

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?

Outstanding 

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 54 people at the time of the inspection. The service can support up to 62 people living with frailty, old age, short term memory loss 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 passenger lifts. There are a number of communal areas on both floors. There is also a large, beautifully landscaped 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, "My experience far exceeded any other respite stay, a welcoming, homely place" and "It's not institutionalised at all. My grandfather goes out on his own in his buggy. He does what he wants to do. He does yoga and goes on minibus trips." One relative told us the care was, "Incredible. My mother has gone from immobile to mobile. She was so fearful on arriving. Two staff greeted her at the door, freshened her up, got her tea and a menu. The fear she had, I saw it leave."

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 continued to be exceptional in their quality and delivery. Staff received really well planned support, training and supervisions to enable them to do the best job possible.

People experienced an exceptional mealtime experience. People spoke very highly about the meals offered and the whole mealtime experience. 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. The hotel services manager often arranged special alternatives, visitors' teas and bespoke menus.

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 interests 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 achieved a national accredited training in end of life care. The service had a great reputation for achieving the best quality care for people's final days and would only accept admissions if they were able to provide this high standard of care.

They ensured people were able to maintain contact with their families, especially during the COVID-19 pandemic, even organising online birthday parties. 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 continued to be exceptionally well led. The provider's 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.

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

Rating at last inspection The last rating for this service was outstanding in responsive and well led. (published 3 March 2020)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. We also 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. We reviewed the information we held about the service.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

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 exceptionally 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.

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 and one of our medicines team. An Expert by Experience also carried out telephone calls to some people at the home and relatives on 17 September 2021. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

The Lodge is a 'care home'. People in care homes receive accommodation and personal care as a 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people and five members of staff including the registered manager, clinical lead manager and administrator. We reviewed a range of documents which included three care plans and recent feedback from three relatives. We checked six peoples' medicines records and looked at arrangements for administering, storing and managing medicines. A variety of records relating to the management of the service, including records of meetings, incident and accident records, and policies and procedures were reviewed. We also spoke with one visiting health professional. The Expert by Experience spoke with three people who lived at the home and nine relatives on the telephone.

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 also received entirely positive feedback from a further six staff members by email.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People and their relatives all spoke with confidence about the safety and security of the home. One relative said, "Someone is always available, training seems good and we are kept fully informed." No concerns were raised.
- Effective systems and procedures were in place to protect people from the risk of abuse and harm. The provider had appropriately raised safeguarding issues with the correct authorities and had completed thorough investigations. Any lessons learnt were shared with staff through supervision, handover or team meetings.
- Staff had completed appropriate training in safeguarding and told us they felt confident reporting any concerns. There were clear policies and protocols in place to assist staff to raise any concerns or alerts. The registered manager also emailed us in advance to let us know about any issues affecting people such as negative family dynamics.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and wellbeing were managed safely and effectively. Risk assessments were in place, for example, for risk of falls, pressure areas and specific dietary needs. Guidance for staff on how to support people safely and minimise any risk was clear and precise. One relative said, "A small fall was dealt with promptly and effectively. People don't have to wait."
- Risk assessments were up to date and relevant. Staff understood and were able to describe how to support people in line with their care plan. The provider analysed accidents and incidents in order to identify any patterns or themes. Action had been taken to make improvements when necessary to drive good, safe practice and minimise the risk of reoccurrence. For example, ensuring that areas were uncluttered to enable people to mobilise safely, and supporting people to be as independent as possible by promoting exercise and regular movement. One staff member said, "Even if we make mistakes, we learn with experience, draw conclusions and make sure those mistakes never happen again."
- The registered manager, supported by the maintenance team, completed regular checks of the home environment, including equipment, fire safety and hot water checks, to ensure it was safe and complied with the necessary standards.

Staffing and recruitment

- People, relatives and staff all spoke positively about the level of staffing in the home. There was a large staff team which enabled care staff to concentrate on delivering person centred care. There were eleven care workers and two senior care workers, supported by three trained nurses and a clinical care manager in the day.
- We observed more than sufficient levels of staffing to meet people's needs effectively day and night.

