

Curado Ltd

Lona Lodge

Inspection report

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Ratings

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|---------------------------------|---------------|
| 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? | Outstanding ☆ |

Summary of findings

Overall summary

Lona Lodge is a care home providing personal care to up to a maximum of four people. The service provides support to adults with mental health needs. The aim is to help people to live with more independence in the community and the average length of stay is approximately two years before people move to more independent living arrangements. At the time of our inspection there were three people using the service.

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

Lona Lodge was exceptionally well led. The provider's ethos and values put people at the heart of the service. This vision was driven by the exceptional leadership of the nominated individual and of the registered manager. The staff team were empowered to contribute fully to support a person-centred model of effective care. This helped people using the service, with complex needs, to achieve their hopes and aspirations for more independent living.

People, their relatives and professionals all praised the managers and the staff team and gave examples of the outstanding care that was delivered.

People received personalised care and support according to their needs and wishes. This was particularly effective in supporting people to achieve their goals and outcomes as it also helped people to be more confident in developing the skills they needed to achieve more independent living.

The provider created the right culture where their staff could develop and provided the right training and support to make sure they could fulfil their roles appropriately. One staff commented, "I just think they are an inspirational company who really believe in all the things they are doing. It's significant work and they genuinely care about people and all their employees. They never stop trying to improve."

The service was flexible and adapted to people's changing needs and wishes and promoted their independence. Care was person centred and risk assessments were in place. Risk management plans helped staff as well as the person to minimise risks but included positive risk taking.

People's diversity and their unique individual needs were well-respected by staff. The staff team knew people extremely well and were able to provide appropriate support discreetly and with compassion.

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 were all focussed on achieving these outcomes.

People were encouraged and supported to lead as fulfilled a life as possible. They were supported to follow their dreams and aspirations.

There was clear evidence of collaborative working and excellent communication with other professionals in health and social care as well as in the community and education sectors. The provider used innovative ways to build excellent relationships with the community and with health and social care professionals so that people using the service would benefit.

Staffing levels were extremely good and sufficient to ensure people's needs were met in a safe, timely and consistent way.

Staff were supported and encouraged to continue their professional development in order to progress and provide the best outcomes for people.

People were kept safe. Staff demonstrated they knew how to raise safeguarding concerns and were aware of the processes to follow in order to keep people safe. People told us they were kept safe and that they felt safe.

Care and support plans were developed to ensure people's needs and risks were met appropriately. This was to assist people to work towards achieving their maximum potential in terms of their independence. Risk management strategies were in place to assist staff to help people to manage these risks and to identify triggers for behaviours that may challenge.

The administration of medicines was managed in a safe way. There were policies and procedures in place for staff to follow and staff told us they found them useful in ensuring people received their medicines safely.

The service was following safe infection prevention and control procedures to keep people safe.

People were assisted to become more independent with their menu planning and budgeting so as to enable them to eat more healthily and within their budgets. They were helped with developing their meal preparation skills.

People's health care needs were being met and they had access to healthcare services where needed.

Staff were kind and caring, they respected and valued people using the service.

People's privacy was respected, and people were supported to maintain contact with relatives and friends.

There was a comprehensive and effective governance system in place.

People, relatives and staff were confident about approaching the registered manager if they needed to. They recognised that their views and feedback were valued and respected and consistently used to support quality service development. A wide range of comprehensive audits took place to ensure the quality of the service was maintained.

Robust processes were in place to manage and respond to complaints and concerns.

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

Rating at last inspection

This last rating for this service was good (published 14 August 2018)).

Why we inspected

This was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Outstanding ☆

Lona 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Lona Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lona Lodge is a care home without nursing care.

CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection visit to ensure the

registered manager was available.

What we did before the inspection

We reviewed information we had received about the service since it was registered, including the notifications of accidents and incidents we had received from the provider. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with two members of staff, the nominated individual and the registered manager.

We made observations around the service. We reviewed a range of records. This included three people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and policies and procedures were reviewed.

We continued to seek clarification from the provider to validate evidence found.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by knowledgeable and passionate staff. Together with their relatives, people told us they were kept safe and that they felt safe. Comments from people included, "Yes I do feel very safe here", "The staff go a long way to make sure we are as safe as possible"; "Totally. The staff go the extra mile, it's like we are family." Comments from relatives included, "My [family member] receives safe care at Lona Lodge", "I can see people are safe", "Staff encourage people to be as independent as possible but they help people to do so safely for themselves."
- Staff completed regular updated safeguarding training and staff understood their responsibilities and how to report any concerns. A staff member said, "I have completed the training which provided me with the guidance I needed." They went on to tell us the correct procedures to follow if concerns arose. Another staff member said they would always discuss any concerns with the manager. Staff said they would contact the emergency services [police, ambulance] if people needed immediate protection.
- The registered manager told us they regularly discussed safeguarding policies and procedures in team meetings. This was to ensure staff were up to date with best practice and to share knowledge and experiences amongst the staff team. Minutes of these meetings we saw confirmed this.

