

Hampshire County Council

Jacob's Lodge

Inspection report

Jacob's Gutter Lane
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Tel: 01329854812

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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

About the service

Jacob's Lodge is a short break service for adults who have learning disabilities, autistic spectrum disorders and physical disabilities. There were five people using the service when we visited. Care is provided for approximately 42 people each year.

People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People told us they felt safe when they stayed at the respite centre. There were appropriate policies and systems in place to protect people from abuse. Regular health and safety checks took place and risk assessments were in place to protect people and there were effective systems in place to reduce the risk and spread of infection. People received their medicines safely in line with their preferences and by staff who knew them well and people told us they liked the food and had enough to eat and drink. We saw people being offered drinks and food and were given choices.

There were sufficient staffing levels to support people and the provider had safe recruitment processes in place. All staff received a range of face to face training, e-learning and observed supervisions and competencies to ensure they had the necessary knowledge and skills to do their jobs. There were robust systems in place to manage incidents and implement actions to prevent a reoccurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's needs had been assessed before they were offered a place at the service and they had implemented a comprehensive holistic pre-assessment pack for people.

Interactions between people and staff were kind, caring, positive and warm. We observed how staff were inclusive and ensured people were supported to be involved in conversations. We saw people being supported using their preferred communication methods and staff demonstrated an awareness and understanding of people's needs. People were supported to be involved in making decisions about their care. Staff respected people's privacy, listened to people and respected their choices.

People had personalised support plans in place which covered all aspects of people's daily living, care and support needs. We observed people being supported with personalised activities by staff using warm and kind approaches. We saw evidence of how responsive Jacob's Lodge was in supporting people for emergency respite stays. Jacob's Lodge understood different people use alternative ways to communicate

and had made their service accessible and inclusive. The provider had a complaints procedure in place and the registered manager was keen to rectify any issues and improve the quality of the service.

The feedback we received from people and relatives was positive, expressing confidence in the management and care delivery of the service. The providers visions and values focused on person-centeredness, being passionate about making a difference to people's lives and ensuring positive outcomes for people and the registered manager promoted an inclusive, value based and positive culture. The management team sought, and listened to, people's, their relatives and staff member's views, ideas and suggestions. There was an emphasis on shared learning and development within the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 7 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Jacob's Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Jacob's Lodge is a short break service for adults who have learning disabilities, autistic spectrum disorders, and physical disabilities. There were five people using the service when we visited. Care is provided for approximately 42 people each year. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care

provided. We spoke with eight members of staff including the deputy manager, residential support officers, the administrator and the area manager. We also spoke briefly with the registered manager, as although they were not working the day of the inspection, they came into Jacob's Lodge to introduce themselves to the inspector.

We reviewed a range of records. This included two people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed a range of records. This included one person's care records, three staff files in relation to recruitment and staff supervision. We looked at training data and quality assurance records. We spoke with the registered manager via telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when they stayed at the respite centre. One person told us, "Yes I like it here, I feel safe." A relative told us, "100% safe."
- There were appropriate policies and systems in place to protect people from abuse. The registered manager knew how to contact the local authority safeguarding team if necessary.
- Staff understood their role in protecting people from abuse and knew how to raise concerns both within their organisation and beyond, should the need arise, to ensure people's rights were protected. One staff member told us, "If [registered manager's name] or [deputy manager's name] were on I would go straight to them, if not I would go to shift leader or higher. If relevant I would phone the police and social services."

Assessing risk, safety monitoring and management

- Staff had received fire safety training and fire safety equipment was checked regularly. Other safety checks were also completed. For example, on gas and electrical items and lifting equipment.
- Risk assessments were in place which identified when people were at risk. For example, poor mobility or going out on trips. These explained the actions staff should take to support people safely in their preferred ways.
- The provider had implemented clear protocols and effective care planning to ensure people were supported safely. For example, comprehensive user-friendly falls protocols were in place.

Staffing and recruitment

- People's needs were met by suitable numbers of staff. We observed sufficient staffing levels during the inspection and saw staff were unhurried in their interactions with people. Staff rotas showed the management team took account of the level of care and support people required each day, in the service and community. We spoke to staff who confirmed there were sufficient staffing levels.
- A maximum of eight people stayed at the service at any time. The staff team at the weekend included the deputy manager and enough staff to meet people's assessed needs. Where people were assessed as needing the support of a staff member on a one to one basis, the staffing numbers allowed this. The service utilised a needs analysis system for each person and operated a flexible rota pattern to ensure all needs were met.
- Staff files contained the information required to aid safe recruitment decisions and protect people from the employment of unsuitable staff. We saw how people were supported to be involved in recruitment. The provider had created easy read recruitment packs to support people to participate in the interviewing of prospective candidates.

