

Elizabeth Finn Homes Limited

The Lodge

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

The Lodge is a residential care home providing personal and nursing care to 61 people at the time of the inspection. The service can support up to 62 people living with frailty, old age, dementia or needing a short time for rehabilitation following a hospital admission.

The Lodge is a large adapted building near the centre of Exeter. There are bedrooms on two floors with access via a passenger lift. There are a number of communal areas on both floors. There is also an accessible garden/courtyard area which is enclosed.

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

People and their relatives were extremely positive about their experience of living at The Lodge. People said they felt safe, well cared for and valued. Comments included 'I feel very safe, completely. I know that if I have a problem of any sort, I can call the emergency bell. They come with alacrity as I found out when I rang it by mistake. It's wonderful'. 'I'm very happy here'. And 'Its excellent, very safe. The carers are excellent.'

People's holistic needs were very well met by a staff team who were well-trained and understood the ethos of ensuring person centred care. The provider ensured the staffing ratios remained high so the best possible care and support could be provided. This included having additional housekeeping staff and kitchen staff. Care, meals and the cleanliness of the home were exceptional in their quality and delivery. Staff received really well planning support training and supervisions to enable them to do the best job possible.

People experienced an exceptional mealtime experience. Most people spoke very highly about the meals offered and the whole mealtime experience. One person said "I have never eaten so well. Lunchtime is a real treat with three courses plus cheese and biscuits if you can fit it in. You can have wine, beer, sherry all part of the service." A few people were less positive. When we fed this back the registered manager was able to show all concerns raised by people about the menus or quality of food were followed up and addressed if needed.

Our observations of the lunch time experience showed staff worked hard to make the mealtime experience for people special. The restaurant was open for a two-hour lunch period. Staff were extremely attentive and supported people to choose, serve and eat their lunch in comfort.

People were valued and placed at the centre of the service. Staff promoted their privacy and dignity, enabling them to make choices and have as much control and independence as possible. The service used a variety of methods to facilitate this including supporting people with communication, assistive technology, providing information in an accessible format and a consistent staff team who knew people extremely well. A huge range of activities were planned with people's hobbies and interest in mind.

The management team and staff genuinely cared for the people they were supporting. They advocated for them at every opportunity. They were there for them and their families at point of admission, when needing

to transfer to hospital or at the end of their lives. They had recently achieved a national accredited training in end of life care. They had been commended for the effort they had put into cascading the training and embedding it so all staff understood the core principles of ensuring a person-centred approach to people's final days. The service was developing a great reputation for achieving the best quality care for people's final days.

They ensured people were able to maintain contact with their families, even when they were hundreds of miles away, using Skype so that they could see them. The service had a guest room for family and friends to use when visiting if they lived far away or needed to be in close proximity due to ill health.

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.

The service was exceptionally well led. The providers ethos was strongly promoted and modelled by the management team. They demonstrated a commitment to valuing people as individuals, supporting them to lead active and healthy lives and achieve their individual aspirations, where possible. The management team demonstrated an open and transparent management style and were fully engaged with people and staff at the service. Robust quality assurance systems ensured the continued quality and safety of the service and continued to drive improvement. This ultimately improved the outcomes for people living at The Lodge.

Why we inspected

This was a planned inspection based on the previous rating. At the last inspection the service was rated Good. (report published April 2017)

Follow up

We will continue to monitor the service until we return to visit in line with our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Outstanding ☆

The 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

The inspection was completed by one inspector, a member of the medicines team, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 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.

During the inspection-

We spoke with the registered manager, clinical lead, two nurses, six care staff, two housekeeping staff, two kitchen staff, maintenance person and administrator.

We also spoke with 15 people living at the service and four relatives.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication 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 policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 now 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 said they felt safe, well cared for and valued. Comments included 'I feel very safe, completely. I know that if I have a problem of any sort, I can call the emergency bell. They come with alacrity as I found out when I rang it by mistake. It's wonderful'. 'I'm very happy here'. And 'Its excellent, very safe. The carers are excellent.'
- Staff had been trained and were aware of their responsibilities to protect people. Staff said they were confident in reporting concerns to senior staff, who would take appropriate action to address concerns.
- There were clear policies and protocols in place to assist staff to raise any concerns or alerts.