Assessing risk, safety monitoring and management

- People were at the centre of the needs and risk assessment process. Staff worked together with people to ensure they had as much freedom of choice as possible when developing their care plans. Care and support plans were developed to ensure people's needs and risks were met appropriately. This was to assist people to work towards achieving their maximum potential in terms of their independence.
- Support plans and risk management plans provided staff with guidance about how to support people safely and how to work with people to achieve their goals and outcomes. People told us their main aim and objective was to live as independently as possible and they welcomed the constructive support they received to achieve this.
- The provider recognised the importance of working with health professionals in a structured way to better meet people's agreed care plan outcomes. This comprehensive approach was more effective in helping people achieve their hopes and aspirations.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS), work history checks and references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were appropriate numbers of staff on duty to meet people's needs. The staff rotas we inspected

confirmed this as did staff who said, "There are good numbers of staff on each shift here ."

Using medicines safely

- People received their medicines safely and as prescribed. There was a robust system in place to ensure medicines prescribed on an 'as required' basis were used appropriately. Protocols were in place for the safe use of these medicines that staff were well aware of.
- Medicines records were clear and accurate.
- The provider assessed risks relating to medicines for each person and staff had clear guidance to follow to keep people safe.
- People received medicines from staff who were trained and assessed as competent to do so each year. Additional training was available for staff who required more support.
- The provider regularly checked medicines management was safe by carrying out quality audits. Our checks of medicines stocks and records showed that stocks matched recorded levels and they were stored at the required, safe temperatures.

Preventing and controlling infection

- The home was clean and free from malodours . Comprehensive policies and procedures were in place to prevent and control the spread of infections. These were reviewed regularly and updated as necessary.
- People were helped to keep safe by staff who followed safe infection control practices. They received appropriate training in this, including how to use PPE to reduce the risk of COVID-19 infections.
- The registered manager regularly checked infection control practices to ensure staff followed current guidance and had access to a regular supply of PPE.
- The provider assessed risks related to COVID-19 for people using the service and staff. They took any action necessary to reduce risks.
- The staff completed food hygiene training and followed correct procedures for preparing and storing food.

Visiting in care homes

- The provider accepted visitors to the home in line with current best practice.

Learning lessons when things go wrong

- Policies and procedures were in place for all accidents and incidents to be reviewed and lessons to be learnt. The registered manager monitored any incidents to identify patterns and trends in behaviour and other risks. Action was then taken to reduce these behaviours.
- There was good communication with staff to make sure lessons were learnt together when things went wrong. We saw that records were maintained for all incidents and accidents so that they could be investigated. The registered manager regularly reviewed them.
- Learning from previous incidents was discussed with the staff team at team meetings where staff were encouraged to share ideas as to how further improvements could be made to identify any patterns and to prevent re-occurrence.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were comprehensively assessed in line with recognised best practice together with the person, their relatives and health professionals to ensure a co-ordinated approach to best meet the person's needs and wishes. Compliance with medication, ability to self-medicate, engagement with employment and education, physical health maintenance, abstinence from drugs and alcohol, cooking independently and engaging in a social activity were all integral parts of the assessment and care planning process.
- People's care plans included their health and social care needs together with agreed outcomes. The care and support plans were reviewed and revised as people's needs changed in order to help them move on as part of their transition to less supported accommodation.
- People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- Staff were well supported with the provision of effective training and individual support.
- Staff told us they received a wide range of training that was relevant to their roles and they were extremely complimentary about it. Staff told us the training was of a high standard and supported them to develop and progress further than they had experienced in any other care home.
- Staff comments included, "This provider puts a lot of work in to pushing their staff to achieve the best they can – in doing so they have excellent results with their clients as well."
- We noted that the staff training went above and beyond the basic and mandatory training courses. It included higher level training, specific to meeting the needs of the people they supported. We saw training records that evidenced this. Staff training included: Client Centred Care in Mental Health, Motivational Interviewing in Mental Health, Better Health, Better Lives, Safe Handling of Medication, Safeguarding Adults, Mental Capacity Act and Deprivation of Liberties, Safeguarding against Radicalisation & Extremism, Food Safety, Health and Safety and Infection Control.
- Staff told us they received regular supervision with the registered manager. This included one to one meetings and team meetings. We saw the provider's supervision matrix that set out regular six to eight weekly individual supervision for staff members. These meetings included a review of the direct work staff undertook with people. These measures ensured staff had the support, skills, knowledge and experience to deliver effective care.

