Huntsmans Lodge Limited

Huntsman's Lodge DCA

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

This announced inspection took place on 26 April and 02 May 2018.

The service provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. People using the supported living service lived in two 'houses in multi-occupation'. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities. At the time of our inspection, there were eleven people in receipt of personal care support. The service provides support to younger and older adults with learning disabilities.

Not everyone using Huntsman's Lodge DCA receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

At our last inspection on the 12 January 2016, we rated the service 'Good'. At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive safe care. Staff understood their responsibilities to keep people safe from harm. Safeguarding procedures were in place and staff understood their duty to report potential risks to people's safety.

People received their medicines as prescribed and risk assessments were in place to manage risks within people's lives. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

Staffing levels ensured that people's care and support needs were safely met and safe recruitment processes were in place.

Staff induction training and on-going training was provided to ensure that staff had the skills, knowledge and support they needed to perform their roles. Staff were well supported by the registered manager and

senior team, and had regular supervision meetings.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved in their own care planning and were able to contribute to the way in which they were supported.

Staff supported people to access support from healthcare professionals, and supported them to maintain a healthy lifestyle. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

The provider had systems in place to monitor the quality of the service and had a process in place which ensured people could raise any complaints or concerns.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Huntsman's Lodge DCA

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 comprehensive inspection took place on the 26 April and 02 May 2018 and was announced. We gave the service 48 hours' notice of the inspection as the service is small and we needed to ensure that staff were available to support the inspection. We visited the office location and one of the supported living houses on 26 April to meet with people using the service, the registered manager and staff. We also reviewed care records and policies and procedures. We made telephone calls to staff and relatives of people using the service on the 02 May.

The inspection was undertaken by one inspector.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We reviewed the information we held about the service, including information sent to us by other agencies, such as Healthwatch; an independent consumer champion for people who use health and social care services. We also contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services for people.

During this inspection, we spoke with two people who used the service and one person's relative. We also observed interactions between people and staff in one of the supported living houses. We spoke with six members of staff, including the registered manager, a team leader and support staff. We looked at records relating to the personal care and support of three people using the service and three people's medicines records. We also looked at four staff recruitment records and other information related to the management oversight and governance of the service. This included quality assurance audits, staff training and

supervision information, staff deployment schedules and the arrangements for managing complaints.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe with the staff supporting them. One person said, "I feel safe with [team leader] and all the staff, I have no worries about anything here." Another person's relative said, "I am confident that [person's name] is safe with them [staff]." Staff understood their responsibilities in relation to keeping people safe from harm. All the staff we spoke with had a good understanding of safeguarding procedures, and knew how to report abuse. One member of staff said, "I would report any concerns to the team leader and the manager, I could also report to the authorities." We saw that staff had received training in safeguarding and that the details of the local safeguarding authority were displayed at the location office.

Staff had the information they required to ensure people's support was provided in a safe way. There were risk assessments in place, which gave staff clear instructions as to how to keep people safe. For example, we saw assessments in people's care files that identified risks associated with their mental health, falls and medicines. Where risks had been identified appropriate controls had been put in place to reduce and manage the risk; these control measures took account of people's choices and independence.

Recruitment processes protected people from being cared for by unsuitable staff and there were enough staff employed by the service to cover all the care required. People and staff told us that there were enough staff to provide their care and support. One person said, "The staff are here for me, we get out and about doing things." A member of staff said, "There are enough staff, people get good care and support." Rotas we looked at showed us that staffing was consistent, and people were given care and support by a dedicated staff team.

The service safely supported people with the administration of medicines. Staff were suitably trained to administer medicines, and accurate records were maintained. Regular audits took place to make sure that medicine stock was accurate, and safe systems were in place to ensure that people received their medicines as prescribed. Where staff were required to provide additional medicines support to a person with a specific health condition, an appropriate healthcare professional had provided them with the training to do this safely.

All staff understood their responsibilities to record and investigate any accidents and incidents that may occur. Where incidents had occurred within the service, these were reviewed by senior staff and action taken as necessary. We saw that through regular team meetings and staff supervision, any concerns were regularly shared within the staff team to enable learning and improve practice. Records were updated to reflect any changes in people's needs to enable staff to support people in the safest manner possible.

People were protected from risks to their health and well-being by the prevention and control of infection. Staff understood the importance of working in a hygienic way. One member of staff said, "It's important to wash your hands between tasks, for example before you do any cooking, and we have different chopping boards for different types of food." Staff had been provided with training in infection control and food hygiene and personal protective equipment (PPE), such as, disposable gloves and aprons was available to

prevent the spread of infection.

Good

Is the service effective?

Our findings

People's care needs were assessed to identify the support they required. Each person received an assessment of their needs before the service agreed to provide their care. The initial assessment considered all the areas in which staff may need to support the person, including, communication and decision making, physical health and wellbeing and eating and drinking. The information gathered was used to produce a plan of care. Follow up reviews took place to make sure people were happy with the care they were receiving and to ensure that the service was meeting their needs.

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. One member of staff said, "The training is great, I've done lots of training including, moving and handling, medicines and [conflict management]." All new staff undertook a thorough induction programme. One member of staff said, "I had an induction into the job role, including shadowing other staff and I had training to give me the knowledge and skills I needed."

Staff said they were well supported and encouraged to develop in their job role. One member of staff said, "I'm very happy working here, we get a lot of support and the manager has helped me to feel more confident in the job." Staff received regular supervision and appraisals, which gave them the opportunity to discuss their performance and personal development.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. People who required assistance to eat were provided with this. One person said, "I like the food and sometimes do cooking with staff, we have takeaways sometimes as well."