Interactions between staff and people were friendly, warm and caring. Relatives comments included, "There are plenty of staff. They are not rushed and always stand aside to let people go by" and "If you need anything, it is done."

- Staff had been recruited safely with appropriate checks completed before staff started working. For example, references had been obtained and checks with the Disclosure and Barring Service (DBS) undertaken to ensure staff were suitable to work with vulnerable people living at the home.

Using medicines safely

- People received their medicines in a safe and caring way, and staff took time with people to explain about their medicines. People were asked if they needed any medicines prescribed 'when required' such as pain killers.

- People could look after their own medicines if they wished, and after risks were assessed to make sure this was safe for them.

- Staff were trained and checked to make sure that they gave medicines safely.

- When staff gave medicines then this was recorded on an electronic system. This also included the application of creams or other external preparations.

- One relative said, "If we take [person's name] out we are sent the relevant medicines and the instructions are very good about the detail of what has to happen."

- There were suitable arrangements for ordering, storing, administration and disposal of medicines including those needing cold-storage and extra security. Medicines audits were completed regularly to make sure any areas for improvement could be identified.

Preventing and controlling infection

- The service took pride in ensuring the home was kept clean to the highest standards. They had employed a larger than average number of housekeeping staff. The housekeeping manager was supported by six housekeeping assistants and there was a large hotel services team. The whole premises were exceptionally clean and fresh, which people said they enjoyed. One staff member said, "It feels like a hotel. An odour catches you off guard and on tours people often say, there is no smell here. The kitchen is so clean you could eat off the floor!"

- The laundry was well organised and this helped to prevent the risk of cross infection.

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

- We were assured that the provider was using PPE effectively and safely.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

- A cabin had been purchased to accommodate visitors' lateral flow COVID-19 testing. Visitors were able to book visits easily and felt well supported to maintain their relationships safely. There was plenty of space, including a new outside marquee where people could socialise or see health professionals in private.

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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Dynamic and inclusive training was seen as key to improving outcomes for people. Without exception, staff said the training was excellent and they were supported to learn and do their job effectively. Staff were encouraged to do additional qualifications and there were examples of staff widening their career choices, often motivated to do so by the rewarding work they did. For example, seeing people's needs decrease, mobility increase and speech improve due to the care they received. This in turn promoted their independence and regular engagement with staff and others. One staff member said, "We are extremely well led by management and given the opportunity to progress in our chosen careers. We have updates and courses to get a better understanding of people's conditions."
- The registered manager had allocated training courses to staff, recorded completion dates and when their next refresher for that topic would become due. Care staff completed training in all aspects to ensure they could do their role safely and effectively.
- New staff completed a thorough induction process which included initial training and shadowing shifts alongside an experienced member of staff until they felt confident in the role. Relatives commented, "Staff are skilled, I could not single anyone out, they are all good" and "Staff are very attentive, pleasant and professional."
- Regular supervision meetings were held for staff with the registered manager and clinical nurse manager. Staff felt very well supported by the management team and all spoke of how they saw The Lodge as an inclusive community. Staff comments included, "We all pull together as a team. The Lodge is a great place to work, we are all a big family and people are so well looked after."

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

- When the home had increased from 46 to 62 beds, careful thought and planning had gone into the design of the additional rooms. This meant there were some suites with mini kitchens to enable people to be supported to maintain their independence and rehabilitate. This led to people often returning to their homes in the community after a respite period.
- There were adaptations around the home such as signage to help people find their way around.
- The Lodge main house is an historic, grand, older style building with the interior adapted and updated to meet people's physical needs. Various new extensions enabled wide corridors and various lifts to access all areas. The premises were beautifully decorated to a high standard, homely and well lit. Hand rails, allowed people to move about independently using their wheelchairs or walking aids.
- People were able to make use of many large communal spaces and separate dining room to read or relax in, and there were lovely views over the beautiful gardens.

- The grounds and gardens were accessible for people with limited mobility including various seating and covered areas.

