

# Hunters Lodge Retirement Home Limited

# Hunter's 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

Hunter's Lodge is a service that provides accommodation for up to 36 people. Care and support was provided to enable people to live as independently as possible and to continue to work towards any chosen goals.

There was a manager in place who was applying to be a registration manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People who used the service told us that they felt safe and staff knew them well, relatives we spoke with also confirmed this. Everyone we spoke with said that staff were always caring and treated people as individuals. People also told us that staff knew their individual needs and choices. People accessed the local community and activities were regularly available.

Staff were aware of how to protect people from abuse and avoidable harm and were aware of safeguarding procedures. Therefore any allegations or recognised incidents of concern were dealt with and reported in the required manner. Staff had been trained to enable them to have the skills and knowledge needed to provide appropriate support to people. We saw robust records that showed the extensive training that had been completed and staff confirmed they had on going updated training to refresh their knowledge.

Relatives said that they knew they could discuss any matters with staff and that issues would always be addressed immediately.

People had access to healthcare professionals should this be necessary. Care plans had details of any specific conditions and how to identify any health problems. The appropriate health services were contacted when necessary. Our discussions with people at the service and our review of records confirmed this.

The provider and staff were aware of requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) 2008. Our observations and review of records showed that people were encouraged to make independent decisions and choices. Our discussions with people living at the service also confirmed this.

There were systems in place to assess and monitor the quality of the service. This included regular discussions with people who used the service. The provider regularly issued questionnaires to gather the opinions and thoughts of individuals, the results were then collated and discussed with the staff team.

Summary of findings

## 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.

People told us that they felt safe and that staff did listen to them if they had any concerns.

Staff recognised and knew how to deal with abuse. Risk assessments were completed to support the wellbeing and safety of people.

Staff had been trained regarding the safe and appropriate way to store and administer medicines. They handled medicines in the appropriate way.

People were supported and encouraged to make independent choices.

### Is the service effective?

Good ●

The service was effective.

The staff team were trained to have the skills and knowledge they needed to support and care for people.

People were supported to access healthcare professionals whenever this was necessary.

People told us that they chose their own meals and that their nutritional needs were met.

Staff had a thorough understanding of the Mental Capacity Act (2005) and of the principles of the Deprivation of Liberty Safeguards (DoLS) 2008.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, considerate and also respected people's dignity and privacy.

People were supported and enabled to be fully involved in

making decisions about their daily lives and any support that they received.

We saw that staff treated people with consideration and provided choices for people.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's individual needs and preferences had been assessed and were updated as needed. Care plans contained clear information about people's lives, their preferences and what they enjoyed.

People had access to activities both within the local community as well as at the service.

The provider had a complaints procedure that was accessible to people and feedback about the quality of the service was regularly gathered through various methods.

### **Is the service well-led?**

**Good** ●

The service was well led.

Staff were able to provide suggestions about the development of the service or ask for additional training they felt was relevant to their role.

The quality of the service was regularly monitored and any actions required were completed to address any matters that required improvement.

# Hunter's Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 February 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspections we reviewed the information we held about the service. We reviewed the Provider Information Return (PIR) that had previously been submitted. The PIR 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. We also reviewed the information we held about the service and information we had received about the service.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care and associated documents such as risk assessments. We looked at the recruitment procedures for three members of staff including their checks and training records. We spoke with seven people individually who lived at the service and also a further three people in a group. We reviewed policies and procedures, medication records, staff records, training records, staff rota and records associated with quality assurance processes. We spoke with five members of staff, one healthcare professional and received comments from one healthcare professional plus one relative. This was to gather their views of the service being provided.

# Is the service safe?

## Our findings

People who used the service told us that they felt safe. One person told us, "The staff are always there to keep us safe. I always feel OK about that." Another person told us when we asked them about feeling safe, "Definitely, always." Another person told us, "Oh anything that seems unsettling, staff will deal with it. I would not stay if I felt unsafe." Relatives we spoke with told us that they felt that the service was safe. One healthcare professional told us, "People are safe and staff ensure that whenever I am here, certainly."

Staff we spoke with had a good understanding of how to protect people from any types of harm and abuse. They understood their responsibilities to report any safeguarding concerns, to either a senior member of staff or to the manager. The management were aware of their responsibilities to report any safeguarding concerns to the local authority and to Care Quality Commission. Staff told us they were confident that any concerns they raised would be taken seriously by the senior management. Robust staff training records confirmed that staff had received appropriate safeguarding training that was up to date.