Assessing risk, safety monitoring and management

- The risks to each person had been assessed. Care records contained information about individual risks. People living with long term health conditions had care plans related to these conditions. Plans guided staff on what actions were needed to keep people safe.
- Staff understood and were able to describe how to support each person in line with the care plan.
- Risk assessments and care plans described how to encourage positive risk taking, enabling people to live life as they chose. The plans encouraged people to be independent as far as they were able. For example, encouraging people to do as much of their own personal care as they were able.
- The environment was safe for people to spend time in on their own or with staff. This included an enclosed garden space. Checks were carried out regularly to assess the safety of the service and equipment used.

Staffing and recruitment

- There were more than sufficient staff available throughout the day and night to support people well. This included at least two nurses per shift and 12 care staff each day. They were supported by housekeeping, kitchen and maintenance staff. They used a dependency tool and staffed above the needed numbers of care staff.
- People and their relatives felt there were enough staff available to meet their needs. One said; "You can't have unlimited numbers. On the whole it's very good. I know their names, if I forget I'm old enough to call them 'my dear'". Another said they had noted more use of agency staff, "There is a great shortage, they have agency ones when they know they're short staffed. The difficulty is the agency ones don't know what to do, therefore the carers have to double their work by telling them. Regular care is so much better." When we discussed the use of agency staff, the registered manager explained they usually used the same agency

workers who over time had "got to know our residents well."

- Staff were recruited safely as the necessary pre-employment checks were carried out prior to the new staff member working in the service.

Using medicines safely

- Observations of staff showed that they took time with people and were respectful in how they supported people to take their medicines.
- Staff were trained and assessed as competent to administer medicines.
- Some medicines were prescribed to be given at specific times. Systems were in place to ensure that these medicines were administered at the correct times.
- Medicines were kept secure and the temperature of the medicines refrigerators and medicine room temperatures were recorded, therefore the medicines were safe to use.
- Medicines were prescribed for use "when required", however there was not always sufficient information for staff to use these medicines effectively. The service reviewed all of these medicines to ensure that sufficient information was available for staff. There was no impact for people.
- The records for the administration of external preparations were not completed in a consistent manner. Once we fed this back, the service took steps to ensure this happened in the future.

Preventing and controlling infection

- The service took pride in ensuring the home was kept clean to the highest standards. To this end they employed and had on each shift a larger than average number of housekeeping staff to ensure the high standards were maintained.
- The whole service was exceptionally clean and fresh smelling. People said they enjoyed a clean and well-maintained environment.
- The service had an infection control champion. Staff were supported to understand the importance of good infection control processes via regular training and updates on this matter.
- The laundry was well organised and this helped to prevent the risk of cross infection.

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken to minimise the risks of reoccurrence, and any learning was shared across the staff team.
- Incidents and accidents were audited to identify any trends and reduce further risk. The registered manager and senior managers in the provider organisation reviewed all accidents and incidents and looked at ways to prevent or reduce the risks of similar incidents and accidents.

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 Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Most people and visitors were exceptionally praiseworthy of the meals and beverages available to them. There were one or two who had complaints about some of the meals, but these were always listened to and alternatives were always offered. The outcome of this was people maintained or gained weight which helped with their general health but more importantly helped with their emotional well being.
- There was a large selection of options available to people to choose from each day. Printed menu cards were available which showed at least three starter choices, three main meal options and over four or five desserts to choose from. In addition there were other options regularly available, such as soup, salads, baked potatoes and sandwiches.
- Careful consideration had gone into menus to make them enticing and in keeping with people's preferences, dietary needs and allergies.
- The dining rooms were open for several hours, not just a routine of everyone sitting down at one set time. This gave people choice when and who to eat with and gave the experience of it being more like a restaurant experience for people. A large variety of drinks were offered to people including wine, beer, spirits and soft drinks. One person said, "I like a tippie every lunch and they always know my favourite!"
- Tables were attractively set, staff were very attentive and meals were served restaurant style, so people could help themselves to vegetables or be served by someone.
- Staff understood the importance of making the mealtime a real experience for people. They were very attentive to people's needs and chatted and made sure the atmosphere was relaxed.
- People were truly consulted on menu choices and changes. One person said, "I asked for some canapés and they made sure these were offered." The chefs knew people well despite it being a large home. They gave examples of where they had incorporated new menu choices following people's suggestions and requests. They ensured themed menus were available for special occasions such as a royal wedding, valentines and regular 'around the world' menus include Asian cuisine.
- There was supporting evidence to show people maintained or increased their weight following admission to The Lodge.
- Where people were at risk of poor hydration or nutrition, this was closely monitored and staff used various ways to entice people to eat and drink. This included offering smaller and more regular snacks and drinks, fortified foods and ensuring they were aware of people's favourite foods to encourage them to eat something.
- Where people were at risk of choking, their plans showed what consistency of food and drink they required to keep them safe. Following implementation of new food consistencies, all staff received some training and were asked about their understanding in one to one supervision meetings.

