Community Homes of Intensive Care and Education Limited

Fritham Lodge

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 16 and 22 May 2018.

Fritham Lodge is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection.

Fritham Lodge at the time of our inspection accommodated 12 people in two adapted residential buildings. One of the buildings contained two flats for people who were able to live more independently. The service supported younger adults who might have a mental health condition or learning disability.

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

The provider had arrangements in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. Staffing levels were sufficient to support people safely. Recruitment processes were in place to make sure the provider only employed workers who were suitable to work in a care setting. There were arrangements in place to both store and administer medicines safely and in accordance with people's preferences. The provider followed government guidance in relation to protecting people from the risk of the spread of infection. The provider had procedures to learn lessons and improve people's service when things went wrong.

People's care and support were based on assessments, which took into account relevant professional guidance. Staff received appropriate training and supervision to maintain and develop their skills and knowledge to support people according to their needs. People were supported to eat and drink enough to maintain their health and welfare. People were supported to access healthcare services, such as GPs and specialist nurses. The provider cooperated with other agency to promote effective care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care workers had developed extremely caring and trusting relationships with the people they supported. The provider had put creative arrangements in place to involve people and help them feel ownership of the service. Imaginative arrangements were in place to support people with equality characteristics. Staff respected and promoted people's independence and dignity with innovative tools and methods.

Care and support were based on assessments and plans, which took into account people's abilities, needs and preferences, and led to very positive outcomes for people. People were able to take part in an extremely wide range of leisure activities, which reflected their interests and were designed to contribute to their

recovery. People were aware of the provider's complaints procedure, and complaints and concerns were listened to and managed in a professional manner.

The home had an open, transparent atmosphere. Systems were in place to make sure the service was managed efficiently, to monitor and assess the quality of service provided, and to engage with people, staff, families and other stakeholders. There was a focus on continuous improvement.

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 protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

The provider employed sufficient staff and carried out recruitment checks to make sure workers were suitable for work in a care setting.

Processes were in place to make sure medicines were administered and stored safely, and to make sure people were protected against infection control risks.

Staff learned lessons when things went wrong.

Is the service effective?

Good

The service was effective

People's care and support were based on through and detailed assessments.

Staff were supported by training and supervision to care for people according to their needs

Staff were guided by the Mental Capacity Act 2005 where people lacked capacity to make decisions.

People were supported to maintain a healthy diet and had access to other healthcare services when required.

Is the service caring?

Outstanding

The service was exceptionally caring.

People had developed very caring and trusting relationships with their care workers over time.

Staff used creative methods to support people to influence the development of the service and to participate fully in the service they received.

Staff had developed innovative approaches to make sure people's independence and dignity were respected.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

The service achieved very positive outcomes for people through individual care and support that met their needs and took into account preferences and choices.

The service promoted people's recovery through a very wide range of tailored leisure activities and learning.

There was a complaints procedure in place, and complaints were dealt with professionally and used to improve the service people received.

Is the service well-led?

Good ●

The service was well led.

There was an open, transparent culture in which people were treated as individuals and were empowered to speak up about their care and support.

An effective management system and processes to monitor and assess the quality of service provided were in place.

People and their families were consulted about the quality of the service.

Plans were in place to facilitate continuous improvement.

Fritham 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 was the first inspection since the current provider registered the location in October 2016.

This inspection took place on 16 and 22 May 2018. It was unannounced.

The inspection team comprised two inspectors, one of whom was shadowing their colleague as part of their induction.

Before the inspection we reviewed information we had about the service, including previous inspection reports, when the service was registered to a different provider, and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with five people who lived at Fritham Lodge. We observed care and support people received in the shared area of the home.

We spoke with the registered manager the provider's assistant regional director and three members of staff. We also spoke with three visiting health and social care professionals.