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

- People told us the food was good and there was plenty of choice, giving the home high praise. The kitchen was managed by a hotel services manager who regularly spoke with people about what they would like. Staff said they often popped to a good quality local supermarket for any food or treats people would like. The outcome was that people maintained or put on a healthy weight which promoted good general health and emotional well-being. One relative said, "Such wonderful birthday cakes too" and "The food is excellent."
- People could eat in the large dining room or where they wished. The dining room was open for several hours so people could choose when and with whom to enjoy their meal as in a restaurant. Printed menu cards were available and there was a restaurant feel to the menu board in the dining room. There were at least three starter choices, three main meal options and a large dessert trolley. Other options were soup, salads, omelettes, baked potatoes and sandwiches. Tables were very attractively laid and music played in the background. The atmosphere was social and pleasant. Adapted tableware had been provided where required, which supported people to remain independent with eating and drinking. There was a wide choice of non-alcoholic and alcoholic beverages.
- There were special occasions menus for themed days such as 'around the world' and celebrations.
- Care plans included nutritional assessments and guidance for staff on how to support people with eating and drinking. Where there were identified risks, staff were prompted by the care system to input amounts consumed. This enabled care staff to monitor intake and act quickly when concerns were identified. Two relatives spoke in the relatives meeting about how their loved ones had arrived at The Lodge undernourished and were now doing very well.

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

- Detailed initial assessments ensured the service could meet people's needs prior to them moving to the service. The information gathered had been used to create a detailed electronic care plan. There was family involvement from the first enquiry and throughout people's lives at The Lodge. Relatives said they went through the care plan with a key worker who knew their loved ones well.
- The registered manager and staff referred to current legislation, standards and evidence-based guidance to achieve effective outcomes. Assessment tools such as the Waterlow tool for pressure care and the Malnutrition Universal Screening Tool (MUST) had been used to predict risks to people. Staff worked with other agencies to provide consistent, effective, timely care.

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

- The registered manager and their staff worked effectively with healthcare professionals including GPs, social workers and community-based health professionals. Advice was sought, acted upon and recorded appropriately.
- Records showed specialist support had been sought from physiotherapists, podiatrists, occupational therapists, palliative care nurses and GPs when required.

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 registered manager had ensured care plans included information about people's capacity to make decisions about their care and support. DoLS authorisations had been sought for people where there were risks in relation to their capacity and safety. Any best interest decisions were fully recorded.
- Staff had sought people's agreement before supporting them with personal care and other tasks.
- Staff had received MCA/DoLS training and understood their responsibilities around consent and mental capacity.

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 had improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The registered manager and team, nursing, care and ancillary staff were highly motivated and inspired to offer care that was kind and compassionate. They all knew people and their families very well.
- Staff treated each person as an individual and throughout the inspection showed little acts of kindness and attention to detail to ensure people felt cared for and had attention when they needed it. For example, during end of life care, when the person died, the staff member the family knew best rang to inform them and waited at the door to greet them when they arrived.
- It was important for people to live their best life. Staff had spent a lot of time with one person living with anxiety. They had discussed a room move nearer the gardens where they could see people. They had supported the family to feel more confident when communicating with the person, who lived with dementia. The person was now speaking, eating better and accepting their medicines. Staff said, "If more time is spent feeling positive then that's a good thing we have achieved."
- Another person had lost their 'zest for life' due to a dementia diagnosis and insight into this. Staff had slowly helped them regain enjoyment of their favourite foods and spent time doing manicures with them. The person now enjoyed summer afternoon teas in the garden and engaged with others, which helped their cognition. Staff told us, "We've helped her to live well." Another person only communicated by saying, "I feel lost". Staff had discovered this meant they needed a cuddle, and we saw the person respond very positively.
- The clinical nurse manager had devised bespoke training with the local Parkinson's disease specialist to ensure they were doing all they could for one person. They told us about the progression of Parkinson's disease, The person's care plan showed how staff waited patiently for a response and took protected time to still continue to have chats.
- Staff were all proud to work at The Lodge and commented, "In spite of all the challenges and fears caused by the COVID-19 pandemic, the staff here have pulled together and continued to show their love and dedication to our residents and to each other. The staff work very hard to support and nurture their residents and I hear the word 'love' being exchanged between them on a daily basis."
- The registered manager and staff demonstrated a determined, positive commitment to people and their friends and family to ensure they felt valued and supported. For example, one person, nervous of respite care, had visited their proposed suite and had it rearranged how they would like. The hotel services manager devised them a bespoke menu. Their personal assistant was accommodated too and the person was introduced to others on a tour of the home to ensure they felt comfortable moving in. Eventually the person stayed much longer than they anticipated and fed back great praise for The Lodge, "My experience far exceeded any other respite stay, a welcoming, homely place".
- The service was exceptionally caring. Positive, meaningful relationships had been developed between