Adapting service, design, decoration to meet people's needs

- A great deal of careful thought and planning had gone into the design of some additional rooms more recently added. They had gone from 46 to 62 beds. This had been skilfully managed to ensure minimal disruption to people already living at the service. Some of the new rooms had been developed into suites, with their own mini kitchens. This was intended for people who may be going through rehabilitation to get back to their own home, or for someone who had come for end of life care and may wish their family and friends to stay with them. Some compliments received by the service showed these facilities were used to good effect. One person said "This is truly an exceptional home; every detail is thought about. As families we are really made to feel welcome. There are stations all over where drinks can be made."
- There was a central courtyard which had been developed with safety, comfort and relaxation in mind. There were gentle slopes to it. There were winding paths with sensory planting and lighting as well as attractive seating. This courtyard was secure, large and gave people the opportunity to experience the outdoors easily and safely, even if living with dementia.
- There was a room available for visiting relatives to stay in if needed. The registered manager said this was a great resource for people's families who may live a long way away or whose family member was nearing their end of life.
- There were a number of communal lounges and dining areas. All areas were bright, well-furnished and exceptionally well maintained. There were lots of smaller areas and little quiet corners to sit in. This was in keeping with best practice for people living with dementia. Having lots of different social spaces meant people could socialise in small groups or take time out to be in a quiet space. There were an abundance of areas where people and their visitors could make themselves a hot or cold drink. One relative gave feedback that "The Lodge is an exemplary nursing home...the environment and facilities are excellent, whilst maintaining a comfortable homelike ambiance."
- People's own rooms were personalised and furnishings were of a high standard.
- The provider had an ongoing programme of refurbishment to ensure every part of the home was very well maintained. Every part of the home was extremely clean, homely but with high standards of decoration and comfort.

Staff support: induction, training, skills and experience

- Dynamic and inclusive training was seen as key to improving outcomes for people. Without exception, staff we talked with said the support and training they received was of a high standard and enabled them to do their job effectively. Training included ensuring staff understood the needs of people living with dementia. Using the dementia tour bus for example. This gave staff the experience of what it felt like to have sensory and cognitive impairment.
- Staff were enabled to gain further qualifications in care as well as regular updates on all areas of health and safety. One staff member said, "The training is brilliant here, I feel they have really helped me to develop my skills far more than my previous work places."
- There was a proactive approach to ensuring support and appraisals were used to the best effect to drive up the quality of care provided. Staff said they felt very well supported through regular one to one supervision, team meetings and being able to talk to their senior team and peers. One staff member described how they had been "through some difficult and dark days. [name of registered manager] and the rest of the team here were so supportive. I would not have got back on my feet if it wasn't for them."
- One newer staff member described how their induction had been "extremely comprehensive." They said they had been able to shadow a more experienced staff member for up to three weeks to enable them to fully understand the needs of people and how best to support them.
- Every staff member said the service was a great place to work, with teamwork being core to their job satisfaction.