Using medicines safely

- People received their medicines safely in line with their preferences and by staff who knew them well from their regular stays with Jacob's Lodge.
- People brought their medicines in with them when they started their stay. The deputy manager had a system in place to ensure the medicines brought into the service were recorded and locked away and the person was involved in this process when they wished to be.
- Protocols were in place to guide and support staff on the use of medicines prescribed 'as required'. This meant staff had access to information to assist them in their decision making about when such medicines could be used, for example if people were in pain. One staff member told us, "We have protocols in place and liaise with the GP. We've got pictures as well and so when we ask them if they are in pain, we can show them an image (such as body maps for people to point to)."
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection. Staff were trained in infection control and food hygiene.
- Personal protective equipment, such as gloves and aprons, were used by staff to protect themselves and people from the risk of infection. Support plans promoted good infection prevention and control practices.
- The environment was clean, spacious and uncluttered during our inspection.

Learning lessons when things go wrong

- Where an incident or accident had occurred, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence. For example, during the inspection we observed the deputy manager promptly responding to a medicine's incident; investigating and implementing actions to minimise the risk of the incident reoccurring.
- The registered manager utilised other professionals to identify learning from accidents and incidents to support improvements for the service. For example, following a medicines incident they invited a professional independent to the service to review their medicines processes and procedures. We saw how they had listened to, and implemented, the recommendations made by the professional. The provider shared the written feedback from the professional following their follow-up visit to Jacob's Lodge which evidenced their satisfaction with the improved practice observed.
- The registered manager and staff team reflected on the quality of the service and any concerns were discussed in supervisions and team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we recommended the provider review its records of best interest decisions to ensure compliance and adherence to the Mental Capacity Act. The provider had made improvements.

- People's consent and ability to make specific decisions had been assessed and recorded in their support plans. Where people lacked capacity to consent to care, the principles of MCA were followed, and best interest decisions made.
- Staff demonstrated their awareness and understanding of their responsibilities under The Mental Capacity Act. One staff member told us, "I always assume someone has capacity first. If concerned they don't, I would do an assessment. People have fluctuating capacity, or capacity for certain things. I don't presume, for example, just because someone doesn't speak that they don't have capacity."
- People who stayed in the service had been assessed and DoLS authorisations had been appropriately applied for where necessary. These were reviewed when required.
- Staff gave us examples of ensuring people were involved in decisions about their care. Care records evidenced that staff knew what they needed to do to make sure decisions were taken in people's best interests if there were issues about capacity. We observed that people were supported to have maximum choice and control of their lives.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before they were offered a place at the service. The service had

implemented a holistic pre-assessment pack for people, which included physical, mental health and social needs as well as a comprehensive user-friendly welcome pack.

- The registered manager and senior staff considered individual needs and preferences when booking respite breaks. For example, they had implemented a colour coding system to identify the varying levels of support people required. This ensured that sufficient staffing levels were in place and staff deployed effectively to meet people's needs at all times.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff were able to tell us about people's individual characteristics. One staff member told us, "If they have preferences on gender it is detailed in support plan and the rota reflects this. For example, [person's name] doesn't want a male carer and so on Sundays she likes a bath, so we always ensure there is a female carer."
- People's needs were kept under assessment as they changed. One staff member told us, "We have yearly reviews with people, but a lot of updates are through the pre-stay calls. Everything is written down. Then it gets e-mailed to the whole team. Communication is really good between us and parents."

