

Outreach 3-Way

Queens 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

Queen's Lodge is a respite service and residential home providing personal care to people with autism, mental health issues and/or learning disabilities. The service can support up to 22 people and at the time of the inspection there were 20 people living there. The service consists of two houses which share a garden, Queens Lodge is the respite home, with rooms for 12 people, while Southview is a ten bedded home for people staying longer term. People have their own rooms but share communal kitchens, bathrooms, and lounge areas.

The service consisted of two large homes, bigger than most domestic style properties. This is larger than current best practice guidance. Despite this, the service was run in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were kept safe from harm, and from the risk of abuse, by trained staff who cared about them. People's personal risks were assessed and continuously updated in their support plans so that staff could look after them safely. The home was safe and the registered manager ensured it was kept well maintained. The home was clean and fresh and people and staff took pride in keeping the home tidy. Staff supported people to take their medicines safely. The service learned from things that went wrong.

People had support plans in place that were started before they arrived at the service. The registered manager and other staff organised tea visits for prospective new residents and worked hard to make people feel at home. Staff followed clear support plans for people including positive risks. Staff had specific training in people's particular needs. Staff had infection control training and food hygiene training. People and staff cooked together and made healthy food with a varied menu. People were able to make their own decisions about their hobbies and the way they spent their days. People at the respite care home left the site during the day to attend day centres and education facilities. Some people at the residential home also had hobbies or jobs outside of the service and staff supported people to go out into the community.

Staff were very caring and friendly. We saw staff and people joking and laughing together as they prepared food at the home. Staff took time to communicate with people in ways that works for them, using clear speech, hand gestures and facial expressions. People were treated with dignity and respect by staff who encouraged them to be as independent as possible. A person told us, "I like it here, at the last place no one said hello." And another person said, "I can talk to people here."

People's care was personalised. The registered manager got to know people and their families before they came to stay at the home and continued to update support plans as staff grew to know people well. People were encouraged to fulfil their potential and staff took pride in seeing people get jobs and flourish in the community. Policies for the home were available for people in easy read formats. The staff focussed on how to enable people to live full lives and make friends. The registered manager acted on complaints and when necessary changed procedures to ensure incidents were not repeated.

The registered manager was a positive, proactive person who supported staff well. Staff were proud to work at the home and enjoyed spending time with people. One staff member told us, "The teamwork is very good. The managers are really good, it's flexible. The flexibility is good, and you meet different people every day, it's challenging but interesting." And another said, "I call this place my home. I love my job." A relative told us, "Beyond all expectation, the registered manager and the team work with us collaboratively all the time to encourage [person] to grow skills and build confidence in carrying out tasks in a safe environment where he is comfortable. They are knowledgeable and empowering, offering great advice and creative solutions."

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 applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

The last rating for this service was Good (published 5 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

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.

Queens Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector over two days.

Service and service type

Queen's 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 on the first day of the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke to four members of staff, including the registered manager. We spoke to two people who use the service and a relative of a person that uses the service about their experience of the care provided.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas and training data. We spoke with two professionals who visit the home, and two relatives of people who use the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has 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 were protected from the risk of abuse. Staff were trained in safeguarding and understood its importance. They knew what to watch out for and how to report concerns. Staff told us they knew people needed to be kept safe including while they were away from the home. A staff member said, "We look for bruising, but also other changes, like personality changes, or even losing weight."
- People were kept safe. Some people at the home had distressed behaviours that could be challenging to staff and present a risk to other people at the home. Staff were taught to look for triggers that could affect people's behaviour, so they could prevent this distress. A staff member told us, "We learned how to prevent escalation."
- People had access to easy read policies covering bullying and hate crime.