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

- The senior team and staff understood the importance of ensuring their initial assessment of people's needs and wishes was thorough and comprehensive. To this end people's physical, mental and social needs were holistically assessed. This could include a number of visits to the person, talking with other stakeholders and their family members. This was to ensure care, treatment and support could be delivered in line with their needs and wishes. Assessment documents were detailed and gave a rich background to the journey people had taken to need care and support.
- One visiting relative said the registered manager had listened to the story behind her relatives perceived behaviours, had sat with the person who was displaying distressed behaviours for hours until they calmed down. The relative said "I am very grateful for their patience and understanding, mum had a terrible experience in hospital and was understandably terrified of coming here. They understood this, stuck with it and she is amazingly settled now."
- The staff team knew, understood and used legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes for people. For example, nurses continually updated their learning to ensure good evidence for their re-validation, but also so they were using the most effective clinical tools. This included detailed management of any wound care, pressure care and other associated conditions. One healthcare professional praised the clinical input people received and said they believed this contributed to good outcomes for individuals living at the service.

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

- There are champions within the service who actively support staff to make sure people experienced good healthcare outcomes leading to an outstanding quality of life. For example, dignity champions, infections control champions and dementia care champions.
- People's healthcare needs were assessed and planned for to ensure these were fully met.
- Care plans and daily records showed how the service worked in conjunction with healthcare professionals to ensure people's healthcare needs were being met. For example, close support from the GP when symptoms showed a decline in someone health.
- Links with social and healthcare teams were well established to ensure excellent joint working and quality outcomes for people.
- People said they had access to their GP, opticians, chiropodist and dentist if needed.

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.

- The service had referred people for an assessment under DoLS as required.
- Staff understood the principles of the MCA ensuring people were offered choice and consent was gained

for any care and support being delivered.

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 said staff treated them with kindness and respected their wishes. Comments included "They are very caring." And, "You ask them to do something and they do it." Relatives had written giving many examples of the caring and compassionate nature of staff. One wrote "Very caring staff. My relative is very well cared for and most importantly he is happy." Another said, "An incredibly supportive and professional establishment offering a high level of skill, compassion, competency and standards. Leagues above the others."
- People's choices and preferences were fully respected. Staff were able to describe how this worked in practice. For example helping people to make choices about what to wear, where and how they spent their day, and what time they wished to be supported to get up and go to bed.
- During the inspection we saw many instances when people were supported well and were encouraged and comforted by staff. For example, during lunch staff were supporting people to eat their meal with good humour and kindness.
- Staff understood people's diverse needs. Training included equality, diversity and human rights. People's protected characteristics were fully considered when care and support was planned and delivered. For example people's cultural and religious beliefs were known and respected by all who worked with them.

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

- People and relatives confirmed they were always consulted and could express their views about how their care and support should be delivered. This included their preferences of gender to deliver their care.
- There were regular resident meetings where people were encouraged to have their say about the running of the service and any suggestions or changes they wished to see. These were documented with actions taken to show suggestions were being followed up. For example, changes to menus.
- There was an active 'Friend of the Lodge' group, who were mainly made up of relatives of people who lived at the home. They met regularly with key senior staff to discuss their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld at all times. Staff were able to describe various ways they ensured people's privacy and we saw this in practice during the inspection. For example, knocking on doors before entering.

- Staff took time to ensure people were appropriately dressed and groomed in line with their preferences. After drinks and meals, staff assisted people to clean their hands and face if needed. Staff worked in a way which showed they respected people's dignity. For example, making sure they knocked on people's door before entering.

Staff worked with people to promote their independence where possible. Plans of care directed staff to only assist in those tasks people were unable to do for themselves. Staff understood the importance of ensuring people maintained their independence.