Staff support: induction, training, skills and experience

- People and their relatives felt staff were well trained. Comments included, "They are fantastic, absolutely fantastic" and "They are brilliant."
- There was an emphasis on the importance of training and induction. Staff new to care completed a robust induction process which included the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to. All new staff received a range of training to help ensure they had the necessary knowledge and skills to do their jobs.
- All staff received a range of face to face training, e-learning and observed supervisions and competencies to ensure they had the necessary knowledge and skills to do their jobs. Staff had attended training considered mandatory by the provider. Staff confirmed training they undertook was useful for their role. Specialist training was provided for staff. This included moving and handling, epilepsy and medicine administration.
- Staff received regular supervision meetings and appraisals of their work performance with the management team. We saw that this provided staff opportunities to discuss their performance, development, training needs and provide feedback on the service. One staff member told us, "We are encouraged. If there is something we like the look of training wise, they will investigate it."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they liked the food and had enough to eat and drink. We saw people being offered drinks and food and were given choices. A staff member told us, "People have very personalised menu planning; it is created every day by people choosing what they want. No set meal times; if someone gets up at midday, they have their breakfast then. People can access food and drink as they want throughout the day."
- Staff were aware of people's preferences, likes and dislikes and made sure these were available before their planned stay. Where people required their food and fluid to be prepared differently because of medical need or problems with swallowing, this was catered for. For example, we saw how the service accommodated a person's gluten free dietary requirement.
- Information on people's weight was kept up to date and was monitored. The registered manager told us how they worked with people, their relatives and other professionals to ensure people who were losing or gaining weight were referred to the most appropriate healthcare professionals when required. This was supported by the information in a person's care planning records.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked in partnership with other professionals, such as a local day service, learning disability social work teams, occupational therapists and advocates. This meant that people were supported in ways which met all their needs, as there was communication between the different services they used.
- The service offered a short break to people. Therefore, people would not usually make planned healthcare appointments during this time. However, the service had the flexibility to support people with any planned appointments, or emergency healthcare appointments, if required.

Adapting service, design, decoration to meet people's

- The service has been designed using the space available. The bedrooms were all painted a different colour and had televisions, DVD players and music systems in each one. People were encouraged to personalise their bedrooms for their stay. Communal areas included areas for dining, watching television, listening to music as well as a separate summer house where people could retreat to for privacy if they wanted to. The garden was fully accessible.
- The provider had consulted people who stay at the service about adaptations to the environment. For example, plans had been drawn up for an additional separate lounge area with accessible kitchenette and bathroom that people would be able to use independently.
- Specialist equipment was available when needed to deliver better care and support. For example, epilepsy sensor alarms and bed leaving alarms. One person had been supported to have their own pressure mattress made available to them for each of their stays with the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well treated. Interactions between people and staff were kind, caring, positive and warm. The staff chatted with people in a friendly and respectful way. One person said, "I like them (the staff)" and confirmed that they were listened to. A relative told us, "I love them to bits. They care about [relative's name]. They have been fantastic... it is amazing how they communicate with him."
- We saw people being supported using their preferred communication methods and staff demonstrated an awareness and understanding of people's needs. We observed one person, who had a preference for using different first names, being supported by staff to be called by their preferred name. When their preference changed mid-conversation, staff were instantaneously responsive and ensured they reflected the person's preference at all times.
- People were supported to have detailed personal histories and likes and dislikes. Their personalised records detailed people's preferences, emotional wellbeing support needs and cultural and spiritual needs. Staff used these to get to know people and to build positive relationships. Staff were consistently able to give us information about people without needing to refer to their support plans.
- People were welcomed into the service by staff who offered them drinks and asked them how they were and what they had been up to since their last visit. People were encouraged to make themselves comfortable and share what they wanted to do during their stay. One relative told us, "The minute he comes in and sits down they are chatting with him."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views throughout our inspection. For example, people were supported to whichever place they wanted to go to and to have drinks of their choice. Staff responded quickly and appropriately to their needs.
- People were supported to be involved in making decisions about their care. For example, they chose what time they went to bed. Staff discussed options with people and listened to their views. The deputy manager told us how they worked in partnership with one person, who had very specific preferences about the types of food that they ate, to begin experimenting with new foods at their pace.
- People told us, and records showed, that people were offered opportunities to be involved in reviews of their care and were consulted about who they wanted to be present at their reviews. We saw how people's preferred communication methods were used to support them to be involved. One relative told us, "They are brilliant here. The review went well."
- Before each person's stay with the service a member of staff would contact the person and find out about any changes to their needs, preferences, likes or dislikes they wanted the service to be aware of in