Assessing risk, safety monitoring and management

- People's risks were assessed before they came to the home to ensure that staff could give them the safe care they needed. People and families were asked to fill in a full assessment form about the person. Staff reassessed risk during people's stay at the home constantly and updated the support plans accordingly.
- Staff were trained in the use of equipment, such as hoists, as necessary.
- The registered manager ensured that checks on the safety of the home were carried out. Fire safety checks were carried out by an external company and we saw evidence that recommendations for fire safety were acted on.

Staffing and recruitment

- The registered manager assessed staffing needs daily for people that were at the home for respite. People's needs varied, and staffing was flexible to allow for that.
- We saw there were enough staff to support people. Staff took time to talk to people and check they had what they needed. A staff member told us, "It's really rare to be understaffed. There are always enough staff available."
- Staff were recruited safely. The provider used a central human resources centre that managed recruitment in line with regulation. Staff records were kept on a central computer system and accessed as needed. Staff had all necessary checks before starting work with people.

Using medicines safely

- People were supported to take their medicines safely. Systems were in place for staff to ensure people's

medicines were kept securely and administered safely.

- The registered manager carried out audits to ensure medicines were given correctly. Staff were trained in medicines administration and did not administer medicines until their training was complete. Training in the administration of medicines was completed yearly.

Preventing and controlling infection

- The home was clean and smelled fresh. People at the home were encouraged to help with the day to day care of the home, including cleaning as part of their move to independence. A staff member told us, "Some people who come can't do anything, so we do things for them, but people that can, we help them and include them. So, we teach them to help, like lay the table, use the dishwasher."
- Staff had infection control training, and studied food hygiene.

Learning lessons when things go wrong

- The registered manager was keen to continue to improve the service and staff were encouraged to report things that could enhance the service.
- The provider's safeguarding panel met quarterly and reviewed safeguarding incidents and near misses. Where appropriate changes were made to procedures. For example, the provider found there was evidence to suggest when medication was stored and administered in a personal way (i.e. individually, at different times) there was less chance of an error occurring.

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.

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

- People's needs were fully assessed before they came to stay at the home. The provider provided a detailed questionnaire for families to complete together before people came to live at the home. The registered manager also organised 'tea visits' for prospective new residents. This series of short visits enabled people to see the home, meet the staff and other people at the home and decide if the environment was right for them.
- People had clear support plans and staff followed them. Support plans included people's cultural and religious needs and staff were matched to people with similar backgrounds where this was possible.
- At Southview staff used tablet computers to record daily notes about people and their care. This was proving successful and enabled real time changes to be monitored by senior staff. At Queens Lodge where people stayed shorter times for respite, paper notes were still in use.

Staff support: induction, training, skills and experience

- Staff completed their induction within six weeks of starting work at the home. The induction training covered important topics such as safeguarding, autism awareness, equality, infection control and first aid.
- Staff had refresher training on some subjects every year, such as medicine administration and training in managing behaviours that could challenge. Other training was updated every three years.
- Staff knew people at the home well and were well trained to care for them. Staff had specific training in autism and supporting people with epilepsy.
- Staff were supported by a competent senior team, they had regular one to one meetings and supervisions.

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

- The service did not employ a chef and staff and people at the home planned and cooked meals together. We saw staff and people cooking, a staff member said, "We are having sausages, but one person is Muslim and can't have them, so he has something halal."
- Staff were trained in food hygiene and followed support plans where people had specific dietary needs such as diabetes or required a certain consistency of food.
- Staff and people cooked a variety of meals together, often exploring each other's cultural heritage. A staff member told us, "We have cooked African food because lots of us are African, it's very diverse. One person we support will send us a shopping list and he cooks his own meals, sometimes he cooks for other people or staff too."

- People were supported to follow weight loss diets when they needed to lose weight for medical reasons. One person at the home had lost several stone in weight with support from staff to eat healthily, something they had been unable to sustain when they lived at home.