We looked at the care plans and associated records of four people. We reviewed other records, including the provider's policies and procedures, internal checks and audits, the provider's development plan, quality assurance survey returns and reports, training and supervision records, medicine administration records, mental capacity assessments, Deprivation of Liberty applications and authorisations, staff rotas, and recruitment records for four staff members. We looked at people's case studies, progress folders, and meeting minutes.

Good

Is the service safe?

Our findings

The provider took steps to protect people from the risk of avoidable harm and abuse. None of the people we spoke with had any concerns about their safety at the service. Staff were aware of the types of abuse, the signs and indications of abuse, and how to report them if they had any concerns. The provider's policies on safeguarding were included in the staff induction. All staff confirmed they had read the relevant policies, and were given a card with information about how to report concerns, and there was a wall poster with similar information. Safeguarding was also a standing topic for discussion at staff meetings. None of the staff we spoke with had seen anything which caused them concern, but they were confident the registered manager would handle any concerns promptly and effectively.

The registered manager was aware of processes to follow if concerns were raised, including when to inform us and notify the local authority safeguarding team. Procedures for managing concerns raised included the option for an investigation into any allegations by an independent manager in the provider organisation and escalation to an area director.

There were extensive individual risk assessments associated with people's physical and mental health needs, behaviours and activities. Where appropriate the registered manager worked closely with the person, their social worker and the provider's in-house psychologist in assessing risks and establishing support plans, which contained guidelines for staff on managing and reducing the risk for people.

There were practical steps to manage risks associated with conditions such as diabetes. Where a person was identified as being at risk of falling, there was practical advice to support them to use a walking aid. Where a person was at risk of poor nutrition because of an eating disorder, there were arrangements in place to monitor their weight regularly and use a recognised malnutrition screening tool to reassess their risk regularly. Guidance included suggested incentives to encourage the person to eat, and offering fortified milk shakes.

Where a person chose to smoke, there were risk assessments to keep other people in the home safe. Risk assessments were used to encourage people to take part in activities they enjoyed without unnecessary restrictions. Where people took part in activities such as cycling, their risk assessment guided staff to make sure they were accompanied and that both cyclists wore helmets. Other risk assessments included risks associated with leaving the home unaccompanied to access the local community, attending college, swimming, using a computer tablet connected to the internet, and using a barbecue in the home's garden.

The provider had also identified and assessed risks associated with the building and premises. These included use of cooking equipment, securing the grounds, responding to an intruder, painting and decorating, and vehicles. There had been fire risk assessments carried out by an external consultant and by the registered manager. There were regular checks on emergency lighting, fire safety equipment and systems. Evacuation drills took place, including on night shift, and were supported by personal emergency evacuation plans for each person using the service.

The provider carried out weekly health and safety checks, including electrical sockets, and standards of maintenance and cleanliness. Assessments relating to the control of substances hazardous to health (COSHH) were in place. There had been tests for dangerous bacteria in the water system. The provider had taken steps to make sure people lived in as safe an environment as possible.

There were sufficient numbers of suitable staff to support people safely. One person told us there were always staff around when they needed them. They said, "They give me a lot of time." Initial staffing levels were calculated according to people's needs and the number of hours support required to meet their needs. The registered manager had an opportunity to verify the calculated staffing levels and make adjustments according to circumstances at the time. Because a new person was coming to live at the home, for instance, the registered manager was able to increase the number of staff on the rota while they settled in.

The provider's recruitment process made sure staff employed were suitable to work in a care setting. Recruitment records were in place to show the necessary checks were made before staff started work. The provider's induction process for new staff covered first aid, emergencies, food safety, health and safety, moving and handling, safeguarding and risk management. There was a probation meeting at the end of a staff member's induction, which checked they had the skills and knowledge to support people safely.

The provider had a system to make sure people's medicines were ordered, stored, and administered safely, as prescribed and according to their preferences. All staff had training in medicines and a team leader had responsibility for making sure medicines were ordered and available to people when they needed them. Arrangements were in place to store medicines securely, and records of medicines administered were complete and up to date. Records included the administration of prescribed creams, and there was clear guidance for staff including the use of body maps to show where topical creams should be applied.