Staff knew how to manage any risks they found that related to people's care. We found that care plans had detailed information about the risks associated with people's care and how staff were required to support the person safely to minimise risks. We were told that risk assessments had been reviewed and adjusted if any changes occurred to a person's behaviour or needs. This was important to make sure that information was current and was based on the individual's people's needs at any given time. There was a 'Notice to contractors' with clear instructions regarding the safety and wellbeing of the people who lived at the service. This supported the safety of people during any structural work that was carried out.

People told us that they felt there were enough staff. One person told us, "There is always someone about and staff keep an eye on us." Another person living at the service said, "Staff pop into my room if I am spending any time there, they make sure we are alright." A healthcare professional who visited the service told us that staff were always available and that they never had to search for a person to speak with. We saw that the staff spent time with people on a one-to-one basis. They also had time to speak with people and provide support if needed.

Staff maintained records of accidents and incidents. These were monitored by the manager as well as by the directors of the service. Any required actions were put into place to either reduce or eliminate avoidable risk to people.

The premises were clean throughout, tidy and well maintained. Cleaning schedules were in place and a health and safety audit of the premises was regularly completed. This meant that any risk or areas that may need attention were identified quickly to support safety. Records showed us that fire drills and system tests were carried out regularly and this was also confirmed by members of staff. There were also individual emergency evacuation plans in place in the event of any emergency.

The provider had an appropriate recruitment and selection procedure in place that ensured appropriate checks were carried out on staff before they started work. We looked at the recruitment records for three

people who currently worked at the service. Files contained relevant information including identification, a record of a Disclosure and Barring (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. The provider's pre-employment checks ensured as far as practical that only staff suited to work at the service were employed.

People received their medicines as prescribed. One person told us, "Staff are very good when making sure I get my tablets on time. They are very up on that sort of thing."

Staff had received training regarding the safe storage and administration of medicines. Their competencies were assessed and the medication administration record (MAR) sheets were audited for any errors and to ensure people had received medicines at the appropriate time. We saw that where people were prescribed medicines as PRN (as required) there were protocols in place for staff to follow to ensure that people received the correct amounts.

## Is the service effective?

### Our findings

People we spoke with told us that they felt staff knew what support they needed and provided assistance in a way they had chosen. One person told us, "They are excellent, I would not be here if not." Another person said, "They are truly wonderful here, we love it and feel very settled." One visiting healthcare professional said, "Staff always know what is happening and they seem to know people well. I never worry about how they will follow my instructions."

Staff told us that they were happy with the training they received. They said that they could always ask for any training they felt was relevant to their role or to people's specific needs. Two members of staff told us that the training was comprehensive, well organised and always relevant to the specific needs of people who lived at the service. Another staff member said that they had "plenty of training and we enjoy learning."

The training records identified when training had been completed and the date it was due to be refreshed. The training monitoring was a robust computer breakdown of all aspects of each completed training programme. This identified the subject of each module that the training covered. We were told that each aspect of training was analysed to find out what subjects had been covered, if this was relevant to people's needs, and also to ensure this was not repeated in subsequent training sessions. This meant that specific training was sourced to make sure that each session staff attended was new knowledge, best practice and would therefore enhance the experience for people who received support at the service. Refresher training was also analysed to ensure this covered appropriate areas and that current legislation was enforced. People therefore had support from staff that knew their roles, had extensive knowledge base and were also aware of current standards.

Staff told us that they felt adequately trained, they learnt about any new health developments that may occur in the people they supported and felt competent about providing appropriate assistance to people. One staff member told us that they felt "very well trained" and enjoyed their learning process. All staff we spoke with told us that they were supported by senior management and all levels. Staff worked together and they said they looked forward to their working day at the service.

When we asked staff about their support, they told us that they felt supported by the management structures within the home. They confirmed that regular supervision was completed and they were able to discuss their development. Staff had a clear understanding of the aims and objectives of the service. One member of staff told us how they had been at other services and felt the Hunter's Lodge was the best they knew. There were regular staff meetings and the minutes of these showed us that any issues that had been raised by staff were addressed appropriately.

Staff that worked during the night period also had time working with the day staff. This supported the sharing of essential information such as how a person had spent the night or how people were feeling. Staff shared their thoughts and experiences with each other to develop a full picture of the needs and moods of people who lived at the service.



We saw that people had access to healthcare professionals whenever this was needed. Records reflected this as well as the monitoring of people's wellbeing such as any weight loss or signs of change. A visiting healthcare professional told us, "This is a very good place. People are looked after and staff know what is happening with people's health. I know that if I say something needs to be done, staff will carry that out and look after people." Our discussions with staff showed us that they knew people's health needs and had a knowledge of particular conditions. Regular training also supported and strengthened this knowledge for staff.

