

# Royal Mencap Society Hales Lodge

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

Hales Lodge is a registered care home and provides accommodation and support for up to eight people living with a learning disability. There were eight people living at the service when we visited.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

- People had risk assessments in place to keep them safe and enable them to be as independent as possible. However, one person who was at risk of pressure sores did not have a risk assessment in place. We raised this with the management team who sent us a copy of a risk assessment and a care plan in relation to pressure area care, following our inspection.
- Relatives felt their family members were safe living at the service. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns. There were sufficient staff with the correct skill mix on duty to support people with their required needs and keep them safe. Effective and safe recruitment processes were in place and consistently followed by the service.
- Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Effective infection control measures were in place to protect people from the spread of infection.
- People were supported to have maximum choice and control of their lives as much as possible and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff received an induction and on-going training. They had attended a variety of training to ensure that they were able to provide care based on current practice when supporting people. They were also supported with regular supervisions.
- People were able to make choices about the food and drink they had, and staff gave support to people to eat a balanced diet.
- People were supported to access a variety of health professionals when required, to make sure that they

received additional healthcare to meet their needs.

- Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.
- People's privacy and dignity was maintained at all times. Support plans were written in a person-centred way and were responsive to people's needs. People were supported to follow their interests and join in activities.
- People knew how to complain. There was a complaints procedure in place which was accessible to all.
- Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.
- Rating at last inspection: Good (report published 04 April 2016)
- Why we inspected:

This was a planned inspection based on the rating at the last inspection. The overall rating for the service remained Good overall.

- Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per 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](http://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?

Good ●

The service was safe  
Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective  
Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring  
Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive  
Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led  
Details are in our Well-Led findings below.

# Hales 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken by one inspector.

Service and service type:

Hales Lodge is a care home. People in care homes receive accommodation and nursing or 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 accommodates up to eight people in two adapted buildings.

The service had a manager in post who was in the process of being registered with the Care Quality Commission. This means that they and the provider were legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection site visit because we needed to be sure that someone would be in to assist us with the inspection.

Inspection site visit activity started on 19 March 2019 and ended on 19 March 2019.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we met with three people who used the service. They were not able to speak with us about their experiences of their care so we met and spoke with two relatives on the day of our visit and spoke with another three relatives on the telephone. We had discussions with six staff members that included the area operations manager, the assistant service manager, the service manager and four care and support workers.

We looked at the care and medication records of two people who used the service, we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- Relatives told us their family members were safe when staff provided them with care and support. One relative said, "I think relative is very safe at Hales Lodge. The staff are well trained and know what they are doing." Another relative commented, "[Name of relative] is without a doubt very safe. The staff are very good at making sure [relative] stays safe. They are well trained and confident in what they do."
- Staff had completed training about safeguarding people from harm, and they understood signs of abuse and how to report it. One commented, "I have completed safeguarding training several times. I know the signs to look for and would have no hesitation in reporting anything."
- All staff we spoke with understood the service's whistleblowing and safeguarding policies and procedures. Records showed the provider reported safeguarding concerns as required to the relevant agencies.
- There were notices displayed around the service regarding safeguarding people and how to report abuse. In addition, we saw pictorial information for people to use so they could understand the safeguarding process.

Assessing risk, safety monitoring and management:

- People had risk assessments in place which guided staff on how to keep people safe. For example, if people needed support to use transport, staff had guidance to follow on how to support them safely. However, one person at risk of pressure sores did not have a risk assessment in place. We raised this with the management team who sent us a copy of a risk assessment in relation to pressure area care, following our inspection.
- Risk assessments were reviewed and updated swiftly if there had been any changes or incidents.
- Staff told us they felt they could confidently support people safely, and that the risk assessments accurately reflected people's needs, and the way they should be supported.
- There was information about each person for use in an emergency, for example, Personal Emergency Evacuation Plans (PEEPS) for each person who required one.

Staffing and recruitment:

- Most relatives told us there were enough staff on duty to meet the needs of people using the service. One person's relative told us, "Yes I think there are enough staff to make sure [relative] is safe. They always take them out into town and other places." Another commented, "[Relative] is always busy so there must be enough staff." However, one relative felt staffing was not always sufficient to take people to their chosen activities. The area operations manager told us that gaps in staffing were covered by relief staff and new staff had been recently recruited to cover any staff vacancies.