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 now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

- End of life care was truly exceptional. The home has recently been awarded a Gold Standards Framework Commendation and was only one of four homes nationally to achieve this. GSF is considered best practice guidance, training and recording for people at the end of their life. The service was assessed by the GSF team who visited the home.
- It was evident from discussions with staff and the quality of EOLC plans that this training and framework had helped to provide excellent outcomes for people. There were many testimonials to how well EOLC had been managed at the service. One stated "The staff did everything possible to make them comfortable as the inevitable end approached. They were caring and compassionate, with strong leadership from the top. I was never made to feel a nuisance for asking questions and seeking answers. Every request was met with a positive response. The 'yes we can do that' is their creed. I would wholeheartedly recommend The Lodge for anyone seeking first class care for their loved one." Another stated "Even though we weren't with mum when she died we know she had so much love and kindness around her. I will personally miss you all, I have considered you as part of my extended family."
- The whole team understood the importance of getting the details right for people, even in death. The clinical lead explained how they ensured people's last rights and wishes were carried out. They explained that for some faiths they needed to consider their practice to ensure beliefs and faith traditions were upheld. For example only touching the person's body at certain times. Another person had asked for their body to be donated to science and this also meant a change in their practice.
- When a death had occurred in the service a white dove was placed on their door to alert domestic staff to not disturb the room, or relatives who may be paying their last respects.
- The service had built a reputation for providing best practice and compassionate EOLC. They were being referred people from the clinical commissioning teams who were at a palliative stage of their treatment.
- The service had considered the design of the building and had provided an en-suite room for relatives to be able to stay. They also had some suite rooms where people and relatives had space and facilities to spend prolonged time together during their final days.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support in a way that was highly responsive to their needs. This was achieved through having personalised care plans which people and their families were involved in developing and reviewing. For example, installing a piano for one person to ensure they could continue to play and enjoy music. The registered manager gave another example "A resident who, in the early stages of dementia had a wish to visit the city shops. Rather than curtail those wishes, a plan of risk reduction was assessed and

implemented which allowed freedom of movement for the resident using a GPS "tracker which allowed staff to map the whereabouts of the resident without intruding. Their distress was markedly reduced following this intervention."

- Staff were skilled and knowledgeable about people, what was important to them and what their preferred routines were. It was clear a person-centred approach was embedded in staff every day practices. For example, staff were committed to ensuring people had care and support at a time which suited them and in a way they wished to be supported. There were higher staffing levels than in services with a similar number of people and level of need. This ensured timely and person-centred care could be delivered. The registered manager explained the whole team contributed to the best experience for people. They said having a large team of ancillary workers who ensured the home was kept clean, laundry done and meals and snacks prepared and served, allowed care and nursing staff to concentrate on delivering the best care and support to people.

- People told us staff had outstanding skills and understanding of their needs and wishes. One said, "The staff have outstanding leadership, a team of well trained and caring staff who work hard to meet our every need." One relative had written "This is the best care home I have ever visited. There is a high staff/resident ratio and the staff are efficient, and equally important human, with a sense of humour. They genuinely seem to like the residents."

- People and relatives gave lots of examples about how well they were being consulted and how people have choice in everything they do. Care plans were detailed and showed how well the service respected and understood people's choice, wishes 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

- The service ensured there was an interactive programme of events and activities which took into account people's cultural needs, wishes and preferences. For example some people expressed a wish to practice their language skills, so French speaking coffee mornings were set up.

- Activities spanned across the whole week and included weekends. There was often a range of activities to choose from, including quizzes, seated exercises, paid entertainers and trips out. Intergenerational activities also took place, with children from a local nursery visiting once a week. We saw the really engaging interactions during one of their visits. For example one person was talking with a youngster about their doll. Prior to the youngsters coming in the person was sitting quietly and not talking with anyone Exeter university students were also involved in providing support and companionship to some people within the home.

- Staff had opportunities for learning, development and reflective practice on equality and diversity, both individually and in teams, which influenced how the service was developed. This included ensuring activities and engagement throughout the day took into account people's diverse needs and wishes.

- People's religious needs and wishes were fully considered.

- People were very complimentary about the range and sorts of activities being offered to them. Comments included, " We have something going on every day... There is a weekly newsletter and staff pop in and tell us what's going on." And, "Its nonstop action if you want to join in!"

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.

- We looked at how the service shared information with people to support their rights and help them with decisions and choices. Plans showed if people had particular needs in communication, for example whether they were hard of hearing or had a cognitive impairment which meant communicating needed careful

consideration. Documents were available in large print versions.

- The service had access to specialist tools to help understand if people unable to express pain verbally might be experiencing pain.
- Technology was used to help people stay in touch with family and friends.

