Community Homes of Intensive Care and Education Limited

Stokelodge

Inspection report

85 Cliddesden Road
Basingstoke
Hampshire
RG21 3EY

Tel: 01256842446
Website: www.choicecaregroup.com

Date of inspection visit:
22 March 2016
23 March 2016

Date of publication:
17 May 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on the 22 and 23 March 2016.

Stoke Lodge is a care home which provides residential care for up to nine adults with mild to moderate learning disabilities. People receiving the service also live with complex emotional and behavioural needs including Autism. Some people living at the service also had additional health conditions such as epilepsy and cerebral palsy. The care home comprises of two floors with its own secure garden and is situated on the outskirts of Basingstoke town centre. At the time of the inspection nine people were using the service.

Care was provided by support workers who will be referred to as staff throughout the duration of this report.

Stoke Lodge has a registered manager 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.

Relatives of people using the service told us they felt their family members were kept safe. Staff understood and followed the provider's guidance to enable them to recognise and address any safeguarding concerns about people.

People's safety was promoted because risks that may cause them harm had been identified and guidance provided to manage appropriately. People were assisted by staff who encouraged them to remain independent. Appropriate risk assessments were in place to keep people safe.

Recruitment procedures were completed to ensure people were protected from the employment of unsuitable staff. New staff induction training was followed by a period of time working with experienced colleagues to ensure they had the skills and confidence required to support people safely. There were sufficient staff employed to ensure that people's individual needs were met.

People were not always supported by staff who had the most up to date training available to enable them to proactively meet people's individual needs. Staff were able to demonstrate that they were able to meet people's basic individual needs. However the provider had not ensured that staff had received appropriate formalised training to ensure they could develop people's communication skills.

Contingency plans were in place to ensure the safe delivery of people's care in the event of adverse situations such as large scale staff sickness or accommodation loss due to fire or floods.

People were protected from the unsafe administration of medicines. Staff responsible for administering medicines had received training to ensure people's medicines were administered, stored and disposed of correctly. Staff skills in medicines management were regularly reviewed by the registered manager to ensure

they remained competent to administer people's medicines safely.

People, where possible, were supported by staff to make their own decisions. Staff were able to demonstrate that they complied with the requirements of the Mental Capacity Act 2005 when supporting people. This involved making decisions on behalf of people who lacked the capacity to make a specific decision for themselves. The home promoted the use of advocates where people were unable to make key decisions in their life. This is a legal right for people who lack mental capacity and who do not have an appropriate family member of friend to represent their views.

Staff sought people's consent before delivering their care and support. Documentation showed people's decisions to receive care had been appropriately assessed, respected and documented.

People were supported to eat and drink enough to maintain a balanced diet. People were involved in developing the home's menus and were able to choose their meal preferences. We saw that people enjoyed what was provided. People were supported to participate in meal times with the guidance provided by health care professionals being followed. Records showed people's food and drink preferences were documented in their care plans and were understood by staff.

People's health needs were met as the staff and the registered manager had detailed knowledge of the people they were supporting. Staff promptly engaged with healthcare agencies and professionals when required. This was to ensure people's identified health care needs were met and to maintain people's safety and welfare.

People were supported to participate in activities to enable them to live meaningful lives and prevent them experiencing social isolation. Personal external relationships were supported and a range of activities sought to enrich people's daily lives. The registered manager and staff were motivated to ensure that people were provided with the opportunity to experience holidays and participate in a range of external activities.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager showed a comprehensive understanding of what constituted a deprivation of person's liberty. Appropriate authorisations had been granted by the relevant supervisory body to ensure people were not being unlawfully restricted.

Staff had taken time to develop close relationships with the people they were assisting. Staff understood people's communication needs and used non-verbal communication methods where required to interact with people. These were practically demonstrated by the registered manager and staff.

People received personalised and respectful care from staff who understood their care needs. People had care and support which was delivered by staff using the guidance provided in individualised care plans. Care plans contained detailed information to assist staff to provide care in a manner that respected each person's individual requirements. People were encouraged and supported by staff to make choices about their care including how they spent their day within the home or in the community.

Relatives knew how to complain and told us they would do so if required. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way although none had been received since the last inspection. Relatives and staff were encouraged to provide feedback on the quality of the service during regular meetings with staff and the registered manager. Information was made available in alternative formats to allow people receiving the service to provide their feedback or complaints, thereby enabling them to feel valued.

