

# Horizon Healthcare Homes Limited

## Fixby Lodge

### Inspection report

48 Long Hill Road  
Huddersfield  
West Yorkshire  
HD2 1PJ

Tel: 01484950812  
Website: [www.horizoncareservices.co.uk](http://www.horizoncareservices.co.uk)

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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

The inspection of Fixby Lodge took place on 25 and 26 April 2018. This is the service's first rated inspection since their registration with the Care Quality Commission on 26 June 2017.

Fixby Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Fixby Lodge provides care for adults who are living with a learning disability. The home has a maximum occupancy of 8 people. On the day of our inspection six people were residing at the home.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place at Fixby Lodge to keep people safe. Information regarding safeguarding was easily accessible and was provided in a suitable format. Staff were able to recognise signs of potential abuse and knew how and where to report any concerns. Care records contained a variety of risk assessments and where a risk was identified, actions had been taken to reduce the potential for harm.

The home and equipment was clean and well maintained. Staff received regular training to enable them to take appropriate action in the event of a fire.

Staff recruitment procedures were robust and there sufficient staff employed on a daily basis to enable people's needs to be met and for people to partake in social activities both inside and external to the home.

Medicines were managed safely and staff with responsibility for administering medicines received training and an annual assessment of their competency was completed.

New staff completed a programme of induction, training and supervision were ongoing to ensure staff had the skills, knowledge and attributes to deliver effective care and support to people.

People had a choice of hot and cold drinks, snacks and fruit. Menus were varied and people received support appropriate to their needs to enable them to eat and drink.

Staff communication was effective, this included working with other healthcare professionals, ensuring

people received ongoing healthcare support to meet their needs. In the event a person was admitted to hospital, a member of staff remained with them so they received ongoing support from someone who knew them well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The home worked within the principles of the Mental Capacity Act 2005 and where people had been deprived of their liberty, the home had requested DoLS authorisations from the local authority in order for this to be lawful.

Each relative we spoke with expressed very positive feedback about the staff at Fixby Lodge. Staff told us they enjoyed working at the home and during the time we spent at the home we found the atmosphere to be consistently welcoming and homely as well as being professional. Staff involved people in their conversations; we saw staff enabled people to make choices and decisions. We also saw staff respected the choices made by people.

Relatives felt involved in all aspects of their family members care and support. Care and support plans evidenced a variety of people who had provided input into the development of peoples care and support plans.

It was clear that privacy and dignity were at the heart of the services culture and values. Discussions around this topic began at recruitment and continued through the induction process, helping to ensure this culture was embedded in all staff. This promotes staff awareness and reduces the risk of discriminatory practices.

The registered manager and staff were highly responsive to people's individual interests and how they wished to lead their life. Staff supported people were supported to engage in a wide range of activities and people were enabled to maintain contact with family and friends, empowering people, promoting self-esteem and self-worth. Care plans were person centred and detailed people's care and support needs, as well as their likes and dislikes. Care plans were reviewed and updated on a regular basis to ensure they were reflective of people's current requirements.

Information regarding how to complain was available and relatives told us in the event they were dissatisfied, they would speak with the registered manager.

Relatives and staff were positive about the management of the home. There was a system of governance in place. The organisation had recently achieved external accreditation regarding their management and development of staff. Feedback was gained from people who used the service and staff on a regular basis.

## 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.

Staff were aware of their responsibilities in keeping people safe.

There were sufficient staff to meet people's needs. Staff recruitment was thorough.

There were systems in place to ensure people's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff were supported in their role, receiving ongoing training and supervisions.

People's individual nutrition and hydration needs were met.

The home was compliant with the Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was caring.

Relatives were extremely positive about the kind, caring approach of staff.

Without exception staff treated people with dignity and respecting their individual preferences, likes and dislikes. Staff were proactive in enabling people to communicate their opinions and choices.

It was clear people and others who were involved in their care and support were involved in the development and review of their care plans.

### Is the service responsive?

Good ●

The service was responsive.

Relatives were very complimentary about the support provided to their relative and themselves to ease the transition of moving into Fixby Lodge.

The registered manager and staff had a 'can do' attitude towards enabling people to participate in a range of activities and leading a fulfilling life.

Care records clearly described how people should be supported. It was very evident people were involved in the development and review of their care records.