- Staff said they felt there were enough staff to meet people's needs safely and didn't feel rushed or under pressure. One member of staff said, "This is one of the best places I have worked. The staffing is good and it means we can meet people's needs properly." Two staff told us that staffing had been difficult previously but this had improved recently with the recruitment of new staff.
- We observed sufficient numbers of staff on duty to meet people's needs in a timely manner. People were supported to go to activities of their choice. Staff rotas showed that several people had one to one support from staff and we saw this on the day of our visit.
- The provider followed a thorough recruitment procedures. Disclosure and barring service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

#### Using medicines safely:

- People received their medicines safely and as prescribed. Relatives told us they had no concerns about how their relatives received their medicines. One said, "I know [relative] gets their medicines as they should. There haven't been any problems."
- Care plans had information recorded about the level of support needed by people to take their medicines safely.
- Staff received medicines training and records showed that competency assessments were completed to ensure staff followed the medicines policy and procedures.
- Regular audits took place on the medicines systems to check that staff consistently followed the administration and storage procedures. Records showed that people had regular reviews of their medicines to ensure they remained appropriate to meet their needs.

#### Preventing and controlling infection:

- The premises were kept clean by both staff and the people using the service, who were supported to complete the household tasks they wanted to contribute towards.
- Staff had access to Personal Protective Equipment (PPE) to prevent the risk of infections spreading. There were daily, nightly and monthly checks in place to ensure any areas that needed attention could be identified and addressed swiftly.
- Staff told us and records confirmed they had completed training in infection control. Information about how to prevent the spread of infection such as effective hand washing was available in the service.

#### Learning lessons when things go wrong:

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. These were then shared with staff at team meetings and through one to one supervision meetings.



# Is the service effective?

## Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- The needs of people were assessed prior to them living at the service so that the support they needed could be identified.
- We looked at the assessment for the person newest to the service. This covered areas such as, people's health needs, their relationships, chosen lifestyles and their preferences.
- We were told the transition period was flexible and could take as long as needed. People would be supported to visit the service for day, overnight and weekend visits.
- There were processes in place to ensure that no discrimination took place, and people's cultural and life choices were respected. Particular attention was also paid to the compatibility of the people already living at the service.

Staff support: induction, training, skills and experience:

- Staff had the knowledge and skills to carry out their roles and responsibilities. One relative told us, "The carers have good training and that means they can look after [relative] as they should do." Another said, "The staff are very good. They understand [relative] and know how to care for them."
- Staff told us that they were provided with appropriate support and training to enable them to carry out their roles. One told us, "I had an induction when I started which was very helpful." Another said, "We had some training by the tissue viability nurse about pressure sores."
- Records showed staff received an induction and on-going training to enable them to fulfil the requirements of their role. Some training was specific to the needs of people using the service, for example, we saw that staff had received training in epilepsy and positive behaviour management. This helped to ensure staff had information that reflected current best practice in providing care so they could meet people's needs.
- Staff told us they received supervision from a line manager and were given regular feedback on their performance. They said they could discuss any issues they encountered as part of their work and their own learning and development needs.

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

- We saw that people enjoyed the food provided at the service. A relative told us, "I know [relative] enjoys the food. I think they have put a little bit of weight on which is good." Another relative commented, "The staff are very good at making sure [relative's] weight remains stable."
- People were supported to make choices about their meals using pictorial menu plans where needed and

staff provided support for people with the shopping and preparation of meals.

- The staff all had a good knowledge of what people liked to eat, and were motivated to encourage people to eat healthily as much as possible to increase their overall wellbeing. Care plans documented people's preferences and any requirements they had with food and drink.

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

- People were supported to maintain good health and referred to health professionals when required. One relative told us, "Staff help [relative] to visit the doctors and the dentist. Whatever they need really. I think the healthcare is good."
- Health and medical information was recorded in detail for each person. Support was tailored to each individual to ensure they were prepared and able to cope with a variety of situations and procedures that may cause them anxiety.

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

- People's diverse needs were met by the adaption of the premises. For example, there were ramps and hand rails around the home.
- People's bedrooms were decorated to reflect their personality and interests.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, and found they were.