The registered manager and staff promoted a culture which focused on providing individuals with the opportunities to live their lives as members of the community promoting their independence. People were assisted by staff who encouraged them to raise concerns with them and the registered manager. The provider routinely and regularly monitored the quality of the service being provided.

The provider's value of care was communicated to people and understood by staff. We saw these standards were evidenced in the way that care was delivered to people.

The registered manager provided strong positive leadership and fulfilled the legal requirements associated with their role. The registered manager had informed the CQC of notifiable incidents which occurred at the service allowing the CQC to monitor that appropriate action was taken to keep people safe. Quality assurance processes were in place to ensure that people, staff and relatives could provide feedback on the quality of the service provided.

Relatives told us and we saw that the home had a confident registered manager and staff told us they felt supported by the registered manager.

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 were safeguarded from the risk of abuse. Staff were trained and understood how to protect people from abuse and knew how to report any concerns.

There was a robust recruitment process in place. Staff had undergone thorough and relevant pre-employment checks to ensure their suitability.

People were supported by sufficient numbers of staff to be able to meet their needs.

Risks to people had been identified, recorded and detailed guidance provided for staff to manage these safely for people.

Medicines were administered safely by staff whose competence was assessed by appropriately trained senior staff.

Is the service effective?

Requires Improvement

The provider had not always ensured that staff had the relevant training to be able to proactively support people's needs. Staff were able to communicate sufficiently to meet people's needs however the provider did not have a formalised process in place to ensure that this learning was developed to encourage people with their communication skills.

People were assisted by staff who demonstrated an awareness of how to offer choice in a way that could be understood and responded to. Staff evidenced that they understood how to support people effectively so their needs were met.

People were supported to eat and drink enough to maintain their nutritional and hydration needs. People who had specific needs surrounding their eating and drinking were provided with the additional support to ensure that they were able to participate in sociable mealtimes.

Staff understood and recognised people's changing health needs and sought healthcare advice and support for people whenever

required.

Is the service caring?

Good

The service was caring.

Staff were compassionate and caring in their approach with people supporting them in a kind and sensitive manner. Staff had developed companionable and friendly relationships with people.

Where possible people participated in creating their own personal care plans to ensure they met their individual needs and preferences.

People received care which was respectful of their right to privacy and maintained their dignity at all times.

Is the service responsive?

Good

The service was responsive.

People's needs had been appropriately and thoroughly assessed and reviewed by the registered manager and staff. Staff and the registered manager reviewed and updated people's risk assessments on a regular basis and were able to recognise when reviews were required when people's needs had changed.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to. The service responded quickly to people's changing needs or wishes.

People were assisted by staff who actively sought new activities and experiences for people to enjoy and to allow them to lead full, active and meaningful lives.

People's views and opinions were sought and listened to. Appropriate communication methods were used to ensure that people could express their wishes.

Is the service well-led?

Good

The service was well led.

The registered manager promoted a culture which placed the emphasis on the promotion of people's independence. Staff knew and followed this practice of supporting people's independence.

The registered manager provided strong leadership. Staff were aware of their role and felt supported by the registered manager and the provider. They told us they were able to raise concerns and felt the registered manager provided good leadership.

The registered manager and provider sought feedback from people and their relatives in order to continuously improve.

The provider and registered manager regularly monitored the quality of the service provided so that continual improvements could be made.

Stokelodge

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 the 22 and 23 March 2016 and was unannounced. The inspection was conducted by one inspector.

Before our inspection we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We did not request a Provider Information Return (PIR) from this provider prior to the inspection and instead reviewed the information we required at the inspection. A PIR is a form which asks the provider to give some key information about the service, what the service does well, and what improvements they plan to make.

During the inspection we spoke with one person, one relative, four members of staff, the chef and the registered manager. We looked at nine people's care plans and two people's associated daily care notes, four staff recruitment files, staff training records and four medicine administration records. We also looked at staff rotas for the dates 7 February 2016 to 19 March 2016, quality assurance audits, policies and procedures relating to the running of the service, accident and incident forms, maintenance records and relative and family quality service questionnaires. During the inspection we spent time observing staff interactions with people including a lunch time sitting. After the inspection we spoke with two relatives, a regular activity provider and one social care professional who was a care commissioner.