One person living at the home chose to take responsibility for their own medicines, and staff supported them to do this safely and to keep their own medicines records. Arrangements were in place to account for medicines taken out of the home when people would be away for some time visiting family or on longer trips. The provider had medicines risk assessments where necessary, which covered possible side effects. NHS published patient information was available for staff to familiarise themselves with particular prescribed medicines. If people chose to purchase over the counter treatments, the provider checked with their GP that they were safe to take with their prescribed medicines.

The provider had systems in place to protect people from risks associated with the spread of infection in line with government guidance. Staff received training in infection control and the provider had appointed a member of staff as "cleaning champion". Appropriate routine procedures were in place, such as refrigerator temperature checks and colour coded cleaning equipment for different areas of the home.

There were monthly audits of cleaning and infection control activities. Records of these showed that any actions identified were checked for completion. The provider had an annual statement of compliance with infection control guidance. This showed training was up to date, and a self- assessment score of 93% for infection control and 96% for food safety. There had been no outbreaks in the previous year. The home had the highest rating of "five" in its most recent environmental health food safety assessment.

The provider had systems in place to learn from lessons if things went wrong and to use these experiences to improve the service. The accidents and incidents file showed that these were reviewed and analysed for trends and patterns. Where these were identified, actions were taken and recorded. The registered manager included lessons learned in their weekly report which was reviewed at board level.

Staff had the opportunity for open discussion about negative and positive experiences. Examples of changes resulting from these processes included changing shift patterns so that so that staff always had high energy levels when supporting people. The provider had made improvements to their procedures when people moved out of the home based on experiences where this could have been smoother. The review of another incident had resulted in information about various medical conditions and choices, which could affect people's welfare being made available in a "health corner". People benefited from a service which reviewed lessons learned and made improvements based on those lessons.

Good

Is the service effective?

Our findings

People's care and support were based on thorough assessments, which took into account relevant professional standards. The registered manager worked with the provider's in-house psychologist, the community mental health team and social services to identify risks and develop individual support plans before people moved into the home. People discussed their support needs as part of the assessment process and were able to review their support plans to make sure their preferences were included.

Assessments covered the person's reason for referral, background, family and friends, routines, cultural lifestyle preferences, and preferred activities. There were sections on health, communication, skills, behaviour, any emotional issues and risk factors, and the person's goals and desired outcomes. Where appropriate people's healthcare assessments covered their medical history, diet, drugs, alcohol, fitness, smoking, dental health, eyesight, hearing, skin and nail care, and foot care. Assessments took into account people's sexuality and gender specific health issues.

The provider made sure staff had the skills and knowledge to support people according to their needs and preferences. Training was based on the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The provider had in-house training in subjects it considered to be mandatory. Training was also available in specific mental health conditions, depression, and drugs and alcohol misuse.

Visiting professionals were very complimentary about staff knowledge, particularly their knowledge of various mental health conditions. One professional described staff as very thorough and willing to work with them, listen and take advice. Another professional said, "Staff are very knowledgeable." Staff were encouraged and supported to study for, and obtain relevant qualifications.

The registered manager had a system of supervisions and team meetings to reinforce staff members' learning. The registered manager had delegated some supervisions and appraisals to senior staff, and had records to show where supervisions or training was due, completed or overdue. Staff were able to raise problems and concerns at their monthly supervisions, which covered actions from the last meeting, attendance, working with people, training and development, other feedback and actions to complete for the next supervision.

People living at the home were able to do their own menu planning with support from staff to encourage healthy eating. One person told us about different foods they liked and said they could always have them if they wanted to. Staff gave advice about healthy snacks and healthy puddings to encourage people to make healthy choices around their food and drink. Where people were at risk of not maintaining a healthy body weight, staff took appropriate steps to support them. An example of this was checking people's weight and body mass index regularly so the person could make eating choices based on evidence. Staff had researched information about helping people with an eating disorder. Methods used included offering fortified milk shakes and supporting people to attend meetings of a slimming organisation to help them

maintain a healthy weight.