Improving care quality in response to complaints or concerns

- The registered manager was proactive in ensuring people's voice, opinions and concerns were listened to. She and the senior team spent some of their day walking around the home and speaking with people directly. She said this helped people to know who she was and that they could discuss any issues or concerns with her at any time, as she had an open-door policy. People did know the registered manager and spoke highly of her.
- People said they were confident in making their concerns known if needed. One said 'Absolute confidence. We will tell her if we're not happy. We would be happy to speak to her or the Sister if we were concerned about anything.'
- The service had taken appropriate action to investigate concerns raised with them or refer these on to other appropriate agencies. People had copies of the complaints process to refer to.

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 improved 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.

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

- Without exception people, relatives, staff and professionals all held the registered manager in high regard and praised her for the clear and passionate leadership skills she displayed. One relative said "When I met (name of registered manager) I knew my mum was in safe hands. She was calm and reassuring and she certainly knows what she is doing. She leads the staff to ensure residents here get the best care." A person living at the service said "Yes, it is high quality. The guidance the manager gives to their staff and the example they set by doing everything they can, ensures we are sat comfortable and happy." A staff member said "The manager is very caring to everyone. You can go to her about anything. She has really helped me personally. She wants the best for residents and staff. Best boss I have ever had." Another gave the example of how the registered manager went above and beyond to honour requests. They had mentioned they had not seen their friend for over six years and the registered manager said she was visiting Bath where they friend lived and offered to take them, which they did. They said, "That was above and beyond in my opinion."
- Despite The Lodge being a large nursing home the registered manager knew everyone by name and prided herself in making sure she walked the floor every day she was in the service to ensure people had an opportunity to speak with her, and in doing so could also ensure that the strategy and values of the organisation were being upheld and taking corrective action where needed. She is regarded as an exceptional manager by her staff and service users had an open-door policy and staff confirmed this.
- Staff were very well motivated and positive in their role and relationships with people. Staff told us it was a happy place to work. The service had a positive culture, very much focussed on supporting and caring for people and putting people first. This culture and caring ethos was fully embedded at all levels and ensured that people's needs were always well met, whatever their need or health condition. The caring and inclusive ethos was highly regarded by visiting healthcare professionals, relatives and people who lived at the service. The registered manager had recently put forward one of their staff for a South West care award and they had been shortlisted to attend a gala dinner for the results.
- The service had a strategy and supporting objectives that were stretching and challenging, but realistic and achievable. Their recent investment in the Gold Standards Framework for end of life care and being commended is testament to this. They had over the last 12 months increased their bed numbers with a significant new build. This was achieved with minimum disruption to people already living in the service. People were kept fully consulted throughout the build process and were asked for their views and ideas for colours and new furniture. Despite a large building project being undertaken, people's well being was constantly checked for things like any noise disruption.

Continuous learning and improving care; Working in partnership with others

- It was evident continuous learning was seen as key to ensuring a high-quality delivery of care in line with best practice. Staff confirmed training was available, in different learning formats and viewed as essential to meeting people's needs well.
- Staff consistently told us training was of a good quality and staff were often encouraged to skill up beyond their current role to enhance and develop their career paths. For example, through completing leadership courses.
- The service had worked in partnership with Exeter university in the study of older people. Students came in to offer their time as part of this study. One study was looking at the positive effects of poetry and creative writing. The other was team of students who were measuring intergenerational interactions and comparing those interactions vis a vis sole activity sessions. People benefited greatly from these interactions. New friendships were formed and a clear positive impact was seen for some individuals. People also benefitted from hearing about the lives of young adults. Lasting friendships were developed.
- One to one supervisions and team meetings were used as reflective practice for staff in all roles to look at what was working well and what needed to improve.
- People living at the service were invited to take part in training with staff and to provide feedback as to the effectiveness of this training in meeting their needs. For example, the dignity training provided. This showed people's views were truly listened to and used to help deliver the best training and drive up improvement.
- The service used an external organisation to seek feedback from people, this is conducted by IPSOS MORI under the 'your care rating banner,' feedback from this survey results in an improvement plan for the service and in addition the home invited people to provide independent reviews to the Carehome.co.uk website for which the home has a consistent score of 9.8 out of 10. The registered manager responds personally to all reviews left.
- People at The Lodge were invited to be included if it is their wish, in the moving and handling training which takes place in the home, the impact of this is they feel they can trust staff because they witness the high level of training they can also develop personal insight into how their mobility can be enhanced