staff, people and their families. One person said, "The staff made my time at The Lodge as enjoyable as possible. I really enjoyed their company and appreciate it when someone has time to stay a while for a chat and a laugh."

- Staff ensured each person had meaningful time with staff and other people. The activity co-ordinator said they often used the book trolley and library as a good ice-breaker to help people get to know each other. We saw a lively sherry morning with a large group of people clearly enjoying each other's company, with staff available to facilitate chat.
- We received and read heartfelt comments from people and their relatives throughout our inspection visits and when gathering evidence. People and family members were unreservedly grateful and satisfied with the kindness and compassion shown to them.
- People and their families told us it was 'little things and attention to detail' that always made a big difference. People often missed their pets and pet therapy was well received when visitors brought in their dogs and small pets.
- One staff member told us how they promoted positive family visits, ensuring they were a positive experience for people and their relatives. One relative said, "Thank you to the staff who helped my Mum and I with 'Facetime' (online video app) so we weren't looking at the ceiling!"

Respecting and promoting people's privacy, dignity and independence

- There was a holistic approach to promoting independence that captured both the physical and social aspects. There was also a strong sense of empowering people to remain socially independent.
- People were supported to make friends and share time with like-minded people. One person facing life without their sibling was very timid about socialising. This was an important part of their care plan. Staff took time to gently introduce them into The Lodge social world by sitting and supporting them to join in and introducing them to similar people with success. Staff said, "We found them a new place in the world."
- Staff had spent time with another person practicing their speech after a stroke. The person had then not required invasive support due to increased muscle power.
- Staff were exceptional in enabling people to remain independent and gain new skills. Through continual assessment and monitoring staff were able to identify if people's conditions had deteriorated and take appropriate action. This had a positive impact on people's lives.
- One person with very limited communication had been able to show they enjoyed particular 60s music. The activity co-ordinator had learnt enough music to perform a private concert for them and their family with costumes and props to set the scene. This had encouraged the person to try to mouth some lyrics and give a thumbs up. These moments enabled the person to spend quality time with their spouse and enjoy their favourite beer in their final weeks.
- Another person had been previously supported in bed due to their medical condition. With regular, gentle encouragement, they were now able to go on outings in their wheelchair. Staff had seen a "marvellous recovery" enjoying hearing the person tell their family all about what they had been doing.
- Staff were proud of their approach towards people. They always made time for people and had good listening skills. Staff comments included, "Our philosophy is that residents are individuals who have lived amazing lives and will still continue to do so. We encourage people to treat The Lodge as their home and to socialise in the lovely spaces." One relative told us the care was, "Incredible. My mother has gone from immobile to mobile. She was so fearful on arriving. Two staff greeted her at the door, freshened her up, got her tea and a menu. The fear she had, I saw it leave." Later that day we heard how staff had come to sit with the person, labelling their clothes and chatting in their room. One person said, "It's one of the best homes in Exeter". Another person said, "The staff are particularly nice people and you can talk to them. They do their best to make our lives happy."
- We saw various examples where dignity and respect were promoted. When offering support, staff spoke politely and made efforts to ensure they were at the person's eye level. They discreetly offered to help

people with sensitive needs, for example assistance at mealtimes and when using toilet and bathroom facilities. When we telephoned people, they had all received a letter saying we would call and staff knocked, waited for a reply before entering and asking if they were happy to speak with us. Relatives commented, "Observing dignity and respect is exemplary" and "Dignity and respect is shown to all of us as a family, by all the staff. That's what they do."