preparation for their stay with them. Stays would also be followed up with a post-call review with people. One relative told us, "They are really friendly. They ask how he has been, any changes."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, listened to people and respected their choices. Staff upheld people's dignity when supporting them throughout our inspection. We saw staff did not enter people's rooms without first knocking to seek permission to enter.
- Staff and the management team gave people their full attention during conversations and spoke with people in a considerate and respectful way. We observed how staff were inclusive and ensured people were supported to be involved in conversations.
- People's support plans contained detailed information linked to their needs. These explained the actions staff should take to promote and maintain people's independence. For example, one person's support plan detailed how they preferred to dress themselves and how they were to be supported to do this independently with verbal prompts and encouragement. A relative told us, "They support him to maintain and continue the skills he has developed."
- Care records and other confidential information were stored securely in the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had support plans in place which covered all aspects of people's daily living, care and support needs. They were personalised and each person's preferred personal care routines were detailed and reflected their preferences. The plans were written in partnership with people using the service.
- Staff were able to describe the care and support required by individual people. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted accordingly.
- We observed people being supported with personalised activities by staff using warm and kind approaches. During the inspection we observed one person being offered a choice of activities and when they chose to access an activity away from the service, we saw how they were supported to prepare everything they would need and wanted to take with them. We saw others being supported with one-to-one activities of their choice within the service.
- People were supported to do activities of their choice and had access to a range of activities including themed film nights, arts and crafts, knitting, music, shopping, cinema, theatre and bowling. The service had invested in technology such as electronic gaming systems and tablets which they told us had proved popular with people. We were told how one person had enjoyed their use of the tablet so much that the service had supported them to be able to purchase one for their own personal use by liaising with their family. They told us how this had made such a positive difference to the person.
- Since the previous inspection the service had introduced a 'salad bar' where people were supported to plant salad produce in raised accessible planters which would be made available for people to eat and use in meal preparations. The registered manager was passionate about developing this and for people to be more involved in the process for growing and cooking their food.
- Jacob's Lodge was a respite service and we saw evidence of how responsive the provider and staff team had been in supporting people for emergency stays. For example, we saw positive feedback from a relative thanking the staff team for supporting an emergency respite stay for one person over a bank holiday period due to a personal emergency and how grateful they were. Another relative told us, "Last year I needed to visit my nan who wouldn't last the night and they said straight away to bring [person's name] in. They were fantastic."
- We witnessed one such example during the inspection. One person had been due to conclude their stay but their relative had a medical emergency and the service accommodated an immediate extension to the person's stay with them.
- The registered manager was passionate about providing personalised care for people and this was

embedded within the culture of the team. We were told about how they had worked with the local commissioners to support one person, who had frequent hospital admissions, to have their support needs met by the service, including support at the local hospital if required. This enabled the person to enjoy a full stay with the service and for their family to enjoy a holiday abroad which they had not been able to achieve before.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their support plans providing information and guidance on how best to communicate with people who had limitations to their communication. The service had achieved 'Makaton friendly' status. This is a method of communicating by hand signs, pictures and symbols. It meant that they had demonstrated that they understand that different people use alternative ways to communicate and had made their service accessible and inclusive.
- Information was shared with people and where relevant, available to people in formats which met their needs. For example, using pictorial format and offering visual choices. There were many examples throughout the home of easy read and pictorial formats for information. For example, food and drink choices were available in pictorial formats and larger print.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. Where a complaint had been made the registered manager had investigated the complaint, responded to the complainant and acted to address the issue. The registered manager was keen to rectify any issues and improve the quality of the service.
- People and their relatives told us they knew how to make a complaint. A relative said, "I do know but I have never been unhappy." Another said, "They've got time for me and to listen to me."

End of life care and support

- End of life care was not provided at the service because people stayed for long weekends throughout the year and did not live there.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The feedback we received from people and relatives was positive, expressing confidence in the management and care delivery of the service. Comments from relatives included, "If anything changes, they let you know straight away" and "[Deputy manager's name] is fantastic, I can't fault her at all. I would be lost without these people."
- The provider's visions and values focused on person-centeredness, being passionate about making a difference to people's lives and ensuring positive outcomes for people. We observed that staff understood and cared for people in a manner that was in keeping with these principles and during the inspection staff were relaxed and happy and engaging with people consistently.
- The registered manager promoted an inclusive, value based and positive culture. They were committed to developing their staff. For example, the registered manager had plans to involve staff in the pre-assessment process for new referrals.
- Staff were mostly positive about the provider and the management team about the support they received. Comments included, "If I need anything I just ask. [Deputy manager's name] or [registered manager's name] would facilitate that; they are really proactive and encouraging", "[Deputy manager's name] is very caring and proactive", "I find [registered manager's name] approachable and supportive" and "When [registered manager's name] is here he is great and has brilliant ideas."
- Some staff told us that there had been times where they hadn't felt fully supported or listened to by the provider, particularly concerning a difficult situation that had challenged the service. One staff member told us, "The past year has been incredibly hard. We've had a lot of emergency situations that we've had to rely on each other and sometimes the support offered is not always followed up."
- The registered manager recognised that there had been some challenges they had faced as a team, especially where there had been many changes within a short period of time. They told us how they had reflected personally, as well as a team and organisation. As a result, they had developed their practice and communication within the team had been improved. They acknowledged that there was still some way to go and were fully committed to embedding it within the service. One staff member told us, "It is getting there with working together to achieve change."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was led by a management team whose passion and drive to deliver a good service, leading by