The last inspection of this home was completed on the 16 April 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

Relatives told us their family members were safe living at Stoke Lodge because of the numbers of caring staff available to meet people's needs. A social care professional told us people were kept safe because "The care plans are clear with support for risk and needs".

People were protected from the risks of abuse because staff understood the signs of abuse and the actions they should take if they identified these. The provider had a safeguarding policy in place which was signed by staff to say they had read and understood it. This provided information about preventing abuse, recognising signs of abuse and how to report it. Staff were able to describe the physical and emotional symptoms people suffering from abuse could exhibit and knew their responsibilities when reporting a safeguarding alert. A safeguarding alert is a concern, suspicion or allegation of potential abuse or harm or neglect which is raised by anybody working with people in a social care setting. Staff had received training in safeguarding adults and were required to repeat this training every three years.

Risks to people's health and wellbeing had been identified and guidance provided to mitigate the risk of harm to them and other people. All people's care plans included their assessed areas of risk. These included risks associated with people's behaviours which may challenge staff including risks associated with people's mental health. Risk assessments included information about action to be taken by staff to minimise the possibility of harm occurring to people, for example; people using the service who were at risk of choking as a result of their medical conditions. Information in people's care plans provided guidance for staff about how to assist them to eat safely and minimise the risk of suffering an adverse incident. We observed staff assisting people in a manner which ensured their safety. Records showed people had received the appropriate treatment in accordance with their risk management plans. Risks to people's care were identified and documented. Staff knew how to meet people's needs safely.

Accident and incident forms were completed when people and staff were involved in adverse situations in the home. These were analysed by the registered manager and where possible lessons learned to ensure that the likelihood of incidents being repeated were minimised. Where members of staff had been involved in physical incidents during their interactions with people living at the home these were documented, investigated and measures put in place to minimise the risk of reoccurrence. The accident and incident forms were rated on a scale of one to three depending on their severity and the type of injury sustained. This enabled a quick identification of the most important incidents that required additional investigation. The information was used to complete a monthly accident form which allowed the registered manager to identify if there were trends associated with people's specific behaviours.

Robust recruitment procedures ensured people were assisted by staff who were of suitable character. Staff had undergone detailed recruitment checks as part of their application process and these were documented. These records included evidence of good conduct from previous employers and included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. People were kept safe as they were assisted by staff who had been assessed as suitable for the role.

People were assisted by sufficient numbers of staff to be able to meet their needs safely. On occasions when the home was working with minimum staffing levels due to staff sickness, staff told us that they were able to prioritise their workloads. This ensured that people's needs were met and they received the care they required or wanted at the time they needed it whilst additional work such as laundry would be completed later in the day.

In the event of any staff being unavailable due to sickness people would be assisted by known staff from the provider's other homes. The registered manager did not advocate or use agency staff to provide care for people. The registered manager was also suitably trained and experienced in care delivery if required to support people's needs. This ensured familiarity and consistency for people who may be sensitive to changes in their living environment and their daily routine.

People were protected from harm because there were contingency plans in place in the event of an untoward event such as large scale sickness or practical risks associated with fire or flood. To ensure peoples safety their care plans included social stories to explain the actions that they would need to take in the event of an emergency such as a fire to keep them safe. Social stories are a short story written in a specific type and form which describes what happens in a particular situation and presents information in a structured and consistent manner. These provide social information through pictures and text as opposed to speech and provide clear, concise and accurate information about what is happening in a particular situation.

During the inspection two people had been referred to the doctor due to cold and flu type symptoms. Immediately infection control steps were put in place, including the restriction of people entering the kitchen and regular cleaning of the door handles every two hours. These steps were put into place to help minimise the risk of other people and staff at the location falling ill with similar illnesses. Contingency plans were in place and evidenced to ensure that risks to people's safety in the event of an adverse situation were minimised.

People received their medicines safely as arrangements were in place for the safe storage, administration and disposal of medicines. Staff received specific training in medicines management and were subject to annual competency assessments to ensure they could manage and administer people's medicines safely. There were clear arrangements in place to ensure that people were protected from receiving the wrong medicines. Before people received their medicines another trained member of staff would double check that the correct medicine, at the correct dose was to be administered to people by the correct route. Documentation would be signed to identify that the correct medicines were to be administered.