There was a system in place to enable people to raise a complaint with staff, relatives were confident any complaints would be robustly addressed.

### Is the service well-led?

The service was well led.

The service had a registered manager in post.

There was a system of governance in place.

There was a system in place to gain feedback from people who used the service and staff.

Good ●

# Fixby Lodge

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 25 April 2018 and was unannounced. The inspection team consisted of one adult social care inspector. The inspector also visited the home again on 26 April 2018. This visit was announced and was to ensure the manager would be available to meet with us.

Prior to the inspection we reviewed all the information we had about the service including statutory notifications and other intelligence. We also contacted the local authority commissioning and contracts department, safeguarding, infection control, the fire and police service and the Clinical Commissioning Group to assist us in planning the inspection. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

We used a number of different methods to help us understand the experiences of people who lived in the home. During our visit we spent time looking at two people's care plans, we also looked at three records relating to staff recruitment and training, and various documents relating to the service's quality assurance systems. We spoke with the registered manager, deputy manager, a senior support worker and two support workers. Not all the people who lived at the home were able to communicate verbally, and as we were not familiar with everyone's way of communicating we were unable to gain their views; therefore we spoke with four relatives of people who lived at the home by telephone.

# Is the service safe?

## Our findings

People who lived at Fixby Lodge were safe. We asked two people if they felt safe living at the home, using their individual communication methods, they both responded 'yes'. Without hesitation, each of the relatives we spoke with also told us their family member was safe living at the home.

Staff were able to describe what may constitute abuse and the signs which may indicate a person was being abused, for example, a change in their character. Staff were also aware of how to raise their concerns both within the organisation and externally. One of the staff we spoke with said, "Safe, yes, very safe. We wouldn't let anything happen to anyone. If I had a concern, I would report it direct to the management. You can go see the area manager, their number is in the office." The registered manager was also very clear about their role and responsibility in keeping people safe.

There was information in the reception area regarding safeguarding; this was all in easy read format which included words and pictures. The information explained what may constitute abuse, for example, 'neglect - not giving you the care and attention you need' and how people may seek help if they were worried. This included the name, designation and photograph of people within the organisation and the contact details for external organisations such as CQC, the local authority safeguarding team and the police.

Each of the care plans contained a 'Herbert Protocol'. This is a document where useful information is compiled which could be used in the event a vulnerable person went missing. The service was also registered as a 'safe place', this is a national scheme which helps any vulnerable person if they feel scared or at risk while they are out and about in the community and need support right away.

We saw evidence the premises and equipment were routinely serviced by external contractors, including gas appliances and the fire system. It is a requirement of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) that all lifting equipment is regularly checked to ensure it is safe. We saw LOLER checks were in place for the hoists and slings.

Suitable equipment was provided to reduce the risk of harm. For example, bedrooms had ceiling tracking hoists fitted although a manual hoist was also available in the event this equipment failed. The communal bathroom was spacious and incorporated a bath which was suitable for the needs of people living at Fixby Lodge. We saw thermometers were located in en-suite wet rooms to enable staff to ensure the water temperature was safe prior to people showering.

Staff completed regular checks to ensure the fire system was fully operational. Staff told us regular fire drills were undertaken including simulated horizontal evacuation. Staff told us people who lived at the home also participated in fire drills, they said this helped people recognised the fire alarm, reducing their anxiety in the event of the alarm being activated. Personal Emergency Evacuation Plans (PEEP's) were stored in a central location to ensure ease of access in the event of an emergency. A PEEP is a document which details the safety plan, e.g. route, equipment, staff support, for a named individual in the event the premises have to be evacuated.

The registered manager had recently invited a fire officer from West Yorkshire Fire Service to review the homes compliance with appropriate fire regulations. They told us some areas for improvement had been highlighted and an action plan was in place to address these points.

Peoples care and support was planned and delivered in a way that reduced risks to people's safety and welfare. Care and support plans contained a range of person-centred risk assessments. These included, moving and handling, skin integrity, falls, nutritional risk and accessing the community. Where risks were identified, we saw action was taken to reduce the risk of harm, for example, pressure reducing mattresses and falls sensors. We reviewed the care and support plan for a person who required the use of a hoist for some aspects of their care; the records detailed the equipment to be used including how it was to be applied, fitted and used. This level of detail reduces the risk of harm to both the person and the staff supporting them.