example, was evident. The registered manager and deputy manager were clear about their roles and spoke of the support they received from senior managers.

- The deputy manager worked alongside the staff team to provide additional support when required. We saw how comfortable people were with the deputy manager and how well they knew people and their support needs. For example, we observed one person visit the office to tell the deputy manager about their day, what they had been up to and what they had planned for the rest of the day.
- The provider and registered manager had in place a quality audit system to monitor and improve the service. When shortfalls, trends or issues were identified, an action plan was put in place and this was reviewed and signed off when completed by the registered manager. We saw the medicines quality assurance systems had been made more robust in response to recent medicines incidents.
- We saw how responsive the management team were in making improvements to the service. Such as the administrator, who was particularly creative in their designing and implementation of user-friendly systems and documentation, creating robust and comprehensive guidance information systems for staff to support them. During the inspection we observed the creation and implementation of a new form to evidence checks of people's slings.
- The registered manager was clear about the legal responsibilities in line with their registration with the CQC. They were open and transparent when accidents/incidents occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team sought, and listened to, people's views. The registered manager had implemented monthly 'guest meetings' to enable people to share their suggestions and ideas, as well as to enable them to give feedback in a timely way. We saw how this enabled the service to be responsive to the feedback and to implement suggestions and changes promptly. For example, the registered manager had involved people in exploring the range of activities with a particular focus on promoting people's wellbeing.
- The provider had systems in place to receive feedback about the service, including surveys. These were sent to people, staff, and relatives. Their responses were analysed, with actions responded to. In addition, feedback was gathered using informal chats and regular meetings. The registered manager had implemented a 'parent/carer committee' who met with the registered manager every three months to discuss new initiatives, ideas and to get feedback.
- Staff were encouraged to regularly feedback about the service delivery and share ideas and suggestions on how the service could be improved. For example, the clocks in all of the bedrooms had been changed to digital clocks in response to feedback from staff that this would make it easier to time seizure activity when required. One staff member told us, "I spoke to [registered manager's name] and he took on board what I said and moved forward with it."

Continuous learning and improving care

- The registered manager involved people and their families in ideas for the future of the service and how to develop the service. They had implemented regular social events for people and their relatives to attend. Such as afternoon teas. This enabled them to share feedback with the service and also to meet each other. Feedback about these events was positive. One relative told us, "I get to know the people [relative's name] gets to become friends with."
- There was an emphasis on shared learning and development within the service. The deputy manager told us how two staff were in the process of being trained in sensory profiling which would result in better outcomes for people. Sensory profiling increases understanding of a person's sensory needs and enables support strategies personal to the person to be developed and implemented.
- The systems to monitor the quality of the service were robust and effective. The registered manager acted on any errors or omissions raised or found on audits to help them further improve care.

- For example, the registered manager told us how they had plans to add an additional bathroom to the service that would be designed in such a way as to enable one of the people they support to be able to access it completely independently. Other planned environmental changes included the addition of a sensory area within the garden of the service.

Working in partnership with others

- Management and staff worked in partnership with other professional teams and departments, for example the learning disability team and the local day service to ensure the best outcomes for people. The registered manager told us how they met monthly with the manager of the local day service to aid partnership working. For example, they had worked together with the local day services to support a person to become familiar with Jacob's Lodge and to commence short respite stays.
- The provider had implemented a new electronic system that enabled them to share information securely with other professionals ensuring the best outcomes for people. For example, the provider operated other services which the people they supported accessed and this system enabled joined up partnership working. One staff member told us, "It ties all the services together so we can provide seamless support to people. If already known to a service, then we can go onto [electronic system's name] and pull up information on how we can support that service user."