Medicines were mostly administered using a monitored dosage system from a blister pack prepared by the providing pharmacy. The home contained no controlled drugs, these are prescription medicines controlled under the Misuse of Drugs Act 1971. In the event that these were required by those living at the home staff and the registered manager knew the appropriate methods to store and dispose of these medicines appropriately. Medicines were stored appropriately and where required storage temperatures were monitored to ensure they remained suitable for storage.

For people who were unable to communicate verbally that they required medicines which are to be taken as and when needed, such as painkillers, specific guidance had been created to allow staff to easily recognise the signs of people expressing pain. This included the non-verbal cues such as teeth grinding, holding a particular body part or an escalation in behaviours which challenged. Staff recognised and understood these signs and people were provided with medicines appropriately to meet their needs.

People were supported to receive their medicines by staff who received the appropriate, training, guidance and support in order to be able to safely manage medicines.

Requires Improvement

Is the service effective?

Our findings

Relatives we spoke with were positive about the ability of staff to meet their family members' care needs. They told us that staff respected their family members decisions and choices and took all available steps to promote people's independence. One relative told us, "They absolutely (respect family member's decisions and choices), they (staff) are here to support his independence, they encourage him to do most things… here they say come on you should be doing this".

People were assisted by staff who received a thorough and effective induction into their role at Stoke Lodge. This induction had included a period of shadowing to ensure that they were competent and confident before supporting people. Shadowing is where new staff are partnered with an experienced member of staff as they perform their role. This allows new staff to see what is expected of them. Staff had undergone training in areas such as health and safety, infection control, equality and diversity and dealing with behaviours that challenges staff to enable them to conduct their role with confidence.

The service provided care and support to people who lived with a variety of physical disabilities, learning disabilities and mental health diagnoses. The provider however did not always ensure that staff had the most up to date knowledge to enable them to further understand people's needs associated with their specific conditions. Staff undertook mental health awareness and learning disabilities training as part of their induction. However not all staff were provided with specific training in areas such as Autism and Asperger's as a mandatory training subject before they started working with people. The provider also did not supply all staff with training in the communication method of Makaton to enable them to support people effectively. Makaton is a language programme using signs and symbols to enable communication with those people who are unable to verbally express their needs or thoughts.

People's care plans stated the importance of encouraging people to progress their level of communication by the use of Makaton, however, training to enable staff to do this was not always provided. Of the 26 care staff, only six members of staff had received Makaton training. Staff told us they had a basic understanding of Makaton through knowledge gained from observing other staff using it and a children's programme which people watched where Makaton was regularly used. During the inspection we saw that staff knew people's needs and responded appropriately. However there was a risk that due to not having condition specific training prior to and whilst working with people that staff knowledge of why certain behaviours are exhibited and therefore the appropriate action to take could be limited.

The registered manager had attempted to seek Makaton, Autism and Asperger's training as mandatory subjects for staff from the provider which had, at the time of the inspection, not been arranged. The provider was made aware of staff comments regarding their lack of learning in Makaton and training in these additional subjects was arranged immediately to occur after the inspection. The introduction of formalised Makaton training was important to progress people's ability to communicate more complex needs effectively.
The Mental Capacity Act (MCA) 2005 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. Where people had been assessed as lacking capacity to make specific decisions about their care the provider had complied with the requirements of the MCA 2005. Records showed that decision specific best interest decisions were discussed with people, family members and social care professionals before a conclusion was reached.

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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff showed an understanding of DoLS which was evidenced through the appropriately granted authorities from the local authority.

The provider promoted the use of advocates for people unable to make key decisions in their life. This is a legal right for people who lack mental capacity and who do not have an appropriate family member or friend to represent their views. Records showed that the registered manager provided people with advocacy details if they required assistance in having their voices being heard.

People were assisted by staff who received guidance and support in their role. There were documented processes in place to supervise and appraise all staff to ensure they were meeting the requirements of their role. Supervisions and appraisals are processes which offer support, assurance and learning to help staff develop in their role. Staff told us and records confirmed supervisions occurred approximately every four weeks. When staff had identified a particular need additional support supervisions were available for staff with the registered manager whenever required. This process was in place so that staff received regular and consistent support to enable them to conduct their role confidentially and effectively.