- People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. This included their preferred style of clothes that were clean and ironed, shaving, manicures and helping people to fasten their jewellery. People enjoyed going to the home's hair salon and nail bar and there were plans to expand.

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

- The service continued to have a strong, visible, person centred culture and was exceptional at helping people to express their views.

- Staff had a good awareness of individuals' needs and they were knowledgeable about people's lives before they lived at The Lodge. Every effort was made to enhance this knowledge so that people's life experiences remained meaningful. One person, about to turn 100, had a photo life story. Staff were enthralled by the photos and story, talking to the person about their life.

- Staff found out how people liked to live their lives. One couple living in different areas of the home, enjoyed eating their meals together and staff ensured they received privacy.

- Throughout the Covid-19 pandemic there was regular communication between people and the registered manager. There were chatty newsletters ensuring people knew what was going on. There was great celebration when people were able to visit the seaside, "A view that was much enjoyed by the assembled trippers and even more so when the minibus was engulfed by a rogue wave in the car park!" This helped to encourage people to give a trip a go.

- Residents' and relatives' meetings had started again as soon as they were able during the COVID-19 pandemic. Communications covered explanations of wider market pressures and reassurances, COVID-19 updates and information about vaccinations. There was no agenda and people were able to speak freely. One relative commented on how lovely it was to see fresh roses in their loved one's room to cheer them up during 'lockdown'. One relative asked if it would be possible for their loved one to have a couple of games of Scrabble each week. This was scheduled and another relative said their loved one would like to play with them.

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 outstanding. At this inspection this key question remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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 truly enriched people's lives. Everything staff did focused on people's well-being and preferred activities and as a result people's well-being had greatly improved. One relative described how they had been comforted when their mother had died as they had been able to see them settled and "really enjoy a few months of engagement and joining in with life in the Lodge."
- There were many examples of how staff supported people to be fully occupied and engaged in enjoyable activities that were meaningful to the person and improved their quality of life. One relative said, "[Person's name] is enjoying the social aspect and it's so heart-warming to hear her talk so happily about all the exciting events the staff all work so hard to provide for her." One person said they attributed their long life to their faith, the wonderful care given to them and their now regular exercise." They attended a weekly seated exercise class to disco music. Another person had been supported in bed due to their medical condition but was now able to use a wheelchair and tried every activity available. The activity co-ordinator told us how the weekly quiz was this person's highlight of the week and how much improved the person's speech and confidence was.
- The registered manager believed strongly in the benefits to people and children of intergenerational work. One staff member told us how The Lodge saw the importance of people and their families as well as staff families. They described how staff shared family time with people. Staff children were welcomed. We heard stories of people enjoying talking to the children who helped serve afternoon teas and attended fairs and animal activities at the home. One staff member's son had dressed as Santa handing out a stocking full of chocolate to people.
- Throughout the inspection, we saw staff of all levels greeting visitors with great knowledge of who they were, what was going on in their lives and updating them on their loved ones. Staff said, "We all know who is related to who, who visits at particular times, all the little details that make us feel connected and for this home to work so well."
- There was a team of three activity staff, Monday to Saturday. They told us what a privilege it was to do their vital work and how every day was rewarding. People and relatives were keen to tell us how well they had been supported through the COVID-19 pandemic, kept informed and received letters and photographs during 'lockdown'. There had been a 'Facetime' (online video app) calendar and staff had "run around the home to connect people and accommodate any request." One person said, "They run a very good activity programme and very nice gardens." A relative said, "The Lodge is a wonderful place. They go to enormous lengths. My mother is fond of flower arranging and they've made sure she has opportunities to do it."
- There was a strong sense of local community as well as the community of The Lodge. For example, local schoolgirls were once again organising their regular visits to see people at the home. A local member of the

Royal Horticultural Society visited regularly to engage with people in the garden and gave talks. There was a 'Friends of The Lodge' group and a volunteer told us what a happy occasion the weekly 'sherry mornings' were and very popular, which we observed. People were supported to see their friends in the home to catch up. We saw staff asking people if they would like to visit each other, organising convenient times for them to meet or have tea in each other's' rooms. The volunteer told us, "I really enjoy my visits and I have made some lovely friendships, not only with residents but staff as well."