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

- People were supported to maintain a healthy balanced diet. The registered manager told us the staff team

encouraged and supported people to understand the important contribution that eating healthy and nutritious food made to improved mental health.

- There was a strong emphasis in helping people make appropriate choices to do with the food they ate. This included assistance with supporting people to develop their skills in budgeting, shopping and preparing their own meals.
- People told us how much they enjoyed preparing their meals for themselves. They said they had built up good skills with this that would come in useful in the future. Comments included, "I love cooking for myself and for the house sometimes"; "My confidence has increased and this is something that will really help me when I live more independently", "Staff help us to eat healthily. We can cook our own meals using healthy ingredients".
- A system was in place to monitor people's food and fluid intake where needed.

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

- People were supported by staff and a range of different health and social care professionals to ensure there was a good co-ordinated approach to their care and that outcomes were effectively met. Staff supported people to access community healthcare professionals such as the GP, community mental health teams and psychiatrists.
- Records confirmed that people had regular appointments with these professionals. One relative told us, "Staff work closely with us and my [family member], we attend reviews and staff always let us know if there are any changes." We saw doctors and dental appointments were made and regular check-ups took place.
- A Health Action Plan [HAP] was in people's care files. The HAP detailed what was needed to promote the person's good physical and mental health, their likes, dislikes and triggers to behaviour.

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.

- People had their rights and freedoms respected by staff who understood the principles of the MCA and the importance of enabling people to make their own decisions. This meant care and support was provided in the least restrictive way.
- Staff had received training in MCA and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA and how this was used when supporting people.
- Assessments showed that where a person was unable to make a specific decision, staff understood they needed to ensure any decisions made were in line with the person's best interests and was the least restrictive way. Records we looked at confirmed people were supported with their best interests and safety in mind.
- At the time of our inspection people had not required DoLS interventions.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- There was a strong and visible person-centred culture that was evident with staff who were clearly well motivated to work with people to help them achieve their ambition to live a more independent lifestyle. One member of staff said, "This is like a large family where we really care about people." Other members of staff told us, "We treat people as we would want to be treated, with care, respect and dignity", "We want to help people to see this as their home and to be able to move on with the best chances of success."
- In talking with staff we saw kind and compassionate attitudes shown towards people. Staff were prepared to go the extra mile when necessary to help people. An example of this was with one person who had made excellent progress at Lona Lodge with developing their independent living skills and was ready to move on. They were required to attend an important meeting that would determine their future but became too anxious on the day to attend the meeting. In support of this person, a member of staff escorted them to the meeting and attended it with them. The outcome was really positive for the person and they were able to move on and now live much more independently.
- Other people told us they received care and were well treated and respected. One person said, "The staff here are like a very caring and supportive family. They really do care and they show us they do every day by their actions I have a daily programme for me to follow but staff always ask me on the morning if that's what I want to do and is there anything else I might like to do otherwise."
- Relatives and professionals described the care and support offered to people as outstanding. One professional said, "It is an exceptional home, staff work diligently with people and ourselves to meet people's needs" another told us "The whole set up is to help people achieve as many of their needs and aspirations as possible and successfully too. For most people there, that is to be able to move on to independent living, having developed the skills they need to sustain this. They are very good at this."
- People's equality and diversity needs were fully assessed as a part of the initial and ongoing assessment and care planning process. The provider had creative ways of reflecting people's personal histories and cultural backgrounds and staff were matched with people's interests and personalities.
- Staff demonstrated their commitment and passion for enabling people to be the very best they could be and as independent as possible in a caring and friendly environment. The nominated individual told us that at the start of each person's placement, staff were matched appropriately with people so that their needs could be best met and this included people's personality and cultural needs. For example, one person using the service wanted to develop their skills in cooking. Their assigned care worker worked with the person and this was achieved. That person told us, "It's great, with the help I've had from staff I can now cook several dishes [from their home country]. I'm so pleased about this."