Where people had the potential for exhibiting behaviour which could challenge others we saw care and support plans detailed potential triggers, how to reduce risk and how staff were to respond in the event the person's behaviour escalated. Staff spoke with us about one person who lived at the home and how they were supported, this was reflective of the information and directions recorded in their care and support plan.

There were sufficient numbers of suitably deployed staff to meet people's needs. The registered manager told there was a minimum of three staff on duty during the day and two at night. None of the staff we spoke with raised any concerns regarding staffing at the home, one of the staff said, "Staffing levels are good, the minimum is three (staff) but there is usually four of us, so we can go to day care centres and accommodate people going out."

We reviewed three staff personnel files and found recruitment to be safe. Application forms had been completed, references obtained and a Disclosure and Barring Service (DBS) check had also been completed. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands a candidate may have received. These pre-employment checks are important as they help employers' make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups of people. The registered manager told us a person who lived at the home was often involved in the interview process, this was confirmed when we spoke with a recently recruited member of staff. Interview notes included feedback from the person and we saw a photograph showing the person's involvement in a recruitment day held at the home when it first opened. This demonstrated the opinion of people who lived at Fixby Lodge was gained regarding the suitability of potential support workers.

Medicines were stored safely and securely and the management of people's medicines was safe. We checked a random selection of medicines and found the stock balanced with the number of recorded administrations. The deputy manager showed us where staff recorded a daily audit of all boxed medicines, they said this reduced administration errors but also ensured that in the event an error occurred, this was detected promptly enabling timely action to be taken.

Where people were prescribed as required (PRN) or variable dose medicines, a protocol was in place. Having a protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner. Where people had their medicines administered via a percutaneous endoscopic gastrostomy (PEG) tubes we saw advice had been obtained from the person's GP and the provider of the PEG equipment to ensure this was done safely.

We saw information detailing how each person liked to take their medicines was kept with their medicine



administration records. The deputy manager also showed us information they had collated which recorded each person's medicines, why the medicine was prescribed and possible common side effects. They said this had enabled staff to improve their knowledge of medicines and increased awareness of potential side effects, particularly when a person may be prescribed a new medication.

We saw evidence and staff told us, they had received medicines training and an assessment of their competency. The registered manager told us competency assessments were updated annually unless concerns raised initiated an earlier assessment. They told us the competency document had recently been reviewed and updated; we saw this provided more detail regarding the individual task being assessed. The registered manager told us these would be implemented when staff medicine competency was due for re-assessment. This ensured people received their medicines from staff who had the appropriate knowledge and skills.

The home was clean, tidy and odour free. Dedicated cleaning staff were not employed and staff incorporated cleaning tasks into their daily schedule. The deputy manager told us an external company visited the home on a three monthly basis to provide a deep cleaning service for communal areas, bathrooms, en-suites and the kitchen. This showed the registered provider had systems in place to ensure the home was cleaned appropriately.

As part of the inspection we looked at the arrangements for reviewing and investigating safety incidents and, when things went wrong how lessons learned were shared with staff.

Staff we spoke with told they felt confident to report any safety incidents or concerns to the management team. The deputy manager told us, "We don't get mad, we investigate and we learn from things." The registered manager spoke with us and we reviewed records, relating to a specific safety incident involving a person who lived at the home. We saw how the situation had been monitored, advice from other health care professionals had been obtained and an action plan implemented. This demonstrated transparency when shortfalls were identified; minutes from a staff meeting demonstrated this information had been shared with the staff team.

# Is the service effective?

## Our findings

The registered manager recognised the importance of ensuring people's care and support was delivered in line with current good practice guidelines. This was evidenced through the involvement of relevant external health care professionals, staffs' compliance with the registered provider's training requirements and from reviewing a random sample of the registered provider's policies.

Each of the staff we spoke with told us they had received a thorough induction when they commenced employment at the home. The deputy manager told us new staff shadowed more experienced staff for their first two weeks of employment, although they said this period could be extended if this was needed. We saw evidence of induction and in each of the personnel files we reviewed. This demonstrated new staff were supported in their role.