The provider worked closely with other healthcare agencies to make sure people received effective care and support. These included the community mental health teams, people's GPs, dentists and social services. The provider worked with advocacy services were people had independent advocates to make sure their interests were considered in discussions about their care.

Staff from Fritham Lodge worked together with other homes in the provider's portfolio to share knowledge and expertise, and to give people a wider network of contacts for social connection. They worked together with other homes to arrange events, which were more enjoyable and effective on a larger scale, such as a music festival and talent contest.

Records showed people had access to external healthcare services when they needed them. Some people could go to appointments independently, and staff supported other people to attend operations, follow up appointments, blood tests and other monitoring procedures. People attended hospital as out patients for appointments with specialists, women's health appointments, screening and other tests. People were able to live healthier lives because they could access healthcare services and had ongoing support to maintain their physical and mental health.

The provider had made adaptations to the premises to support people's individual needs. The home had been converted from two adjacent residential houses. One house had been made into two flats for people who could live more independently, and to prepare them for moving on into the community. The registered manager had removed fences between the enclosed gardens of the two houses, so that people benefited from a single, more flexible and roomy outside space. There was a vegetable patch for people who enjoyed gardening, recreational space, and room for people who chose to smoke to do so without spoiling other people's enjoyment.

Inside the main house, there were areas where people could go for quiet activities. Part of the main shared lounge was the dedicated "health corner" where people could sit quietly and read information about medical conditions, and support services for people with addictive behaviours. There was a curtain, which could be pulled across if people desired more privacy in this area. The shared lounge had been decorated with information celebrating people's progress and achievements on a "progress wall". This included photographs of, and taken by, people living at Fritham Lodge. People could have games and equipment, such as a snooker table, in the shared lounge. The registered manager told us a new person was coming into the home soon, and adaptations were being made in their room so they could use the en-suite bathroom independently and safely.

The Mental Capacity Act 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.

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 Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the Act, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Where people were thought to lack capacity for a certain decision, such as to have their medicines

administered by staff or to access the community safely, records were in place to show the provider followed the correct processes. These were to assess their capacity according to guidance, and then make a decision in the person's best interests. Where people required permanent, one to one support for their own safety, the provider had applied for authorisations as this was considered to deprive them of their liberty. The supervising authority had not imposed any conditions in the authorisations we saw.

Staff were conscious of the requirement to seek people's consent for their care and support. Their files contained signed consent forms, for instance to consent to having their medicines administered by staff. In their activities of daily living, people could have their own routines, and we saw staff asking for permission to support people and carry out cleaning and other tasks.

Outstanding ☆

Is the service caring?

Our findings

People living at Fritham Lodge were respected and valued as individuals. They were empowered to be active partners in their care. One person spoke of their "extreme trust" in the registered manager, and that they had known each other since the registered manager first joined the service as a bank support worker in 2014. Since that time, they had worked together to establish more caring relationships with other staff, and to develop a personally tailored programme of structured activities, which took into account the person's cultural background. They said they could not praise the registered manager enough. Another person spoke of how they found the caring atmosphere in the home helpful. They said, "I think this is one of the better homes."

A visiting social care professional emphasised how they saw there were "good relationships" and "good communications" between staff and the people they supported. We saw extremely positive interactions between people and staff. On the second day of our inspection, there was maintenance work going on. Staff had advised people who might be disturbed by this change in their routine. We saw them support people during the works by repeatedly explaining it to people with patience and empathy. Staff conversations with people showed they had a thorough knowledge of people's backgrounds, preferences and needs.