- People and staff told us how much they were all enjoying being able to go out in the community again. A home minibus was well used for trips to the seaside, country picnics and a visit to a local lace museum. People enjoyed telling their loved ones about these "red letter days". Fish and chips on lap trays by the sea was very popular.
- Staff said they liked the way they got to know people and their families especially the insight into not only, "the person the resident is but also the person they once were". For example, birthdays were personalised events. One family who lived abroad had been worried about not being there in person, "knowing the party animal Mum is". However, the staff and registered manager had organised a party including online access for the family. Thanks were sent about the amazing cake, for organising all the family requests, taking family photos, staff popping in all day to say 'Happy Birthday' and for ensuring their Mum was not disappointed.
- One person had recently celebrated their 100th birthday. There was a Lord Mayor's visit, champagne and cake. This had been a big event for everyone who knew the person at the home as well as family and friends. Other relatives had shared how excited their loved one had been to attend, "I haven't seen [person's name] so engaged, happy and excited about her community for decades. The friendly, positive and happy community spirit and ethos makes us so happy when we visit."
- If people had an activity they wanted to do, staff went above and beyond to make it happen. One person had been invited to London to the war museum with a chance to be winched into a plane of the type they had flown. The registered manager said, "It's all very exciting and a logistical nightmare, but we'll do it!"
- There was a wealth of environmental stimulation and activities and stimulation for people, including those who lived with dementia, to keep them engaged and orientated. People with a love of art were able to attend art and crafting sessions, including acrylic on canvas. These were tailored to individuals so made possible for people with limited dexterity or visually impaired.
- There was an extensive programme of individual, group activities and engagement with the Lodge community. The spacious conservatory was well used for regular music sessions, visiting musicians, classical players and singing duos.

End-of-life care and support

- End of life care was truly exceptional. The home had been awarded a Gold Standards Framework Commendation and was one of only a few homes to achieve this. GSF is considered best practice guidance, training and recording for people at the end of their life. Care plans scored people's needs according to the GSF framework to ensure they had the support they required. The service was assessed by the GSF team who visited the home.
- Positive comments had been made by relatives about the compassionate care people received at the end stages of life. The home worked closely with other healthcare professionals to ensure that people were provided with the best end-of-life care possible whilst respecting the choices made by or on behalf of people to ensure a comfortable, dignified and pain free death. On the day of our inspection staff were being supported due to a sudden death at the home the previous night. Some staff had visited outside of their shifts to spend time with the person and hold their hand. The registered manager said they always ensured staff were also de-briefed and supported with understanding following a home bereavement.
- Advanced care planning was discussed sensitively with people and/ or their representative when they first moved into the home or when they felt they wanted to talk. This enabled staff to find out their wishes of how they wished to be supported at this time.

- Families were involved and the staff caring for their loved ones were truly available to them. One relative wrote how they had The Lodge number on their family phone app group saying, "We have spoken to staff a lot in the past few weeks, they were all superb. [Staff member's name] was so empathetic, caring and kind when I saw her, on all calls over the weekend and on that final one. I cannot thank you and all your staff enough for all you've done in these most trying of times."
- A room was available for visiting relatives to stay if required. This was a great resource for families who lived away or for when people were near the end of their life.
- End of life care plans were excellent and very detailed including, "ask if [person's name] would like a lip salve as their lips get dry." The registered manager said they were always assessing staffing levels, especially with the pressure to admit people for palliative care from hospitals. Admissions were based on staff having time to support people to a high standard.
- The service had built a reputation for providing best practice and compassionate end of life care. They were being referred people from the clinical commissioning teams who were at a palliative stage of their treatment. The registered manager said it was nice to have their clinical expertise recognised.
- 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.
- Many relatives stayed in contact with the service after their loved one had died. One relative wrote after a year, "I do often think of you all and how kind you all were to me. In particular, the manager, so generous in your support and advice, especially over those last weeks." Another relative had written, "Thank you, it is quietly appreciated and a source of comfort to me."

