

Shepherds Lodge Residential Home Limited

# Shepherds Lodge Residential Home

## Inspection report

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Cumbria  
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Tel: 01229431439

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16 March 2023  
31 March 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Shepherds Lodge Residential Home provides accommodation and personal care to up to 6 people who have a learning disability and/or autism or mental health needs. There were 4 people living in the home when we inspected. Accommodation is provided in single bedrooms over two floors. There are four bedrooms on the first floor of the home and two bedrooms on the ground floor of the property. The home has a range of communal areas that people share.

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

#### Right Support:

People had a fulfilling and meaningful everyday life because staff focused on their strengths and promoted what they could do. The registered manager and staff understood the importance of supporting people to gain skills and independence.

Staff supported people to follow their interests in the home and in the community. People were supported to be active members of their community. Staff adapted how they supported people to follow activities as their needs and interests changed.

People's access to activities had been restricted during the COVID-19 pandemic. As restrictions were eased following the pandemic, the registered manager had advocated for people to be able to return to activities they enjoyed.

People had a choice about their living environment and were able to personalise their rooms. The service gave people care and support in a safe, clean, comfortable and homely environment that met their sensory and physical needs.

Staff enabled people to access routine and specialist health and social care support to ensure their health and wellbeing. They gave people the support they needed to take their medicines and maintain their health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people to make decisions following best practice in decision-making. They communicated with people in ways that met their needs.

### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They knew people well and understood and responded to their individual needs.

People were safe and protected from abuse. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. People liked the staff who supported them.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People who had individual ways of communicating could interact comfortably with staff because staff had the experience and skills to understand them.

People's care and support plans reflected their range of needs. Staff knew people very well and knew the support they needed. People's wellbeing was promoted because staff knew what was important to them.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

### Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

People, and those important to them, were involved in planning their care. Staff knew how to give people choices about their lives and respected the decisions they made.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 12 October 2017).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

The rating for the service had not been reviewed since the inspection in 2017. We undertook a focused inspection to check people continued to receive safe and high-quality care. We reviewed the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shepherds Lodge Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Shepherds Lodge Residential Home

## **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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Shepherds Lodge Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Shepherds Lodge Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 16 March 2023 and ended on 31 March 2023. We visited the service on 16 March 2023. We contacted a staff member after our visit to gather their views.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 4 people who lived in the home, the registered manager and 2 members of the care team. We looked around the home and observed how staff interacted with people. We contacted a staff member to gather their views.

We reviewed a range of records. This included 3 people's care and medication records. We looked at the recruitment records for one staff member and training records for 2 members of staff. We also looked at a variety of records relating to the management of 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from harm because staff understood how to protect them from abuse and the service worked well with other agencies to do so. We saw people were confident approaching the registered manager and staff on duty.
- Staff had completed training on how to recognise and report abuse and knew how to apply it. They knew people well and said they would be able to identify, by changes to people's behaviour, if they felt unsafe. They told us they would report any concerns to the registered manager.
- Staff treated people kindly and with respect. They gave people guidance on staying safe in the home and community.

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Staff understood when people needed structure and routines to support their wellbeing. They followed people's care plans and individual strategies to create a calm atmosphere. People were happy and relaxed in the home.
- Staff managed the safety of the living environment well through checks and action to minimise risk. They ensured people were provided with a safe and comfortable home to live in.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- People were well cared for because the numbers and skills of staff matched the needs of people using the service. There was a stable team of experienced staff. People liked the staff who supported them.



- Staff recruitment and induction training processes promoted safety. The registered manager worked with staff providing people's care and was available to give guidance, as they needed.
- The provider carried out checks on new staff to ensure they were suitable to work in people's homes. New staff had to provide evidence of their good character and were checked against records held by the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Staff supported people to take their medicines safely and as their doctors had prescribed. They checked medicines delivered from the local pharmacy and were able to identify any errors and ensured these were addressed with the pharmacy.
- Staff had been trained to manage medicines safely. They worked with healthcare services which supported people to review their medicines as their needs changed.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The registered manager had followed government guidance around visiting in and out of the home during the COVID-19 pandemic.

#### Learning lessons when things go wrong

- People received safe care because staff learned from any safety incidents. The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. The registered manager had systems to investigate any incidents and to share lessons learned with the staff team.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 had instilled a culture of care in which staff valued and promoted people's individuality. They worked directly with people and led by example. The home had a domestic and 'family' feel.
- The registered manager and staff protected people's rights and enabled them to live full lives and achieve good outcomes. They put people's needs and wishes at the heart of everything they did. The staff team supported people to gain and maintain their skills and independence and to enjoy a good quality of life.
- Staff felt supported by the registered manager which supported a positive, person-centred culture.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and maintained oversight of the quality of the service.
- The registered manager and staff knew people very well. They delivered good quality support consistently and knew the support people needed without having to refer to documentation.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- The registered manager and staff understood their responsibilities under the duty of candour. They were open with people when incidents happened, gave honest information and applied the duty of candour where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager and staff asked for people's feedback as they worked with individuals. They gave people choices in ways they could understand and knew how people expressed their wishes.
- The registered manager and staff had a clear vision for the service and a desire for people to achieve the best outcomes possible. They were committed to the continuous improvement of the service to ensure people received the best care and lived full and fulfilling lives.

Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped to

improve people's wellbeing and promote their good health. The registered manager and staff advocated for people to access services, as they needed, to promote their health and wellbeing.