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

- The service helped people express their views so that staff and management understood their wishes, choices and views.
- People told us they were able to express their views and be involved in not only decisions about their own care but also in matters to do with the running of the house. People said this was always a topic of house meetings which were held every month. We saw the minutes of recent meetings, and we can confirm people were actively able to contribute in this way with their ideas.
- We saw staff interacting with people in a most respectful, caring way that encouraged people to make their own decisions about their care. People told us that staff developed good relationships of trust with them. This, they said, helped them with their confidence which in turn enabled them to make appropriate decisions about their care and support outcomes. More than this they said it had given them the courage to work much more successfully towards achieving their goals.
- The registered manager and the staff team made sure people got the support they needed. They were particularly focussed where conflict and challenges presented themselves for people. Excellent working relationships had been developed with other health and social care professionals as well as voluntary agencies and this meant people received a comprehensive, effective and professional response which enabled people to overcome the challenges they faced in living more independently in the community.

Respecting and promoting people's privacy, dignity and independence

- The provider's values and principles of care embodied the need to respect and promote people's dignity and independence. All the people we spoke with told us staff upheld these values and respected their privacy, dignity and independence more than anywhere else they had experienced.
- We saw the registered manager had developed a strong culture in the home where respect for people and the promotion of their privacy, dignity and independence was a foundation of the care and support provided to people by staff. They ensured people's autonomy and independence was promoted and that this was the central focus of their care.
- Several people had moved on to live more independently since the last inspection with success. Care records detailed how this had been achieved and the incremental steps that led to people being able to move on successfully.
- Comments from relatives were glowing in their praise for the work done with their family members who had moved on to more independent living. Comments included, "[Family member] would never have been able to move on without the outstanding work staff did with them", "They built [family member's] confidence so much. It really helped them improve their skills and ability to do stuff for themselves. Now they are living much more independently elsewhere, and it's really turned out well for them."
- The whole staff team demonstrated their commitment and passion for enabling people to be the very best they could be in a caring and friendly environment. People were helped to maximise their potential to attain maximum independence.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- Staff knew people very well and understood their history and future aspirations. This enabled staff to plan people's care in a way which was person-centred.
- As a part of planning people's individual care, the provider used a well-known tool for the measurement of mental wellbeing among people. This meant that people's individual mental wellbeing was assessed and planned for together with their overall wellbeing including the physical and social aspects of their wellbeing.
- This process was used along with weekly key worker sessions and regular reviews with the person's community mental health team to understand if people's needs were being met and if they were happy and contented.
- People said that as a result of this process [described above] they felt they were central to their care. They said this was positive for themselves because they felt the care they received was about them, that they had been listened to and more than that, that their care and support plans had valuable contributions from their relatives and health and social care professionals. Comments included, "I been in several places before here. This place is different, I feel I am being heard, listened to and my voice matters" and "With this kind of help I strongly believe I'll be able to get there" [be more independent].
- People said they always had choices as to how their needs would be met. They told us that as and when their needs changed, staff reviewed their care plans together with them. The registered manager ensured reviews of the care plans were as specific, measurable, achievable and realistic for the person as was possible.
- The service understood how to support people to pursue their interests and activities and develop their daily skills so they led as fulfilling and independent a life as possible. People's plans had a high level of detail on their likes and dislikes and how best to engage with them, with a clear understanding of how they communicated in every aspect of their daily lives.
- Each person had a structured plan personalised for them each day. These involved learning skills as well as taking part in activities which they enjoyed and wanted to do. Care and support plans were extremely well thought out and they were regularly reviewed and updated. The staff recognised people's needs sometimes changed quickly and this was reflected within the care planning and support being offered.
- People's care plans were based on a full and comprehensive assessment of their individualised needs, risks, religious and cultural background and lifestyle choices.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard [AIS]. The Accessible Information Standard tells organisations what they

have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were known to staff and the provider was meeting the AIS standard. Staff ensured they had access to information in formats they could understand. When necessary key policies and procedures were available in alternative formats to make sure people could more easily understand the information they were given.
- The registered manager assessed and recorded people's communication needs in line with the AIS and this was recorded in their care plans, including any assistance they required from staff.
- Staff had good awareness, skills and understanding of individual communication needs.