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

- People received care and support truly centred around their individual needs and preferences. Their support plans were detailed and included what the person was able to do and how staff should support them. Care plans also included social needs and the activity calendar made sure each person was able to enjoy room visits if they preferred, doing what they wanted to do, such as play a board game.
- Staff thought about the best ways to engage people and reviewed the success of all activities and how they could be improved or built on. For example, installing a piano so one person could continue their love of piano music.
- The management team went to great lengths to ensure staff were responsive to people's needs and to ensure they had the information to meet people's needs when they moved into the home. People's potential for achieving a fulfilling life were placed at the heart of care planning and with consistent staff support there had been a very positive impact on peoples' lives.

One couple having to separate as one spouse needed more care, had been supported to enjoy decorating the new room and choosing the colour scheme and furnishings before the person moved in. Other people had clear risk assessments to enable them to continue to visit the town independently, including easily accessed contact details in case of an emergency and a GPS tracker. One person was being supported to go to the nearest shop and understand and use their money safely.

- Staff had an excellent understanding of each person's life history and knowledge of their needs. Relatives and people were fully involved in devising comprehensive life history plans. This had enabled staff to support people to improve their lives, with excellent results. For example, relatives said, "It's not institutionalised at all. My grandfather goes out on his own in his buggy. He does what he wants to do. He does yoga and goes on minibus trips." One person had previously been a head teacher. Ex-students had contacted the service and staff had ensured the person was able to reunite with them when they felt able.
- The service regularly reviewed people's needs and worked in close partnership with people and relatives to make changes. Relatives had seen peoples' care plans and felt confident and trusting of the staff. One relative said, "But it's not about the paperwork, the team are more interested in the person than the

documentation."

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.

- The registered manager was aware of the accessible information standard. Information was available in a different format, such as pictorial and large print to make it easier to read and understand.
- Information was available in people's care records about how they communicated.
- Staff supported people to use computer equipment, such as electronic tablets and speaking devices, to engage and stay in touch with those important to them.
- The service had access to specialist tools to help understand if people unable to express pain verbally might be experiencing pain.

Improving care quality in response to complaints or concerns

- A complaints procedure was displayed and given to people and families. There were many compliments and cards of appreciation. These echoed the highly positive feedback we received at inspection.
- The registered manager was proactive in ensuring people's voice, opinions and concerns were listened to. She spent some of their day walking around the home and speaking with people directly. During the inspection, people were seen in the large offices at reception speaking with the registered manager and staff as there was an open-door policy. People knew who the registered manager was and spoke very highly of them.
- 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 outstanding. At this inspection this key question remained the same. 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