Staff received training in a range of topics including moving and handling, infection prevention and control and safeguarding. Staff also received training in subjects relative to the people they were supporting, for example, autism, learning disability awareness and person centred care. Training included a mix of e-learning, face to face training and workbooks. The registered manager told us they were scheduled to attend a residential course which would then enable them to train staff in the management of behaviour which may challenge. The senior support worker we spoke with also told us about a six week programme they had completed during 2017 which had helped them with the transition from support worker to senior support worker. They explained the programme covered a range of topics including prioritising, time management and achieving your goals. This demonstrated the registered provider had a desire to continually maintain and improve standards of care and support.

Staff received regular supervision. One of the staff told us, "We get (supervision) monthly, if there is anything niggling, you can express how you feel, but anytime you can go see [name of registered manager]". Records of supervision were seen in staff's personnel files. The supervision process included a review of outcomes from the staffs' previous supervision as well as discussing their current performance and future development needs. Supervision is used to develop and motivate staff, review their practice or behaviours, and focus on professional development.

A choice of hot and cold drinks, snacks and fruit were available for people throughout the day. Menus were flexible and the registered manager told us they held regular themed nights where the menu was planned around the traditional food of a particular country.

We were present in the home for both the lunch and tea time meal on the first day of the inspection. People were offered appropriate choices and enabled to be independent. We found the atmosphere was warm and relaxed with banter between staff which consistently included the people who lived at the home. Staff ate their meals with people which added to the homely, family atmosphere.

Where people had particular dietary needs, to reduce the risk of choking, staff were aware of the measures required to reduce this risk.

People were weighed at regular intervals along with an assessment of their nutritional risk. Care and support records detailed people's nutritional needs and the support they needed from staff.

Staff told us information was communicated effectively within the staff team. One of the staff told us they felt staff worked well as a team and information was shared at shift handovers. Another staff member told us there was also a communication book, they said this enabled staff who may have been off duty for a few days, to look back and read the information which had been entered during their absence. Good communication systems help to ensure people receive consistent and effective care and support.

Relatives told us staff informed them if their family member was unwell or attended a health care appointment. We saw evidence in the care and support plans we reviewed, that the input of other health care professionals was welcomed and their guidance adhered to. This included specialist learning disability nurses, speech and language therapists, GP's and district nurses.

One relative told us when their relation was admitted to hospital a member of staff had stayed with them throughout their stay. Staff and the registered manager also told us in the event a person needed to spend time in hospital, then a staff member was allocated to be with them. The registered manager said this ensured people continued to receive support from people they knew and who understood their care and support needs.

Each person had a health action plan record, this included a hospital passport. This provided detailed information for hospital staff about each person's health and support needs, likes, dislikes and preferences. Where a person may not be able to fully communicate their needs, this information may reduce the risk of the person receiving inappropriate and unsafe care if they require hospital treatment. This file also contained copies of letters regarding treatment and therapy as well as staffs' records of feedback from visiting professionals, such as the GP or district nurse. We also saw evidence people were offered access to age and gender appropriate health screening tests. This demonstrated people's access to healthcare was not restricted due to their disability.

Fixby Lodge was purpose built and all on one level. Corridors, bedrooms and communal areas were spacious, allowing easy access and manoeuvrability of wheelchairs and equipment. Communal areas were practical but homely. All bedrooms were decorated and personalised to people individual tastes and preferences. Each bedroom had an en-suite with toilet, wash basin and wet room; there was also a spacious communal bathroom with an accessible bath.

The garden was level and wheelchair accessible, the registered manager told us they planned to further develop the garden in the coming months.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 authorisation's to deprive a person of their liberty were being met.

Although some people had been deprived of their liberty, the home had requested DoLS authorisations from the local authority in order for this to be lawful and to ensure a person's rights were protected. Some applications had been approved, and they were awaiting the outcome of some others. The registered manager kept a matrix which recorded the date each DoLS was applied for, when it was approved and the renewal date.

Staff told us people who lived at the home had capacity to understand and consent to day to day decisions, staff were also aware of the process which needed to be followed when a person lacked capacity to make a specific decision. One staff member told us, "We assume capacity until proved otherwise." Another staff member said, "Everyone here has capacity for simple things. When they don't (have capacity) we do what is best for them, their best interests."