Staff told us they were aware they were "working in people's own home" and conducted themselves accordingly. Other staff members said the service was "like a home" and, "People seem happy". A written testimonial from a person's family member stated, "Thank you for looking after [Name] so well. How happy he seems."

Staff were motivated to "go the extra mile" for people. Examples of this included coming in to work early at weekends to support a person to go to a car boot sale because this was important to the person. Staff at the home and representatives of the provider's management team took part in parties and events with people, wearing fancy dress when required. Staff had covered colleagues' sickness at short notice to make sure people could still visit their own families at Christmas. One staff member described how they found working at Christmas "rewarding for us, and special for them". Staff also helped people with contact with different agencies when moving out of the home or if there were problems, for instance with their benefits. Staff helped with filling out forms and contact with relevant officers.

People's individual care and support were founded on their relationship with exceptionally caring keyworkers. A keyworker is a named staff member who acts as people's first point of contact with the service. Keyworkers made sure people were aware of what was in their support plans. There were monthly meetings between people and their keyworkers. These helped strengthen their caring relationship and included discussion of things the person like and enjoyed. People had an opportunity to suggest activities, trips and changes to meals they would like to see. The meetings also covered how the person was feeling, anything that was troubling them and any health concerns. They could raise any maintenance needed in their room, and discuss any significant events and anniversaries they could celebrate in the home.

The provider encouraged and helped people to maintain family contacts in line with their right to family life.

Staff also supported people's family members to understand their mental health needs. Where staff researched people's mental health condition or found other third party support organisations, they shared this information with the families. Staff supported one person to travel to visit their mother, and others to keep in touch with their children and siblings. One person said, "It was the best thing [Registered Manager] has done for me. It turned things round." Staff supported people's independence in their family relationships, for instance by reminding and supporting a person to go out to buy a birthday present for a relation who visited later in the day.

The provider had devised creative ways to encourage people to be involved in their own care and support, and to inform them about care and support options. One of the registered manager's initiatives in this area was the involvement of people in staff training. People were invited and encouraged to take part in the same training staff received. This had been developed by a senior staff member who had felt empowered to make it a fundamental and appreciated element of involving people in the service. One person's experience of this had encouraged them to volunteer to deliver a training module to new staff. Because of the success of this the person was planning to take an external qualification in social care with the provider's support.

Staff supported people to attend relevant external courses at local colleges and the local Recovery College, an NHS initiative to increase people's knowledge and skills about recovery and managing their own mental health. One person who attended the Recovery College said, "It has helped me with my confidence. I can now speak in front of a group." There were excellent initiatives to enable people to take ownership of their mental health and understand the treatment options available to them.

People's achievements and goals were celebrated in the home, and (with people's consent) in the provider's newsletter and intranet. There was a "progress wall" in the shared lounge with photographs of people's successes. Each person had a "progress folder" with more photographs, information about events and why they were important to the person, and certificates gained on college courses. One person had written their recovery story and this was on display in a shared area of the home with other information for people. There was a genuine sense of sharing in people's achievements. One person said, "I am getting encouraged and helped to achieve my goals."

People were invited to read and sign off new and changed policies and procedures. Copies of these were available in a reading folder in the shared lounge. This also included minutes of staff and residents meetings. This meant people were aware of what they could expect from the service. People who wanted to were also involved in the selection of new staff. One person said, "They take my opinion as seriously as everyone else's." The registered manager had involved people in the decision to employ apprentices in the service. People had genuine opportunities to influence the development of the service.

People were encouraged to take an active part actively in their monthly reviews with their keyworker. This used the provider's "recovery star" which allowed people to grade their progress on a scale of one to 10. This was represented as a picture of a star with longer points the more progress the person thought had been made. Subjects included mental health, physical health, living skills, social networks, work, relationships, addictive behaviour, responsibilities, self-esteem, and trust and hope. This was a creative method to make sure people had the support they needed and to identify where they might need emotional support or practical guidance.