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 by staff with personal hygiene. Where people were able to manage their own hygiene needs they were encouraged or reminded to wash themselves, shave, and to clean their teeth. A relative told us staff, "Help [person] with his hygiene, if he needs to shave with electric shaver as he doesn't look in the mirror,"
- Some people needed full support to keep clean and healthy and staff managed this care for people effectively and with dignity.
- People with medical needs such as epilepsy were supported by staff that had training in their care and understood when to call for GP or hospital support. Support plans had specific advice for staff about contacting other health professionals.
- People were supported to visit doctors' surgeries and dentists. Long-term residents at the home had annual health checks timed around their birthdays. Medical information was kept updated in support plans and shared with other agencies as necessary. People were also supported by the local authority disability team who worked together with staff at the home to ensure good outcomes for people.

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

- The home was larger than recent guidelines for learning disability homes, and people shared communal lounges, kitchen and bathrooms. People's bedrooms were neat and tidy and were personalised with people's own possessions. A person told us, "I like it here, I have lots of friends here."
- Hallways and communal areas were light and clear of clutter. We saw people using the various lounges and the kitchens and enjoying each other's company. People were able to use the lounges for quite time or games and parties. A staff member said, "We have one man who likes to DJ, we have disco lights; it can get loud. It's nice to have different lounges."
- People were able to access a sheltered garden where they could meet with friends or have barbecues in the summer.
- People had access to bathrooms designed for people with disabilities.
- Where people had specific needs, rooms had been designed to accommodate them. For example, with soft mats and lowered beds. When people only used these rooms occasionally, for example for respite, there were clear plans of the rooms including photographs to show staff how to arrange them.

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.

- People were assumed to have capacity to make their own decisions. Staff understood that there may be some things that people needed support with and they provided help for people to reach a decision in those cases. Support plans focussed on what people could decide on for themselves.
- Some people at Southview lived at the home under a DoLS. Where this was the case it was clear in the support plan. We saw staff talk to people throughout the day asking them to decide on their own time and care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated by kind, friendly staff who knew them. Staff respected people's differences, and diversity was promoted as a positive learning experience.
- We saw staff and people talking and joking together. People were happy to interact with staff and staff told us they loved working with people. A staff member told us, "The flexibility is good, and you meet different people every day, it's challenging but interesting. You learn what people like, for example one lady likes to walk barefoot in the home."
- Where people had communication difficulties staff learned the best way to communicate with them, for example care plans stated if people used Makaton sign language, and in one case listed words a person had invented themselves, along with a translation for staff.

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

- Staff supported people to make decisions about the care they needed. Staff used differing ways to communicate with people depending on people's needs.
- People chose how they spent their time in the home, what they wore and what they ate. A staff member told us, "We have residents meeting to choose what they'd like to eat, we use pictures to aid communication. We support people to make the meals. Some people just need verbal help, some need hand over hand support, they all like to get involved. Some ladies have started 'The Pudding Club' and they made their own puddings."

Respecting and promoting people's privacy, dignity and independence

- People had their privacy respected and we saw staff knock on doors and ask people's permission before giving care.
- People were encouraged to be independent at the home, and where possible were supported to continue that independence into the community.
- People at Queens Lodge who were staying for respite care were supported by staff to travel to day centres and other facilities outside of the home daily.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

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

- Planning people's care began before they arrived at the home and continued throughout their stay. Support plans were positive and looked at people's best days and how to avoid bad days.
- People's support plans were positive about what people could do and had a section at the beginning focussing on "What people like and admire about me." They contained such comments as "People say I have a nice smile." And "People say I am friendly."
- People were supported by staff to live their lives to the full, which often meant leaving the home to take part in activities, volunteer positions or employment. One person at the home worked with the NHS to ensure people with learning disabilities were treated properly when they went into hospital. This person was extremely proud of their important role and showed us their NHS badge, explaining to us what they did at the hospitals.