Staff had a thorough knowledge of The Mental Capacity Act (MCA) 2005. This 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA and DoLS applications were reviewed according to legislation and guidelines. We saw that where people may have been deprived of their liberty the registered manager had contacted the relevant people to discuss these further and to carry out the required assessments.

People told us that there were choices at mealtimes. One person told us, "They give us wonderful food here, very nice." Another person told us, "I cannot fault it, I always enjoy my food." When asked about choices we were told, "Oh we have anything we fancy. If we do not feel like the things on the menu, we just say and can have an alternative." People had care plans which included information on dietary needs and support that was required. We saw that the lunchtime meal looked appetising, people chose where they wanted to eat and this changed from day to day. We observed staff making sure that people were happy where they sat and staff offered choices at every opportunity. This supported people to know that they could change their minds and have what they felt like on any given day.

## Is the service caring?

### Our findings

We were told that staff were very caring and always considerate when supporting people. One person told us, "Staff could not be better, I would not want to be anywhere else." Another person said, "I was worried about coming here, you hear lots of things, but staff are brilliant. I am happy." Two healthcare professionals told us that staff were very caring and always treated people with consideration. A person who used the service said, "Staff know me and what I like. They let me get on with my day, they know when I need something I will ask."

We saw that staff were kind and spoke with people in a considerate and appropriate way. When people asked for assistance, staff were helpful and respected people's privacy and dignity. Members of staff provided choices and the necessary information for a person to make their own choice. For instance, one person was due to attend an event and staff quietly asked if a shopping trip was a good idea for some new clothes. When this person returned, they were happy to show their purchases and staff offered help with choosing accessories, which the person readily accepted.

Staff we spoke with demonstrated that they knew people's needs and preferences. They told us that the staff team tried to maintain a homely and relaxed environment. Staff said they always realised that people needed to feel they had a day that they had chosen and felt like. We saw that staff used a caring approach and people were chatting and laughing with staff in a relaxed and confident way. One person who lived at the service told us, "We always have a good laugh here." Another person in the same room agreed with this statement saying, "Oh my yes you are right."

One relative told us, "I chose Hunters Lodge for my [relative] as I know that it has always been a very caring home, which is well run and where all the staff are extremely dedicated." They went on to explain that some people required a lot of support and said that, "Where other homes and even hospitals would struggle to look after these people, Hunters Lodge always seem to manage. I would be very happy to recommend Hunters Lodge to anybody."

People told us that they had been involved in making decisions about their support. One person told us, "Yes I talk about what I need and staff always discuss things like that too." We saw that care plans contained detailed information that included what the person preferred and exactly how they liked things. This showed that people were involved and had discussed exactly how they wanted to receive any support. One person who liked to undertake their own activities told us that staff respected this, "They are there if I need them, but I do what I feel like. They do check on me and ask if I am OK. I am very happy here and staff know how I like things, they are caring but I look after myself."

People told us that staff protected their privacy and dignity. One person told us, "They always close doors when they are helping me. They speak quietly when they ask me anything that may be a bit, well, personal." During a discussion with two people who lived at the service, they said that they felt they were always treated with dignity and felt that staff respected people in all areas of their work.

## Is the service responsive?

### Our findings

Each person had a care plan that was personalised and which focused on the individual needs of each person. These plans included thorough information about the care and support that the individual needed and had chosen. Specific information was easily accessed and was well set out for ease of use for staff. Information included likes, dislikes, preferences, routines and how people enjoyed their day.

The care plans had been updated regularly and adjusted where any changes had occurred. Plans also showed that people had been consulted and involved in decisions about support needs. Staff told us that they felt there was sufficient detail and information in records for them to know exactly what a person needed and what they enjoyed. Staff said they found out a lot through talking and having informal discussion with people during the day. Staff therefore developed a clear idea of what kind of activities and day trips to suggest for people. Information covered such areas as the preferences of the person as to which side they liked to sleep on, how they liked to be addressed and what a person's goals for the future were. This information was then reviewed and measures put into place to work towards any goals or hopes for the individual.

We looked at specific likes and dislikes, hobbies and preferences that were detailed in the care plans for each person. These records and our discussions with people who lived at the service, showed us that people were able to participate in a range of suitable activities, both inside and outside the home. Activities were monitored to make certain the person was enjoying the experience and to then ask others if they would like to take part. One person told us, "We have lots of things happening here, every day we have something to do." Another person said, "We can take part or not, we do not have to do anything, I like all the activities." Activities included hand massage, armchair exercise, talk groups, cheese and wine events and poetry reading.