A senior support worker described the process which was being undertaken for a person who required a specific course of treatment, including who had been involved in the best interest decision making process. Following this process demonstrates openness and transparency in providing services for people who lack capacity as prescribed in the Mental Capacity Act 2005.

We reviewed the care and support plan for one person which clearly evidenced the person had capacity to make decisions regarding all aspects of their care and support as they had been supported to use their individual communication method. The second care and support plan we reviewed evidenced decision specific capacity assessments were in place where they lacked capacity. This demonstrated the home was compliant with the MCA.

The registered manager told us the registered provider had recently reviewed and updated their documentation in regard to this process and this was to be implemented for future assessments.

## Is the service caring?

### Our findings

We asked two people if staff were nice and if they were happy living at Fixby Lodge, they both responded "Yes", using their individual communication methods.

Relatives spoke very highly of the staff at Fixby Lodge. Comments included; "[Family member] loves the staff. Their room is lovely and [person] always looks well cared for and happy", "The staff are brilliant, they do the best they can for [person]. Nothing seems too much trouble" and "All the care staff are lovely, I have peace of mind that [person] is there." One relative told us how their relation's episodes of behaviour which was challenging to others had improved since they had been living at Fixby Lodge, "[Person] always seems really happy when I see them."

Each of the staff we spoke with told us they enjoyed their job and loved supporting the people who lived at Fixby Lodge. This was further evidenced by staffs smiles and laughter throughout the period of the inspection. One staff member said, "It is like home from home". Another staff member said, "It's all about them and their needs, everything is about them."

The atmosphere at Fixby Lodge was warm, welcoming and homely. The person-centred, inclusive culture was evident throughout the day. People looked relaxed and comfortable in the presence of staff. During the time we spent in the communal areas we saw staff come and go throughout the day. Without exception staff spoke to people who were already in the room when they entered. When staff spoke with each other, for example, about their social life, they automatically involved people who lived at the home into the discussion.

Later in the day, a person returned to the home from an outing, the registered manager promptly paused our conversation and went to chat with the person who had returned home. This action was spontaneous, welcoming the person back to their home, asking them how their day had been. A staff member came to support the person back to their bedroom, they also welcomed the person home and asked the person simple questions about their day. This demonstrated the friendly and hospitable culture within the home, making people feel appreciated.

People and their relatives were clearly involved in the care planning process. One care plan contained a photograph of the person with the caption '[name of person] helping with their care plan'. Another care plan contained the signature of the person on each document. Relatives told us they felt involved in all aspects of their family members care and support. This included feedback where appropriate, regarding their health and appointments with other healthcare professionals support with decision making and involvement in care plans. Care and support plans recorded who had helped the person develop their plan and how people had also been involved in the process. For example, one care and support plan listed the registered manager, deputy manager and the person's parents. Feedback from a family member noted 'I felt included, informed and made welcome'. These examples demonstrated the positive effect of the management and staff at Fixby Lodge.

Both care and support plans we reviewed contained a document 'circle of support'. This put the individual at the centre. From that circle other parties were listed, for example, staff at the home, specific healthcare professionals and family members who were important in supporting the individual to live a healthy and fulfilling life.

There was a clear emphasis on focusing on people's abilities, not their disabilities. We saw a certificate of 'Outstanding Achievement' awarded by a local charity. The registered manager told us this had been presented to an individual in recognition of them holding a car boot sale. The registered manager spoke enthusiastically about the positive impact on this person, "[Name of person] felt valued, they felt they were giving something back to the community. When they came back from the award ceremony they were telling everyone about it." One of the staff we spoke with told they had recently taken a person to a local restaurant, as they required a blended diet, they had taken a hand blender with them, this enabled them to be able to eat the meal of their choice. A section of the kitchen work top was set at a height to enable a wheelchair user to sit at this part of the kitchen, thus enabling them to partake in cooking or baking activities. During the inspection we saw one person was asked if they wanted to help in the kitchen, they helped staff breaking eggs and whisking them. This demonstrated an inclusive approach to supporting and enabling all people equally, regardless of any disability.