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

- People and their families were at the heart of the service. The registered manager and staff team went the extra mile to ensure their views were captured in the running and development of the service. This was achieved through daily walk arounds, meetings, coffee mornings and lunches in order to give people a relaxing space to feel comfortable to have their say.
- People were invited to be involved in interviewing new staff and in meeting new candidates when they visited the service as part of their interview process.
- People were fully consulted in any refurbishment of the service and in any new developments.
- The registered manager ran dignity training with every staff member. This included ensuring the importance of understanding people's protected characteristics, treating people as equal and ensuring this was fully respected at all times. The service had dignity champions to monitor this ethos, and training was embodied in everyday practice. Other champions included infection control, wound management and wellness. Our observations and discussions with people showed this was impacting positively for people. The registered manager said, "Each champion studies and researches their topic and cascades their information to staff via formal and informal meetings and supervision sessions to make sure that knowledge is absorbed and evidenced." The impact for people was an improvement in their health and well-being which individuals and their family said had greatly improved since being at The Lodge. For example, one person came from home into the service with severely ulcerated legs. A number of treatments were tried. The nurses at the service had been updated from the wound care champion were able to choose the right dressings. This resulted in the person's ulcers healing well. They were no longer in pain and as a result became more mobile.

For another person, they came to the service being in a depressed state. This was impacting on their whole being including their mobility and will to live. Well-being champions pay particular attention to those who are reluctant or who are unmotivated to join in. They ensured this person had the right support to enable them to become less socially isolated. The registered manager said "This person is like a new person, their mood has been greatly lifted and they have gone from spending most of their time in bed to being able to move around the home using a walker."

- The 'Friends of the Lodge' group was set up by family of people living at the service and worked in conjunction with staff to ensure people had opportunities to engage with the local community. They were involved in assisting with outings such as visits to the local theatre and setting up and running Christmas fayres. They also fund raised and provided weekly sherry gatherings as well as other social events throughout the year.
- The service had a CEO who is a Director of the National Care Forum and a Director of the Residents and Relatives Association and through this the registered manager provided feedback to these organisations and had the benefit of the networking of knowledge from both charities.
- The university of the 3rd age hold meetings in the home this was facilitated by the registered manager.
- The registered manager had forged strong links with many local schools who frequently visited the service to provide intergenerational sessions. The registered manager said "The impact of these visits is the positive effect it has on my residents who feel invigorated and delighted that they have a fresh ear, and that the singing allows for the intergenerational effect - the children allow the residents to join in without feeling embarrassment and allow for non judgemental expression."

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

- The service has a registered manager in post who had been the manager of The Lodge for in excess of 13 years. She is a Registered Nurse, holds a BSc Hons in Psychology, and holds NVQ 5 Registered Managers Award. She remained passionate about ensuring the best quality care was being delivered, as much as understanding her legal responsibility.
- The service informed relatives if an accident or incident had happened and fulfilled their duty of candour. Notifications of certain events had been sent to the Care Quality Commission as required by legislation.
- Staff said they felt supported by the management and had an input into the service. Minutes of staff meetings demonstrated staff were active in raising concerns and that management addressed them. For example, in the way teams were organised and in ensuring information was shared to all teams. Staff were passionate to

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to assess and improve the quality and safety of services. A well-established Quality Assurance system was in place. The provider's Quality and Compliance Team conducted in-depth audits of the home up to four times a year, and from these improvement action plans were devised and these were monitored on the monthly Operations Managers Visits.

The home operates a full governance process including audits and reviews, these were inspected by the CQC team and no issues were found. This is because the registered manager constantly reviews the performance across the service, and inspires colleagues to focus on resident well being

- The registered manager reports directly to the CEO of the organisation and meets with the senior management team and her peer group three times a year for professional development/quality meetings. The home has regular health and safety meetings involving staff at all levels.