People were supported to maintain good health and could access health care services when needed. Records showed that when required additional healthcare support for people was requested by staff. We saw that people were referred to speech and language therapists when appropriate, such as when they were at risk of choking. When issues or concerns had been raised about people's health, immediate suitable healthcare professional advice was sought, documented and communicated to staff. This enabled health plans to be followed and for people to receive the care they required to maintain good health. The registered manager had a good working relationship with the local GP surgery who were able to attend whenever required. This was seen during the inspection when two people were experiencing symptoms of a cold or flu, the local GP was able to attend that day and issue medical advice which was followed by staff. One relative told us, "You know if there are any sort of slight issues they're very much on the ball of contacting the doctor and taking him to the doctor or the doctor calling to the house".

People were supported to have sufficient to eat and drink to maintain a balanced diet. We saw that people had a choice of menus and they enjoyed the food provided. The chef prepared people's meals during the week days and encouraged people to be involved in this process by discussing menus with them. People were also encouraged to participate in food preparation, with staff support, in the kitchen. During the weekends the staff prepared people's meals with their support and involvement. People ate well and were provided with sufficient time to eat their meals at their own pace. For those who required additional support during their meal times we could see individualised guidance provided in care plans was followed by staff. One person was able to eat independently however their care plan identified the need for them to use specially adapted cutlery. We could see that this cutlery was available and used during this person's meal time. This person also required regular prompting during their meal to take mouthfuls of drink to assist them with swallowing. Staff ensured this person was eating in accordance with their care plan. Another

person required a specific regular meal time routine to assist them in orientating them and enabling them to focus on their meal. We could see that staff adhered to this routine and this person enjoyed their meal and participated in cleaning up after they had finished. People received the food and drink they required, and requested, in order to maintain a balanced diet.

Specific and clear guidance was provided to support staff on how to manage people living with certain conditions, such as epilepsy. Care plans detailed each of the types of seizures people could experience, what the triggers and physical symptoms of these episodes were, what action should be taken and how and when to administer rescue medicines. Staff were aware and knowledgeable on what action to take in the event of medical episodes and when people exhibited that they may be experiencing pain.

Good

Is the service caring?

Our findings

People indicated and told us they liked living at Stoke Lodge and we could see they experienced friendly and companionable relationships with staff. People indicated that they were happy by displaying relaxed body language, happy facial expressions whilst interacting with staff and moving around the home. People were also heard to make vocal sounds which were identified as an expression of their joy as they participated in a pampering session. Relatives told us that their family members' assistance was delivered by caring staff. One relative told us, "The care is always about my family member". A social care professional told us "Their (staff) personalities make our service user feel at ease to build trusting working relationships".

Staff were knowledgeable about people, their preferences, specific behaviours and their support needs. They were able to tell us about people's favourite activities, their personal care needs and any particular diet they required. All staff in the home took time to engage and listen to people. People were treated with dignity as staff spoke to and communicated with them at a pace which was appropriate to their level and needs in relation to communication. Staff allowed people time to process what was being discussed and gave them time to respond appropriately, where necessary, to ensure people were engaged. Staff used gentle touch on people's arms to enable people to focus their attention on what was being communicated. Some people living at the home required one to one care support, this meant that their support and care needs were such that they were at risk to themselves and others if they were not accompanied by a member of staff. We could see that this one to one support was provided in a non-intrusive and respectful way. People were allowed to walk freely around the home and grounds and were not restricted by their additional support needs.

Reassuring and caring relationships had been developed by staff with people. We could see that people were very relaxed in all the staffs' presence and enjoyed communicating and interacting with them. Staff spoke fondly of the people they supported which had allowed personal but professional relationships to develop. The development of these relationships had been assisted by people's care plans which had been written in a person centred way. Person centred is a way of ensuring that care is focused on the needs and wishes of the individual.

People were included, as far as possible, in the planning of their care and support. Care plans contained detailed information about people's personal histories, what medical conditions they had, what impact this had on their mood and wellbeing. They also included information about people's fears, activities they enjoyed and the routine that they preferred with the delivery of their personal care. These care plans promoted people's independence by identifying their skills and abilities, what tasks they found difficult to complete and those for which they required support. For example, they provided clear guidance on what tasks people could complete independently such as getting up, brushing their teeth and when people required additional support, such as being encouraged to dress appropriately for the weather.