People's activity plans were colour coded, each colour representing a different field, for example, educational, social skills and community involvement. This helped to ensure activities were not only enjoyable but also enabled people to become part of the community, build confidence, well being and learn life skills. The registered manager told us an example of this was a person who had not entered a supermarket for many years. They told us how over a period of time they had moved from driving past a supermarket in a car with their support worker to being able to go into the shop, during quieter times and purchase goods with a support worker. This clearly demonstrated a step by step approach to setting and achieving an attainable goal. Achieving this goal empowered the person, giving them a feeling of personal achievement.

People's religious beliefs were respected and supported by staff. Staff told us about one person who attended church each week with their relative. One of the staff told us if they were unable to attend with their relative then a member of staff supported them to attend. They said, "Even if we aren't religious, it is about [name of person]".

People were offered choices throughout the day. Where people were unable to communicate verbally, alternative methods were used and encouraged by staff, for example; observations of non-verbal body language, picture cards and one person used their own form of sign language using their hands and fingers. Staff did not rush people when they were taking their time to communicate or make decisions, staff took the time to encourage them and listen. An electronic virtual assistant had been purchased, this responded to a spoken instruction, for example, playing a particular song or tuning to a requested radio station. Staff told us they hoped this would increase the independence for one person as it would enable them to listen to the music of their choice, reducing their dependence upon staff. This demonstrated a desire to encourage people to make their own choices and be in charge of their lives whenever possible.

Without exception, staff respected people's privacy and dignity. We asked the registered manager if we could look at some people's bedrooms. They were aware of which people who lived at the home would not like us to view their bedrooms but they asked three people if they were happy for us to do this. This demonstrated the registered manager respected people's privacy and right to private space.

The registered manager told us all the staff were registered as dignity champions and promoting people's

dignity was a key part of staff's role. They said discussions around dignity and respect began at interview and were also included in the induction process. Staff had experienced what it was like to be transferred in a hoist and have a drink which had thickener added so they understood things from people's perspective. A senior support worker confirmed what the registered manager had told us, adding, "It is about learning respect for everyone." Experiential learning enables staff to have a more in-depth understanding of care tasks from the point of view of the people they support.

Care and support plans recorded how staff should maintain people's dignity, for example 'I want my door closed when I am not in my room' and when they were getting in or out of the bath 'cover me with a towel to protect my dignity'. When we spoke with staff they were able to tell us practical examples of how they ensured privacy and dignity were respected.

These examples demonstrated that privacy and dignity were at the heart of the services culture and values.

Information was stored confidentially. One of the staff we spoke with told us, "We lock records away, we don't tell people, we don't breach people's personal information." We saw people's confidential information was kept in locked cupboards or rooms and computers were password protected. This helped to reduce the risk of unauthorised access to personal information. The registered manager was aware of the upcoming legislative changes to data protection.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the quality manager, staff, people and visitors demonstrated that discrimination was not a feature of the service.

## Is the service responsive?

### Our findings

Relatives spoke positively about the support they had received when their family member moved into Fixby Lodge, "The transition was done brilliantly". Another relative said, "We felt incredibly supported through the process."

The registered manager told us admissions to the home were usually planned, part of this process included assessing the impact a new person would have on people who already lived at the home. They explained the transition period between the service agreeing to admit a person and them moving in could last for about 4 weeks and included meeting staff before they moved in and visits to the home. They said this reduced anxiety for the person, their family and people who already lived at the home as well as ensuring staff had the knowledge and skills to meet the person's needs when they came to permanently reside at the home.

The positive impact of living at Fixby Lodge was clearly evident to relatives of people who lived there. Minutes from a local authority review meeting included a comment from the parent of a person who had moved into the home, 'the difference in [name] was amazing since being in their new placement'. A letter from another relative recorded, 'they [staff] make sure that [name's] needs are met and most importantly, that [person] is loved and happy'.

Relatives told us their relations had busy and active social lives. A relative said, "[Name of person] is never in, I would never just turn up (in case the person was not at home). I visited last Saturday, they had just got back from ice skating". Another relative told us, "[Person] is out nearly every day doing something, bowling, swimming, going for a coffee".

