were expected to go to work except when they got older and wanted to retire. This was made clear to people in the provider's service users guide and during the assessment week. People also had access to training such as life skills and art courses. There was also a range of recreational activities such as swimming and horse riding. People had annual reviews where they were encouraged to discuss their goals and aspirations. The registered manager told us about one person who had an interest in steam trains and canal boats and how activities in this area were being planned. Another person was interested in animals and wanted to work with dogs.

One person told us, "Every year I have a review about how I am doing in my home this is with myself, family and visitors that have been invited. I felt very happy in my review as I was able to run this myself and have my say I felt that I was being treated fairly and people listened to me and respected my wishes. This year I have been on my holiday in June and really enjoyed it. Staff supported me to book a caravan and ensure this was suitable and accessible for me to get around." Another person said, "I enjoy working at Enterprise I am there today and will be labelling products such as jams, pickles and chutneys I love going, it makes me happy and I work with other residents and make new friends."

People knew how to make a complaint. One person said, "If I was not happy about my care or anything else

here in my home I would raise this with the manager. She is really nice and will sit with you and listen and will get things sorted out come back and give feedback about what happening next. We have a meeting (our voice) and this happens about every two months. It gives us a good chance for everyone to have their say and raise any issues or concerns I always look forward to this meeting."

Another person said, "If I am feeling upset and unhappy about something I would write a letter and give it to the staff here and I would feel very comfortable in doing this. The 'service user's guide' showed people how to complain and what they could expect of the investigation process. Complaints were logged and investigated appropriately. Complaints were discussed at the monthly 'quality meeting'. Records of these meeting showed that complaints were taken seriously and action plans were developed when shortfalls were identified.

Is the service well-led?

Our findings

There was a positive culture which was open, inclusive and empowering. One person said, "I know who the manager is here and feel very comfortable going to them with anything. They always take time out to sit and to listen to me. I am also very happy going to any of the staff here they are all very helpful. I absolutely love living here and have made lots of new friends."

There was a clear organisational structure and staff understood their responsibilities. The registered manager was supported to meet their CQC registration requirements. They sent us notifications to inform us of events that affected people who used the service as they were required to. The registered manager had recently undertaken additional training about leadership. They told us how this training had helped them to develop others in the team to become leaders. They had developed the deputy manager role to take on more responsibility and make decisions and had promoted care staff within the team. Staff had a shared set of values based on their Christian ethos and these were reflected in the provider's policies and procedures.

Staff told us that the managers were visible and involved in the delivery of day to day care and support. They also said their managers were approachable and accessible and would listen to them. Staff were given opportunities to question practice and raise any concerns they may have. Meetings were held every month for people and for staff. Minutes of these meetings showed that staff were asked for their opinions and feedback and these were acted upon. There were also monthly quality meetings where all aspects of the service including complaints or concerns were discussed and action plans developed. Agenda items in these meetings included discussion of the CQC's key lines of regulatory enquiry. This meant that people were informed about what level of care and support they should expect and how their human rights should be upheld.

We saw that information gathered from complaint investigations was used to improve quality. For example a policy had been changed so that staff had access to a hoist when taking people on holiday. This was as a result of learning from a complaint.

There was an on-going programme of quality monitoring so that all aspects of the service were checked to see that policy and procedure were being followed. These were discussed at the monthly quality meetings and action plans were developed. The provider also accessed external quality monitoring systems and had achieved a bronze investors in people award.