- All people were at the heart of the service. The organisation led by example to create a culture which was incredibly caring and supportive to people and staff. There was a long-established staff team. All staff said they "loved" coming to work and following the inspection many contacted us by email to further praise the service. One said, "My managers and team leaders have always supported and motivated me to learn and be a better carer. The Lodge became my family, we look after people and each other and build a home for our residents."
- An exceptionally motivated and enthusiastic staff team was in place, led by a committed provider and management team that worked together to follow best practice and achieve very positive outcomes for people who were referred to the service. They worked together as a team from all the providers' homes, sharing learning with regular communication. One staff member told us how returning to the provider core values, being supported to undertake further qualifications and having a 'brilliant mentor' had enabled them to develop a better relationship with a person living at the home. The staff member understood how important it was to see people as individuals, getting to know them and their family. They were told by the family how fond the person was of them.
- The registered manager was very visible, committed and available. People and families knew who the registered manager was and clearly enjoyed seeing them for a catch up. Families were able to email at any time and there were many examples of caring support. Any issues were dealt with at the time in a positive way, so staff worked in a blame free culture.
- The registered manager was respected; and staff followed their example. Staff comments included, "We, including management, pull together and continue to show our love and dedication to our residents and each other" and "The Lodge really recognise how important our own families are and take care of us too". The registered manager said, "This is peoples' homes, it's so important to demystify and put a positive spin on moving in."
- People and relatives had consistent praise for the registered manager, "Thank you, you [the registered manager] were so generous with your support and advice", "The manager is excellent, gives sound advice, I have nothing but praise", "She is impressive, she is on it. It mattered to her that people were happy." One relative praised the registered manager especially for their support during the death of a person's son saying, "It's about the emotional support too." Another relative said they had chosen The Lodge solely based on the "people orientated manager."
- The organisation ensured staff were well supported. This was especially important during the COVID-19 pandemic. Staff had received bonuses, monetary gifts and pampering hampers. They were able to access a

free counselling service, a human resources department (HR) and wellbeing champions within the homes. COVID-19 updates for all staff occurred twice a week.

- The organisation was committed to protecting people's rights with regard to equality and diversity, including people who lived with dementia. Staff were trained to understand how they supported people's rights, and this was embedded in their practice.
- The quality assurance process was highly effective. The governance and improvement agenda were firmly embedded into all areas to improve service provision. It reduced the risk of harm to people and promoted reflective and outstanding practice.
- The service was exceptionally well-led. Head office visited the home regularly, completed detailed reports, spoke to people and staff and listened to their concerns. For example, staff were included in admissions discussions to ensure they could meet people's needs. It was especially important that relevant staff were able to discuss how to meet people's needs when they may display behaviours which could be challenging. During COVID-19 there was a staff listening group for support and more frequent visits.
- There was a busy, vibrant and welcoming atmosphere throughout the home and a camaraderie was observed amongst people, staff and visitors. Staff worked as equals with people and shared their lives.
- The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the running of the service. The provider and registered manager did regular 'walkarounds' and part of the handover each shift was 'mobile' visiting each person. Communication was also enhanced with daily 10@10 meetings with all heads of department.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was consistent strong engagement with people, relatives, staff and external professionals. 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 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.
- The registered manager recognised the importance of involving people in developing the service, listening and acting on feedback saying, "communication is key". This included people's wider family. For example, all staff greeted visitors by name, knew their circumstances and family dynamics and preferences. Good communication meant one person was supported as a member of their family had a medical issue which affected the person's anxiety. Staff enabled the person to have a healthier relationship and they were now more engaged and enjoying life. Staff also told us how they felt it was important to know what was 'normal for their marriage' in relation to supporting couples who both lived at The Lodge by listening to them.
- The caring and inclusive ethos was highly regarded by visiting healthcare professionals, relatives and people who lived at the service. The registered manager had put forward one of their staff for a South West care award and they had been shortlisted to attend a gala dinner which had been enjoyed.

Continuous learning and improving care

- It remained 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 that training was of a good quality. They were often encouraged to skill up beyond their current role to enhance and develop their career paths. For example, through completing leadership courses and train the trainer courses. One staff member said, "Now working as a senior carer and

training co-ordinator I can teach, support and motivate staff, as I have been taught how to deliver excellent care."

- The service had previously 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 a team of students who had measured 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 and were soon able to begin again following the COVID19 pandemic.
- 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 continued to be 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, and moving and handling to promote trust. This showed people's views continued to be 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 was conducted by IPSOS MORI under the 'your care rating banner'. Feedback from this survey results in an improvement plan for the service. In addition, the home invited people to provide independent reviews to a national care home review website for which the home has a consistent score of 9 out of 10. The registered manager responded personally to all reviews left. Reviews included, "I would absolutely recommend this home to anyone looking for outstanding care" and "They were brilliant!"