Care plans were written in a person centred way showing affection for the people they were discussing. Each care plan had information about what people thought were their most positive attributes. For example, one care plan described the person as being charming and polite and we could see that staff were genuine in

complimenting people when they displayed these mannerisms. Staff were able to discuss people's individual needs and we could see that they reflected people's wants in the way they provided support. Staff told us how they assisted people to express their views and to make decisions about their day to day support. This included enabling people to have choices about what they would like to eat, wear and what external activities they wished to participate in. We saw that people were being offered choices on a daily basis about how and where they wished to spend their time which was respected.

People were encouraged by the registered manager to personalise their rooms and living spaces. People's bedrooms were individually personalised and decorated to reflect people's interests. People were involved in making decisions about how they wanted their bedrooms decorated whilst staff maintained people's safety. For example, people wished to have items displayed on the walls; however such items could potentially be used to cause harm to people or others. Specialised display boxes had been created which allowed the display of people's daily information such as menu and activities whilst maintaining people's safety. Where people had particular behaviour issues which meant that their living environment could place others or the home at risk of harm appropriate action was taken. For example where people had exhibited behaviour which could lead to damage to the home or a risk to their own health steps were taken to ensure that preventative action could be taken to minimise this risk. This included providing people with entertainment equipment but securing this away in an accessible case, securing televisions behind appropriate screens although still allowing for easy use and using furniture which could be easily and effectively cleaned.

People were treated with respect and had their privacy maintained at all times. Care plans and associated risk assessments were kept in the registered manager's office to protect confidentiality and were easily available to staff to review.

During the inspection staff were responsive and sensitive to people's individual needs, whilst promoting their independence and dignity. Staff were able to provide examples of how they respected people's dignity and treated people with compassion. This included allowing people additional time with the tasks they could complete independently whilst remaining vigilant to their needs. People were provided with personal care with the doors shut and staff knocked on people's doors awaiting a positive response before entering to assist. When the inspector entered the home they were introduced to people living in the home so they were aware of their presence, advised of the purpose of the inspection and were welcoming in their approach as a result.

Staff told us it was part of their role to encourage people who used the service to be as independent as possible. People also had guidance included within their care plans which were agreed actions that people wanted to be able to achieve independently. For example, this included that one person was able to participate in washing their own clothes. The care plan provided instructions on how they were to be supported to best assist this person so they retained their sense of independence. Staff knew the importance of supporting people to remain independent and we saw that they were encouraged to do things for themselves continually during the inspection. The staff were committed to maintaining and enhancing the skills of the people they were supporting.

Good

Is the service responsive?

Our findings

Relatives told us that the service supported their family members to lead meaningful, interesting and independent lives. They said that their family members were supported to do the activities they wanted to, encouraged to participate in new experiences and received care in the way they needed to remain happy and contented.

People received consistent personalised care and support. People's care and support was set out in a written plan that described what staff needed to do to make sure that personalised care was provided. When initially planning care the care plans took into account people's history as well as the activities that were important to them. Family members and social care professionals were involved in the creation of these care plans to ensure all the person's needs, wishes and wants were taken into consideration. Relatives and the social care professional confirmed they were involved in planning of people's care where requested and required.

People were supported by staff to express their views and formally discuss their care. Care plans were reviewed at least twice a year with the person's key worker who was responsible for maintaining a close relationship with that person. This relationship allowed confidence and trust to be developed to ensure that the information could be gathered and shared. One person told us, "They (staff) try and talk to me three times a week about my care". These reviews also took place if there was a change in a person's personal circumstances such as a health difficulty or if they began displaying behaviour which could challenge staff and other people living at the home. For example, one person had begun exhibiting a specific behaviour which could challenge. As a result of this new behaviour the person's care plan was reviewed and appropriate guidance provided to staff on what actions to take if this behaviour was exhibited. This ensured that staff were provided with the most current, correct and appropriate guidance to follow during care delivery and their daily interactions with people.

People were provided with a social story about their planning and review meetings so they were aware why they were happening and what would be discussed during these meetings. This was to ensure that people were encouraged to attend and tell the registered manager about their life, the things they liked and disliked about living at the home and the activities they would like to do.