People were enabled to participate in a range of activities which met their individual preferences. Each person had an activity plan in their bedroom, this detailed the activities they were scheduled to participate in but also included 'free periods' which empowered them to make 'spur of the moment' choices. Activities and outings included visiting shops and cafes, going for walks, visits to the train station and fire station, swimming and ice skating. People were also enabled to participate in the day to day work at the home including baking, dusting and sweeping. Involving people in daily living tasks gives people a sense of purpose and makes people feel useful. The registered manager told us they were in the early stages of liaising with another service, independent of Fixby Lodge, to enable people have a 'pen pal'. They explained this would provide further opportunity for social engagement and for people to develop friendships external to Fixby Lodge.

The registered manager explained staff supported each person to set an individual monthly goal. People had a photograph album in their bedroom which recorded their achievements, each recorded the month and evidence of them meeting their goal. For example we saw a photograph of one person shopping in the local supermarket and another person joining in with a choir which visited the home over the Christmas period. This helps to motivate people and promotes feelings of achievement and satisfaction once the goal is achieved.



The registered manager and staff clearly demonstrated a positive attitude to the management of risk in relation to activities for people. The registered manager told us about a particular activity one person had asked to participate in; they explained how they and the deputy manager had facilitated this. This showed us the management of risk was proportionate without negatively impacting on people's fun.

We saw 'new activity feedback' forms in people's care and support plans. A member of staff told us these were completed after a person had participated in a new activity to review their enjoyment, whether any changes could be made to enhance their enjoyment in future or to evidence the activity was not to the person's liking. Staff recorded both their feedback and verbal and/or non-verbal feedback from the person who had participated in the activity. This evidenced staff had a person-centred approach to the management of activities and ensured where an activity may not have been successful, consideration was given to possible changes being made to enable the activity to be more successful in the future.

The registered manager wanted people not only to participate in activities but also to enjoy themselves with support workers who would engage with them due to a shared interest in the activity. The registered manager had recently begun to compile a file 'team Fixby'. This was a one page profile of each staff member. The registered manager told us this was to provide key information to people and visitors about the staff and also to help them match people and staff appropriately. They said a particularly important section was the 'heads, hands and hearts'; providing information about staff's interests and skills. They said, "This is what a staff member knows about, what they can do and what they are passionate about. People enjoy (the activity) more if they are with a member of staff who enjoys it too, they will have a more positive and engaging experience". They explained how a staff member with experience in beauty therapy had enhanced a person's self-esteem with beauty treatments. Another staff member with catering experience was supporting a person with cooking and baking.

Both care and support plans we reviewed were detailed, person-centred and written from the persons perspective. For example, one record detailed the things the person enjoyed talking about, their body language when they were happy, sad, in pain or had particular needs, such as a drink. Records relating to personal care tasks were detailed but easy to understand, clearly describing the person's preferences, for example, 'I can take my own shoes off by pushing them off with the other'. Information we saw recorded in people's care and support plans was an accurate reflection of the care we saw being provided during the time we spent at the home and was also evidenced through our conversations with staff.

Staff signed to confirm they had read people's care and support records. One of the staff told us, "We read through them, if we think they need any changes, we tell [name of registered manager] and they update the plan. Care and support plans were reviewed and updated at regular intervals. The registered manager told us care and support plans were reviewed, updated and re-printed every six months unless a change in someone's needs necessitated this at an earlier date. This showed care planning took account of people's changing care needs.

The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand, plus any communication support they need when receiving healthcare services. We saw the registered provider had a policy in place. Care and support plans clearly recorded how people communicated and guided staff as to what people's body language and non-verbal communication may mean. For example, one care and support plan recorded 'you will communicate better with me if you – look at me when you communicate with me'.

Aids to support people's communication were also available, for example, a file was kept in the dining room entitled 'effective communication'; this included a number of laminated pictures which staff and people

could use. The file was organised and appropriate pictures were easily located and easy to understand. For example, there was picture of a cup of tea with a bottle of milk, the adjacent picture had a cup of tea, with a large red cross over the bottle of milk to enable the person to clearly indicate if they wanted milk adding or not. This enabled people to provide staff with specific details of their choices and preferences.

We asked two of the relatives we spoke with if they were aware of how to raise a complaint. One relative said, "I have no reason to complain, but if I did, I would phone [name of registered manager]." Both were confident any complaints would be addressed in a thorough manner.