There were two people employed to undertake activities and entertainment for each day. We were told that people who may be in their rooms were provided with individual activities and were always included in discussions about forthcoming events. We saw the results of what people had made for the Easter period. Three people who lived at the service explained that they had enjoyed making these things and described some of the activities they enjoyed.

People were supported to maintain their relationships with friends and family. A person said, "My family always feel welcomed when they visit." Another person told us, "There is always a cup of tea made and staff know my family too." There was a regular newsletter issued for people living at the service to keep up to date with events and for families to know what had been enjoyed or what was planned at the service.

We saw that information in the care plan was very personalised and supported the independence of people to make their own choices and decisions. This was confirmed through our discussions with people who lived at the service. A person said, "Oh I do what I want every day, staff make sure it's what I want to do." We saw that people were asked for their consent regarding all aspects of their daily routines, this was reflected in the care plans we reviewed.

There were various lounge areas to enable people and visitors to sit and spend time how they wished. As we walked around, people smiled and spoke up with a variety of questions, laughing and telling us what was happening that day.

There was a clear complaints procedure for people on how to make a complaint and the time scales for when these would be responded to. People we spoke with had not made formal complaints and told us that anything that was a concern had been dealt with promptly. They said that staff always listened and encouraged open discussion. One person said, "Staff see when I am feeling a bit low and take time to talk to me." Staff and people who lived at the service told us that they would not hesitate to bring any concerns to senior staff or management. One person told us, "They always ask if I am OK, they make sure I feel alright. If I seem a bit fed up they keep popping in to see me and have a chat. They say I must tell them if anything is wrong."

People who used the service and their relatives were encouraged to discuss any concerns during regular meetings as well as during daily discussions. Feedback was also obtained through the issue of regular questionnaire surveys.

## Is the service well-led?

### Our findings

The management structure in the home provided clear lines of responsibility and accountability for staff at all levels. Staff were aware of the ethos of the service and we were told that all staff work well together to provide the best experience possible for people who lived at the service. From our discussions, observations and from a review of records, it was clearly evidenced that the organisation was committed to supporting people in a relaxed atmosphere and in the way they had chosen. Regular meetings and feedback from people living at the service also supported this.

We looked at a sampling of returned questionnaires that had been received, comments included, "Everyone is kind and willing to help! and "All excellent." If a person chose not to reply, this was also recorded. This evidenced the person's choice and also showed they had been asked the question. People told us that they thought that the service was well managed. A person told us, "Well, it is all good, lovely." Another person said, "Yes, yes very well run."

Staff told us that they felt supported by the management team. One staff member told us, "They are always ready to talk about anything, even if it is not my supervision." Staff confirmed that they had regular team meetings. They felt that they could discuss things openly and that they were taken seriously. Another staff member told us that there was always, "back up and someone to listen to you if you want to talk."

We saw from minutes of team meetings that the management team were open to the opinions that were voiced at meetings. Team meetings and individual supervisions were an opportunity to share updates on the service and staff felt that there were effective communication systems used by senior staff and management.

Through our discussions and our review of records we found that there were regular quality and safety audits completed to ensure continuity and the quality of the service. For example, there were risk audits completed and regularly reviewed for areas such as cleanliness around the building, safety and condition of window restrictors, hygiene in bathrooms and the condition of the exterior of the premises.

Records showed that there were regular fire drills, checks on fire equipment and we noted that signage throughout the building was appropriately displayed. There were effective systems in place to assess and monitor the quality of the service. These included regular audits and checks of the medication systems, support plans, staff training, safety and the environment internally and externally. There was evidence that any risk or matters requiring attention were addressed appropriately.

Records showed that any accidents or incidents were recorded in detail. These were then analysed and any patterns that were identified had then been addressed to reduce or eliminate any risk to people.

Information that was required to be shared with any other organisation had been forwarded as quickly as possible. This showed that Hunter's Lodge worked with external professionals to support the wellbeing and safety of people who lived at the service.

There were various opportunities for people and their relatives to express their views about the service

through regular reviews, discussions and meetings. A person told us, "My family can always speak to staff and they are kept fully informed. They are happy for me to be here." Quality assurance questionnaires were issued regularly to gather the opinions and thoughts of people who used the service and also from visitors and family. Any action needed had been dealt with in a timely manner.

Information that we hold about the service indicated that the manager had informed us of any notifiable incidents in the home in line with the current regulations. During the inspection we found the service was meeting the required legal obligations and conditions of registration.