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 were extremely well supported to develop and maintain relationships that they said were important to them. One relative said, "Staff have made fantastic efforts with [my family member] to keep our relationship alive and now it's really positive". Another said, "We are always made extremely welcome and we know we can always pick up the phone and have a chat with the manager or staff whenever we want. They are so accommodating."
- Because staff knew people well and had developed good trusting relationships with them, the staff team understood how best to support people to pursue their interests and activities. Staff also knew how to help people build their daily living skills so they could lead as independent a life as possible. A good example for one person was the allotment project, 'Down To Earth'. This project was set up and aimed at promoting people's self-esteem and resilience. It provided excellent opportunities for the person concerned to follow up their interest in gardening. The person's relative told us their family member really benefitted from this working in this project and still does similar work.
- The service had a key role in the local community and was actively involved in building further links. Staff told us they worked hard to support people to become more integrated into the community by encouraging and supporting activities such as further education, volunteering work and sports. People at Lona Lodge have completed further education courses, undertaken vocational training and gained employment. Two people obtained City & Guilds qualifications to work as a plumber and electrician respectively.

Improving care quality in response to complaints and concerns

- The service had suitable procedures to address complaints and concerns but had not received any. People and their relatives told us staff regularly contacted them to make sure they were happy with the service, share information and to make sure any concerns would be picked up at an early stage

End of life care and support

- The people living at Lona Lodge were all relatively young adults and end of life care was not a priority need for them. No-one using the service was receiving end of life care. The registered manager told us that if a person was diagnosed with an illness that might limit their life expectancy, they would work with the multidisciplinary teams to discuss their future care needs and how best to support them.

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 our last inspection we rated this key question good. The rating for this key question has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Leaders and the service culture they created drove and improved high-quality, person-centred care. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture and ethos at this service put people at the centre of their care. The nominated individual told us their organisational values were embedded in every aspect of this service and about the importance of advocating for people when necessary. A good example of this was where two people were considered ready to move on to more independent accommodation. When the time came the people were very unhappy with the resource being made available for them to move on to. The registered manager together with the relatives challenged the proposal and were able to overturn the decision and get a far more appropriate placement for both these two people.
- Staff embraced the culture within the service and had a real sense of personal value and a sense of responsibility and knowledge of their own strengths and capabilities. Staff evidenced their commitment in what they said, "They invest in our development so that we can deliver high standards of care. They trust us to get on and in turn we trust our managers who lead by example."
- The provider encouraged new ideas to improve the delivery of person centred support to people. For example, one member of staff who had recently gained a qualification in psychology proposed to run a group for the people living in the home. This was approved by the registered manager and they started running the group forthwith. This provided a specialist resource for people living in the home that has contributed to their improved mental wellbeing.
- The managers were outstanding role models for the staff team. Where difficult tasks were asked of staff such as coming to work or taking people out in the pandemic, the registered manager led the way by doing it themselves and thereby showing staff how it should be done. Staff commented on this by saying, "In the early days of the pandemic there was a good deal of fear around. The [registered] manager led the way and showed us how to implement the government guidance precisely and effectively to keep people and staff safe."
- Staff told us the managers encouraged positive discussion with the intention of achieving even higher standards of care and support for people. Staff comments included, "They always want our views on things to do with the running of the home" and "They are inclusive, they make us all feel part of the overall service development".
- The provider's approach to supporting their staff and creating the right culture has been recognised by them being awarded a Silver by Investors in People [IIP] last year. IIP is an award to recognise an employer's investment in training, development and wellbeing of their staff. Comments included in the IIP report included, "100% of staff and health professionals asked, genuinely believe in the provider's core purpose"

and "My organisation has a positive impact on society and the local community".

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

- People and those important to them had a complete say in how the service was run and how they lived their lives working with managers and staff to develop and improve the service. People were supplied with an informative service user guide that welcomed them into the service. People told us this had helped them when they arrived to feel settled more quickly, knowing at least in part, what to expect.
- People and their relatives told us they were given every opportunity to engage and to be involved in their care. People were the central focus of their care, central to the care planning process and to the subsequent delivery of their support. Fully involved in care plan reviews and in establishing and implementing their own pathway towards more independent living.
- The culture within the service enabled staff to engage and care for people in a way that exceeded expectations. An example of this was demonstrated for one person who was from one ethnic minority group. Staff worked closely with the person's family to find culturally appropriate foods, appropriate music and magazines from the local library and to watch films and TV programmes in their first language. The person said, "It's great here, I feel like I am at home. Staff are working with me so I can move on to more independent living. I wouldn't be able to do it without their wonderful support."
- Staff incentives included the employee of the month award and rewarding staff for their commitment and dedication to the service. The last member of staff was awarded this for their overtime during staff absences in the pandemic. An annual awards ceremony in December was also held which was incorporated into the company's Christmas party where company bonuses were given for various awards.
- Staff team away days were held twice a year in January and June to support their wellbeing and also to increase their involvement in the way the service was provided. The last team away day was held in June 2022. The January 2022 'away day' provided a forum for staff to contribute to the evaluation and planning of the business for the year ahead so the service could better achieve its aims of supporting people who use their service. The June 'away day' provided a day out of fun activities for staff. Their comments on these 'Away days' included: "They make sure they [managers] look after staff so they feel valued, but they also manage to build in fun along the way in the team away days", "I was surprised most how much they care and creating a real fun day for their employees really impressed, that day was wow for me".