People were supported to access a wide variety of health and social care services. Staff had a good knowledge of other services available to people, including mental health support, learning disability services and reviewing officers. The registered manager described how they had supported one person to access a wide variety of support following a decline in their mental health, to ensure that staff were doing all they could to support the person in the best way.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One member of staff said, "We [staff] regularly support people to their GP for appointments." We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

People were encouraged to make decisions about their care and their day-to-day routines and preferences. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can

only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. In domiciliary care settings, this is under the Court of Protection.

Staff told us, and records showed they received training on the MCA and DoLS legislation. The management team and staff understood and worked within the principles of the MCA legislation. Staff were observed to promote equality and diversity and demonstrated their responsibility to protect people from any type of discrimination.

Good

Is the service caring?

Our findings

The service had a positive and caring culture that people, relatives and staff supported and promoted. People and their relatives were complimentary of the care people received. One person said, "The staff are perfect, I get on well with them." Another person's relative said, "The staff are friendly and nice, they do their best by [person's name]."

The staff were enthusiastic about their jobs and were proud of the way the service supported people. One member of staff said, "I love this job, it's really good how people are supported, we take into account their likes and dislikes, their rights and they have lots of choice about their daily activities." All the staff we spoke with confirmed that they worked with people consistently and were able to get to know their needs and preferences.

The staff spoke with fondness about people they supported. They understood the importance of promoting equality and diversity, respecting people's religious beliefs, their personal preferences and choices. People were fully involved in making decisions about how they wanted their care and support provided. People said staff supported them to make their own decisions about their daily lives. The service was able to source information for people should they wish to use an advocate and advocacy information was available in people's care files. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to make their needs and choices known.

Staff understood the importance of respecting people's privacy and dignity when providing people's support. We saw that staff interacted with people in a respectful manner and staff were able to describe how they upheld people's dignity when supporting them with personal care. Confidential information regarding people's care was stored securely and only shared with people's consent on a need to know basis. Staff understood the importance of confidentiality, one member of staff said, "We report to the manager or team leader, if we have concerns but don't discuss with anyone outside."

People were supported to be as independent as they were able to be; staff encouraged each person to achieve as much as they could by themselves. A member of staff told us, "We support people to attend 'Values' [A vocational learning centre], use public transport, make their own choices and encourage them to speak up for themselves."

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs and staff were committed to providing individualised support. One member of staff said, "Every week we sit down with each person and go through their activity plan, to make sure they get to do what they want to do." We saw a wide variety of activities recorded in people's activity plans. From people's pre assessments, care plans were developed with people that set out how the service aimed to meet each person's physical, emotional and cultural needs. Reviews and updates to care plans took place, with the involvement of people as and when their needs had changed. This ensured people consistently received appropriate care and support.

The service 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 (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given . The provider understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. We saw a range of information in different formats; for example the service user guide, quality survey and complaints information were available in a pictorial format.

People were encouraged to raise any concerns or complaints. People and their relatives said they knew who to speak to at the service if they had any complaints. One person's relative said, "I have no complaints but would speak to [team leader] if I was concerned." We saw that there was a clear complaints policy and procedure in place, complaints received had been dealt with appropriately and were logged and monitored.

At the time of the inspection, no people using the service were receiving end of life care. The service understood the importance of providing good end of life care to people and supported people to have conversations about their wishes for the end of their life.

Good

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 2008 and associated Regulations about how the service is run.

The service had a clear vision and values, that all staff were committed to working together to achieve. One member of staff said, "We work with people to grow their independence, for example supporting them to make their own meals, do their own food shopping and pay for things themselves." The registered manager had a good awareness of all aspects of the running of the service. Staff told us, "[Registered manager], helps us to do our job, he sits down with us one to one and explains what we have to do."

The service had an open culture where staff had opportunities to share information; this culture encouraged good communication and learning. We saw that the atmosphere within the service was positive and friendly. People told us that the registered manager was approachable and supportive. One member of staff said, "[Registered manager] is a brilliant manager, he's made lots of improvements and is very easy to talk to." Regular team meetings took place, which covered a range of subjects. We saw minutes of meetings held, and these reflected an open and transparent culture with discussions about staff development, communication, policies and procedures and health and safety. The minutes of these meetings reflected that staff were able to contribute fully and have their opinions heard.

The people using the service and their relatives were able to feedback on quality. We saw that quality questionnaires were completed by people, which enabled them to provide their view of the service they received. All feedback had been responded to and action taken where required. People felt able to speak to the registered manager and senior staff about their experiences of the service. One person said, "I see [registered manager] all the time and [team leader], I love them, they're mega." People were able to attend regular meetings, we saw minutes of one meeting where people had made plans for a cultural celebration that was important to one of the people supported by the service.

Quality assurance systems were in place to help drive improvements and ensure sustainability. These included a number of internal checks and audits as well as a provider audit, undertaken by the locality manager. These helped to highlight areas where the service was performing well and the areas which required development. Audits took place to monitor key areas of the service, and actions were implemented when any improvements were required.

The service worked in partnership with other agencies in an open honest and transparent way. Safeguarding alerts were raised with the local authority when required and the service had provided information as requested to support investigations. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.

The provider had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law. They also shared information as appropriate with health and social care professionals; for example social workers involved in commissioning care on behalf of people.