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

- People at the home were supported to meet with family and friends. People were supported within relationships, including support to go on 'date nights' with their partners.
- During our inspection a person left the home to do their shift at a local charity shop. A job they enjoyed. The assistant manager told us, "[Person] has a job at the local charity shop and she is so much more confident now."
- Staff supported people to access the local community, for example visiting shops, banks, cafes and attending church. A person who attended the local church, invited friends from the church to a birthday barbeque at the home.
- People had been encouraged to take part in a pen pal scheme organised by the provider which included staff and people across several care homes in the group. People had made new friends, and in one case had even met up with them to attend a pantomime. The person told us, "I went out to a pantomime, they took my photo with Basil Brush. I met my pen pal."
- A relative told us, "The registered manager is keen to bring out the strengths of each person and has done this so [person] shows new clients around and is now one of the resident DJs."

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.

- Policies and procedures at the home, such as safeguarding, were available to people in easy read formats with pictures to emphasise them.
- Staff had learned Makaton sign language to be able to communicate more easily with some people who were non-verbal.
- People and their families were supported to be involved with decisions made at the home. Residents meetings were held and people were able to access the minutes of these meeting in easy read format, including pictures.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy and relatives told us they knew how to complain, and were happy to speak to the manager. A relative told us, "We would escalate immediately by email or phone straight to the registered manager or her team and have done for issues with other service users, such as when they were keeping [person] awake at night and it was all dealt with quickly and efficiently."
- Where staff could learn from a complaint procedures were changed to try to prevent further problems. A relative told us about issues raised, "Several issues over the years, most have been resolved and procedures put in place so it doesn't happen again."

End of life care and support

- People at the home were rarely at end of life, but in cases where they were this was clearly noted in support plans. Where people had wishes not to be resuscitated this was also included in the plans, and people were able to talk about their plans for funerals or burial. People's cultural or religious needs were included.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

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

- The registered manager and staff were proactive, friendly and positive in their outlook. Staff were happy to support people and told us frequently how much they enjoyed their jobs. A staff member said, "I'm proud because I think the people are happy, we have supported people through some difficult times in their own family."
- The positive culture was reflected in people at the home. We met people who were keen to talk and share things with us about their days. We saw people and staff laughing together and cooking together. People entering or leaving the home were always greeted or waved off by staff. A relative told us, "Beyond all expectation, the registered manager and the team work with us collaboratively all the time to encourage [person] to grow skills and build confidence in carrying out tasks in a safe environment where he is comfortable. They are knowledgeable and empowering, offering great advice and creative solutions."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had managed the home for many years and fully understood the need for good communication with families, relatives and friends. The duty of candour was carried out as required and where notifiable events occur the registered manager sent notifications to the Care Quality Commission.

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

- The registered manager was clear about both their role and the role of the service and encouraged staff to strive to provide good care for people.
- The registered manager supported staff and observed care regularly by working alongside staff supporting people at the home.

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

- The service had clear goals and an empowering manager who is happy to receive suggestions from staff. Staff told us, "She's a people person, she could take on new ideas." And "If I have issues then I tell the manager, she's always ready to listen. We can tell her she's really good."

- The home was well known in the community and with local businesses. People enjoyed opportunities to meet people in the local area and to learn new skills.
- The registered manager and staff had a good relationship with the local pharmacy, who advised with medication queries and supplied medicines.
- People had their health needs met via visits to dentists and GPs. A Chiropodist visited the home to care for people.
- The staff liaised with the speech and language therapy team and organised the best care for people and ensured people were eating safely.

Continuous learning and improving care

- People were well supported. Staff were encouraged to learn, to support people that use the service. When people were assessed for the service if new training was required (e.g. for epilepsy) then staff were trained before the person arrived.
- The registered manager ensured continuing improvements. Audits were carried out by senior staff and staff surveys were sent out to gather staff input, ideas were used to enhance care.
- Staff attended extra learning forums such as those for equality and diversity, and the registered manager had regular staff meetings to talk about various subjects, for example language use and correct terminology about disability.