It was evident from discussions with the registered manager, deputy manager and each of the staff that complaints were seen as an opportunity to learn and improve the service they provided for people. Information regarding how to complain was readily available in easy read format in the reception area, containing names, photographs, and designation and contact details of senior staff who people or relatives could contact in the event of a complaint. We saw only one complaint had been raised with the service since its registration with CQC. A record had been made of the complaint including action being taken to resolve the matter. A log of compliments received was also kept by the registered manager, this included feedback from staff, relatives and external professionals.

The service was not currently supporting anyone who required end of life care. It was clear from speaking with the registered manager they were aware of how to access support from other healthcare professionals if required. The registered manager understood the importance of exploring people's feelings in regard to end of life care and involving them and their families in this process. They told us these discussions were taking place with one person who lived at the home. However, they explained staff were still developing bonds with other people in order for this topic to be broached in an appropriate and sensitive manner. Advance Care planning is a key means of enabling better planning and provision of care, to help people live well and die well in the place and the manner of their choosing.

# Is the service well-led?

## Our findings

Relatives were very happy with the management of Fixby Lodge. One relative said, "[Name of registered manager] is very good, you can talk to her." Another relative said, "I would recommend the home to anyone. I spoke to then owner, his ethos was very clear, 'they (people who live at Fixby Lodge) deserve the best.'"

All the staff we spoke with were positive about the organisation they worked for and the registered manager. One staff member said, "The management are helpful and supportive, they want you to be the best you can." Another staff member said, "Here is one of the best places I have ever worked."

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and therefore this condition of registration was met. The registered manager had transferred from another of the registered provider's other services to manage Fixby Lodge when the home first opened, overseeing the recruitment and induction of all staff and supporting people as they moved into the home. Throughout the duration of the inspection the registered manager spoke with us in an open and transparent manner, they were warm, friendly but professional. The registered manager told us, "I want everything centred around the people we support. I want them to live in an outstanding home, I won't accept less than good." They told us they had recently completed an industry specific management course run by the local authority which they said had been "Excellent".

It was evident from our observations during the inspection, feedback from relatives and discussions with the registered manager, deputy manager and staff that the culture inclusive, person centred care was embedded in all staff. One staff member said, "It is about supporting people to achieve what they want to achieve, making them the best, promoting their independence, trying new experiences. That they are safe and happy".

The registered manager and deputy manager were clearly organised in their approach to the management of the home. There was information on the office wall which provided relevant management information, for example, when equipment was due to be serviced, when audits were due and contact information for staff.

A range of audits were completed, for example, medicines, care plans, menus and meals and health and safety and infection prevention and control. Daily audits were also completed by the senior support worker on duty, these included checks on people's medicines, fridge temperatures, documentation and the cleanliness of the environment. The registered manager also told us an overall audit of the home was also completed on a regular basis by the manager of another home operated by the registered provider. They explained this provided an objective assessment of the service and enabled areas where improvements were needed to be highlighted and acted upon. Audits help to uncover problems and review the effectiveness of policies, systems and procedures.

Staff meetings were held each month and minutes were taken. Staff signed the back of the meeting minutes to confirm their attendance and/or that they had read the meeting minutes. These meetings enable staff to air their views and opinions as well provide opportunity for shared learning and cascading of

relevant information.

The registered manager also engaged with people who lived at the home. Regular meetings were also held with people who lived at the home, agenda items included asking if people were happy living at the home, discussions around decorating of people's bedrooms and future activities and outings. This provided people with an opportunity to be involved in management of the home and how it was run.

A feedback survey had been given to relatives of people who lived at the home at the December 2017 Christmas party, we saw six had been issued and three returned. Each relative had scored all aspects of the service as either 'good' or 'very good'. One relative had written, 'Generally we think Fixby is fantastic'. Another relative noted 'Caring attitude, nothing is too much trouble. Thank you for welcoming [name of person] so well'.

It was evident the registered provider wanted the organisation to continue to learn, improve and innovate. In January 2018 the registered provider, Horizon Healthcare Homes Limited, had achieved Investors in People accreditation. This is an internationally recognised accreditation for standards in leading, supporting and managing people well for sustainable results. The registered provider had also made a commitment to achieve accreditation with the National Autistic Society. This was process was in its infancy but we saw evidence audits and action plans were being implemented to support the management and staff team towards achieving their goal.