The provider, registered manager and staff were keen to fulfil people's lives by seeking ways to allow people to experience different social and leisure opportunities. One relative told us that staff were organising a passport for their family member to enable them to go on holiday abroad which they had not participated in since they were a child. This relative told us that staff were taking small steps to encourage their family member to become more outgoing and participate in more activities.

All the people in the home were supported to take part in activities in the local community. People were supported to participate in bowling, golf, attending zoos and to go into the local community to enjoy social groups and events including trips to theme parks local forestry and the sea side. Staff knew people's preferences and provided people with choice asking people daily what they would like to participate in.

Whilst people had structured routines available this was subject to change on a daily basis depending on whether the person had changed their mind. The home had a sensory room which used music, lights and textured items for people to use and interact with, we could see that this was well used during the course of the inspection. An external visiting regular activity provider also attended to offer regular reflexology sessions which were widely participated with and very much enjoyed by those who received this activity.

The registered manager also encouraged people to undertake educational tasks such as quizzes and puzzles in the home to keep them mentally stimulated and increase their knowledge of reading, writing, maths and money recognition and management. Work placements were also sought for people who were able to participate and one person was seen to organise a day's work during the inspection for which they would be paid. This work had increased this person's confidence, provided them with a sense of achievement and limited the occasions where they would display behaviour which could challenge. Personal relationships, when formed, were supported by staff to ensure people were afforded the opportunity to form close bonds with other people and to experience being in a romantic relationship.

People and relatives were encouraged to give their views and raise any concerns or complaints. The provider's complaints policy provided information for people, relatives and staff about how a complaint could be made, the timescales for any response and how to complain to the Care Quality Commission and the Local Government Ombudsman (LGO). The LGO is the final stage for complaints about social care provides. It is a free and independent service that ensures that a fair approach is taken to complaints made. People's care plans included easy to read information with pictures explaining how people could raise concerns if they were unhappy. This information was also made available in the downstairs dining room of the home so that all people could easily see what they would need to do if they were unhappy. There was also an easy to read provider feedback and complaints document provided for people if they wanted to tell someone if anything was going wrong. This information was also available to people in a number of different formats to increase the numbers of way in which people could raise a concern including by the use of Makaton signs, sign language, braille and by the use of audio tapes.

Relatives were confident they could speak to staff or the registered manager to address any concerns. Systems were in place so if complaints were received they could be documented, raised to the registered manager, investigated and a suitable response provided. No complaints had been made since the last inspection in 2014. Relatives told us they knew how to make a complaint and felt able to do so if required although they had not had cause to.

Good

Is the service well-led?

Our findings

The registered manager promoted a service at Stoke Lodge which was open and supportive. They sought feedback from people living at the home to identify ways to improve the service provided. Relatives said they were happy with the quality of the service and thought the home was well led by a strong registered manager. One relative told us, "The registered manager isn't the type of person to lock themselves up in the office, she's managed the home well, quietly and efficiently ". Another relative said, "I honestly think she makes a good manager, she's very caring she seems to study the person and you know really tries to make a plan so that the way forward for them." A social care professional told us "(Registered manager) is engaging and proactive as a manager".

The registered manager was keen to encourage a culture which was open between all people and staff and placed people at the centre of everything that happened at the home. Stoke Lodge was described by the registered manager and staff as people's home and everything that staff did was to meet and support people's needs as well as promoting their emotional and physical wellbeing. This culture was known and appreciated by staff and relatives. One relative told us, "The staff are always open and honest". The registered manager was available to people and staff to offer guidance and support whenever they were required. Staff felt that they were subject to consistent support from the registered manager. One member of staff told us, "Yes I do. I do feel supported with the registered manager, if I've ever had a concern I'd always go up to her and say there's something I'd like to have a word with you about." Relatives told us they could always speak to the registered manager if required and were confident that action would be taken if they wished to raise any concerns.

Staff recognised and acknowledged the values of the service. This also included knowing the standards of care that were required from them which were provided during their staff induction. The provider's core values were based on being committed and passionate, showing integrity, dignity and respect, excellence and being trustworthy and reliable. Our observations showed that staff followed these core values in their interactions with people and responded quickly to people's individual needs. One member of staff told us about the values of the service, they said, "It's about treating people with respect, giving people choices with their daily lives, people's independence and getting them to help us like the cooking and cleaning". Staff were aware and ensured that people were given every opportunity to fulfil their needs and wishes to live an independent life as possible.