# 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

Good: 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 were supported by staff who were very kind, caring and passionately wanted to provide a friendly and homely environment. One relative said, "The staff are fabulous. They go over and above." Another told us, "We struck lucky finding this place for [relative]. We have never had any concerns." A third commented, "We have peace of mind knowing that [relative] is well looked after. The care couldn't be better."
- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks and what foods they enjoyed. Regular reviews and meetings had taken place and these provided people and their relatives with an opportunity to be able to discuss their likes and dislikes, wishes and aspirations.
- It was obvious that staff knew people well. They were able to explain about each person and what support they required. One relative told us, "What I love is how the staff really get to know people. Then they make sure they help them do the things they like."

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

- People were supported to make choices and decisions about their care and their day to day routines. For example, we saw people being offered a choice of fruit to make smoothies and what they wanted to do during the day.
- A 'Keyworker' scheme was in place. This meant that individual staff members had the responsibility to work with a certain person, check on their care, update their care plans, and generally involve people in their ongoing plan of care.
- People were supported to make day-to-day decisions for themselves and were provided with information in formats which best suited their preferred mode of communication.
- People could have access to an advocate and we found that one person was using the services of an advocate at the time of our visit. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence:

- Staff respected the privacy and dignity of each person and they could give us example of they how they did this. For example, shutting people's doors when supporting them with personal care.
- Each person had a detailed care plan that documented all aspects of their care and life choices. This contained regular prompts to staff to respect people's choices and right to privacy, whilst making sure they

remained safe.

- Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files and personal records were stored secularly.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received person centred care that met their needs. A relative told us, "[Relative] receives consistently good care. [Relative] has improved since they went to live at Hales Lodge." Another said, "I'm very happy with the care [relative] gets. I can't fault it."
- As part of the pre-admission process, people and their relatives were involved to ensure that staff had a good insight into people's personal history, their individual preferences, interests and aspirations. From this information a plan of care and support was developed
- People's interests were well documented and systems were in place to support people to attend social groups and leisure activities of their choice within their local community. We saw that people attended activities of their choosing and were supported to try new activities and experiences.
- The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns:

- The service had a complaints policy and procedure in place that was accessible to people and relatives if they wanted to make a complaint. This was available to people in a pictorial format. One relative told us, "I don't have any complaints. Usually if there is something I need to raise I would go to the manager. They sort things out quickly."
- All people using the service had a keyworker, allocated to them who could support them to raise any concerns.
- We were told that most people living at the service would find it difficult to make a complaint. However, staff carefully responded to people's communication methods and body language to understand if they were unhappy or dissatisfied with any elements of the service.
- There were systems in place to respond and investigate complaints when needed. We saw complaints had been responded to in line with the providers complaints procedure.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Relatives and staff told us they felt the service was well-managed and the registered manager was always available. One relative said, "I know I can call and always speak to any of the staff. They never say, 'sorry I'm too busy'."
- Staff were confident in their roles and felt well supported. One staff member said, "The support I get is excellent. Management is very good, and they care about the people here. The staff team here are very enthusiastic, and the communication is very good."
- Staff knew how to escalate concerns either by using the provider's whistle-blowing processes or to the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon. Staff told us and we saw information was readily available in the service for staff to refer to if they needed to do this.

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

- The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service. We saw the latest CQC inspection report rating was available for people to read at the home and on the providers website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The registered manager carried out regular quality audits to check that staff were working in the right way to meet people's needs and keep them safe. We saw that quality checks were effective and identified areas where actions needed to be taken.

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

- Questionnaires were sent out to people and family so they could comment on the quality of care provided. We saw these had been used to make improvements at the service, such as changes to activities.
- Staff told us they felt listened to by the management team. Team meetings were held and the minutes showed staff discussed people's needs along with policies and procedures and feedback from audits and quality checks.

#### Continuous learning and improving care:

- Information from the quality checks, complaints, feedback, care plan reviews and accidents and incidents was used to inform changes and improvements to the quality of care people received.
- The management team demonstrated a positive approach to learning and development and ensured staff had access to the training they needed, including specialist training in behaviour management.
- There were internal systems in place to report accidents and incidents and the management team and staff investigated and reviewed incidents and accidents. The area operations manager told us that following any incidents there would be a review where staff, if needed, were de-briefed on the incident and support plans would be updated and if needed new strategies introduced.

#### Working in partnership with others:

- Staff worked in partnership with other agencies that included health professionals from different specialisms, for example, dentists, opticians and GP'S. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.