Working in partnership with others

- The registered manager worked extremely effectively to develop good working collaborative relationships with many different professionals in order to maximise the opportunities for people to receive outstanding care.
- We observed the service worked in partnership with local services and organisations to ensure appropriate support was co-ordinated for people, such as colleges, service commissioners, mental health professionals, GPs, colleges and places of worship. For example a range of activities were delivered by the provider together with local schools, colleges and universities and participation in careers fairs. Collaboration with the South West London Health & Care Partnership was established in 2019 and has continued since then. This has helped to teach Year 8 students at a local school about the different roles in Health and Social Care, the qualifications required and what a typical workplace is like. This provider engaged with over 500 students in and around South and Greater London. The impact of this has helped raise the profile of the provider's services in the community and assisted people's integration when moving back into the community.
- As an Investors in People employer which strives to achieve high performance, the provider established a relationship with the Psychology department of Kingston University in 2021 where students especially those studying an MSc in Forensic Psychology have the opportunity to undertake a work placement for 2 – 3 months as part of their course. Most students have stayed on to gain employment with the provider as the

experience that they have gained has been invaluable. Additionally this has created an additional recruitment pipeline of highly qualified and motivated individuals who fit the company's ethos and values. It has also resulted in the company ability to achieve its objectives and go the extra mile with its delivery of care for people.

- The registered manager made effective links with the local community to ensure people using the service could be involved in voluntary work and other community projects such as gardening with the local council leisure services and gardening teams. People told us they really enjoyed working in the community. They said, "It feels more normal to be working out there and anyway it's helping me get back to where I want to be with independent living"; "I'm glad to be doing volunteering work, I really enjoy the days I do that."
- The provider was a founding member in Sutton's provider alliance meeting. This meeting brings many providers together to share information about best practice, to support one another and build on working relationships with commissioners. This has helped the provider's integration into the local mental health service community.

Continuous learning and improving care

- There was a particularly strong emphasis and culture of continuous learning. This culture of continuous learning and innovating was supported by an extensive training programme that ensured all staff regardless of their roles had the opportunity to develop and build on their skills and knowledge.
- The registered manager recognised the individual strengths of different members of the staff team. Staff who wanted to extend their roles and use their individual strengths to help build a better service were encouraged and supported to do so. Staff members took lead roles and became champions in their roles.
- The provider ensured there were the resources available to develop the service and adapt to the changing demands for the service from people and commissioners. The need for appropriate move on / step down accommodation became apparent for people living at Lona Lodge who had successfully progressed to being able to live more independently. Resources were allocated and a new 'step-down' unit developed to cater for those who are relatively well enough to live in the community but require low to medium levels of supervision. Three people were living in this new unit, 1 person told us, "This is the best possible place for me, it means I'm getting there, so good!"
- A quality improvement plan was in place and used to review and monitor all aspects of care in the home. An action plan was in place to help to ensure necessary or aspirational improvements could be made. This improvement plan enabled the provider to capture information about every aspect of the service together with best practice and successful trends across the market.
- One example of how one of the provider's auditing procedures has helped to improve the service came from the regular auditing of medicines procedures. Before the audit there had been a few issues with staff not signing the medicines administration records [MAR sheets]. As a result of the audit a new system was implemented where the MAR sheets were checked by two members of staff on each shift. Since that was introduced there have been no further issues with the MAR sheets not being signed appropriately.

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

- Governance was well embedded into the running of this service. There was a strong framework of accountability to monitor performance and risk.
- The registered manager understood their responsibilities to act with candour. Records showed us they met these obligations appropriately.
- There was a clear organisational structure in place. The registered manager and staff understood their roles and responsibilities within the service.
- The ethos of this service was to act together as a united team. To realise each person's role as crucial and that this helped to create the most successful environment for people and staff to attain their best outcomes and experiences.

- There were clear and appropriate policies and procedures in place which incorporated best practice and the provider's legal responsibilities. This helped to ensure people received the care and support they needed and wanted.