The registered manager demonstrated an awareness of the individual needs of people living at the home and was able to and enjoyed providing personal care when required. As a result the registered manager was well respected by staff.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager had submitted notifications to the CQC in an appropriate and timely manner in line with CQC guidance.

Staff were clear about what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and effectively. These were signed as read and understood by staff and evidenced in their daily actions in the home. Staff knew where to access the information they needed to enable them to deal with new situations and could seek advice and guidance from other staff.

The registered manager sought feedback from people to identify how the service they received could be improved. People, their relatives and staff were actively encouraged to be involved in developing the service. Relatives, staff, health and social care professionals and people were also asked for their feedback by the use of annual questionnaires. The last survey was completed in 2015 and relatives and people were asked to participate in answering questions which included whether people were kept safe and if they were happy with the support provided. Staff were asked if they were happy working at the home and if the senior management did a good job. Health and social care professionals were asked whether the service and organisation were honest, trustworthy and dependable. All respondents answered positively about all aspects of the care delivery at the home. Positive comments received included a person saying, 'I'm a lot happier here, nice surroundings and things to do, I go out places like bowling and crazy golf, I had not done these before and it's been nice doing them'. A relative responded, 'Our son is completely safe and happy….when he is dropped back at Stoke Lodge he immediately goes inside without demur, it is a relief to use that he is so at home there'. A member of staff said of senior management, "They all do a fantastic job".

Minutes from the last three residents meetings showed people were actively encouraged to provide feedback on the quality of the service they were receiving. Questions asked of people living at Stoke Lodge were in a social story format so they could understand what was being asked of them. These residents meetings took place monthly to ensure that issues were addressed in a timely fashion. The last six meeting minutes were viewed. No issues had been raised as a result of these meetings and people were confident to raise new experiences that they would like to participate in. At a meeting in January 2016 some people stated that they would like to participate in the provider's upcoming talent competition. This was being supported by staff who had volunteered to assist by participating in dancing routines to support people with their wishes to be involved. During a meeting in November 2015 people were encouraged to participate in identifying food themed evenings at the home. We could see these were taking place regularly.

People were also encouraged to participate in service user committee meetings at a provider level with senior management. Stoke Lodge had a representative who would attend the provider's meetings and would be the spokesperson for any issues identified. This ensured that at the provider level the viewpoints of people living at Stoke Lodge were taken into consideration. The registered manager said that it provided this person with a sense of confidence as they were responsible for distributing information back about changes in the service directly to other people as well as the staff. We saw this person was confident when speaking with staff, the registered manager and with the inspector. This person told us they had experienced a positive change in their behaviour since moving to the home which had been due to them being listened to and respected by all staff.

There were systems in place to monitor the quality of the service people received through the use of regular provider and registered manager audits. These included conducting spot checks on staff whilst completing their role. These checks took place during unannounced visits in the day and during night shifts. Regular quality checks were completed on key areas such as medicines and environmental audits which were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action. For example, a quality audit was completed by the provider in January 2015 and it was identified that the current menu had been in place for some time. As a result in the January 2016 residents meeting the menu was discussed

and a new four week menu was created with the chef. Processes were in place to respond to issues raised during quality assurance checks and used as an opportunity to improve the quality of the service provided.

Staff identified what they felt was high quality care and knew the importance of their role to deliver this. One member of staff told us, "(high quality care) is by treating people as individual first and foremost, no two people are the same so there is no point putting LD as a label…treating them as an individual with respect…and in the way you would wish to be treated". We saw interactions between staff and people were friendly and unobtrusive which supported this statement. Compliments viewed documented that relatives and health and social care professionals agreed that high quality care was provided to people living at Stoke Lodge. A health care professional said 'I want to pass on some recognition for all of the hard work that you and your team have put into meeting (person's) needs…it is a credit that on every occasions we made contact, you and your team held (persons') best interests to their hearts'. A relative wrote, 'You will all be forever held in the highest admiration for your dedication, loyalty, love and hard work not just for (family member) but for us'. A former member of staff wrote, '(Registered Manager, deputy manager and senior member of staff) you are the best management team I have worked with and you are all so passionate and dedicated to the guys'. People were assisted by staff who were able to recognise the traits of good quality care, ensure these were followed and demonstrate these when supporting people.