Equality, diversity and human rights were embedded throughout the service and support people received. People were supported to engage with organisations relevant to their cultural, racial or religious backgrounds. One person said participation in such a group had allowed them to make new friends. They told us, "I like it because they don't go on about mental health. They make me feel like everyone else."

Staff supported people to attend their church of choice. One person had been supported to enjoy their first unaccompanied holiday at a centre run by their chosen religion. Staff had gradually built up their confidence, for instance by first going on an unaccompanied coach trip. The person had an overarching goal to move out of the home and live independently. This holiday offered progress towards this goal and allowed them to spend time with others who shared their religious choices.

The provider had found creative ways to promote and respect people's dignity and independence. A poster on display in a shared area of the home referred to dignity balance and listed both things to do to promote dignity and things to avoid which undermined people's dignity. One person who was at risk of leaving the home without changing into appropriate clothes had worked out a tick sheet with staff. This made sure they did not forget anything that might undermine their dignity while giving them a degree of independence in how they achieved it. Another person used a tick sheet to help them comply independently with their smoking risk assessment. A third person used a similar technique with staff supervision to work out how much of a variable dose medicine they needed to take. They could then administer the medicine themselves and develop skills of independent living.

Outstanding ☆

Is the service responsive?

Our findings

People received a service that was tailored to their individual needs and was based on choice, flexibility and continuity. The registered manager and people's keyworkers took pride in people's achievements and progress. An important aspect of recognising people's recovery and sharing their successes was in recording their progress in photographs and written case studies. These showed that people had very positive outcomes and received care that was always responsive to their needs and preferences.

One person had come to Fritham Lodge because they were at risk of self-neglect because they no longer left their bedroom. Their keyworker and dedicated team had put a support programme in place to develop their confidence and desire to re-engage with the community. This meant they now accessed the community unaccompanied and were known as a "local" in nearby coffee shops. They were now compliant with taking their medicines and agreed to attend healthcare appointments. As a result, their physical health had also improved. They participated in trips organised by staff and had exchanged letters with a family member after many years.

Another person had been reluctant to move to Fritham Lodge and had not been able to "trust anyone". They told us they were now much more aware of their mental health and proud of their recovery. They attributed this to "consistency, respect and motivation" of the registered manager and staff. Since living in the home they had re-established contact with family and friends, and were able to return to their hobby of gardening. They were pleased that the provider had given Fritham Lodge an award for its garden in 2015.

A third person had come to Fritham Lodge after a "very long time" in hospital. Staff had supported them to develop their daily living skills. After three years they were able to do their own shopping and cooking, were responsible for their own medicines, and had saved money for their future. Working with social services they were now ready to move out of the home and into their own flat with full independence. The service had a track record of supporting people to develop independent living skills and to move into accommodation which afforded them more independence. Three people had recently moved out, or were ready to move out, into a more independent service.

When a fourth person moved into the home, their family were worried because of the distance from where they lived. Staff had taken steps to make sure they could maintain their family relationships. Staff drove the person to be able to spend days with their family, and attend birthdays and other family events. Staff routinely drove the person on Christmas Day so they could spend the festival with their family. As a result the person's placement at Fritham Lodge had lasted longer than any of their previous placements, and they could benefit from greater continuity of care and support.

The provider organisation had recognised the high quality responsive care at Fritham Lodge with their own mental health recovery award in 2016.

People could take part in a very wide range of leisure pursuits and other activities to improve their health and wellbeing. These were based on people's own choices and preferences. Staff had helped one person set

up a fish tank in their room. Other people had support to pursue hobbies such as photography, cycling, bird-watching, chess and fishing.

Staff encouraged and supported people to engage with a variety of outside organisations that provided voluntary employment and social activities. These included volunteering in shops and for charities, and attending a local community centre. Charities included one that provided an opportunity for people to work in a garden nursery and one that recycled and refurbished second hand computers. People had the opportunity to develop their life skills and feel they were making a contribution, which helped their self-esteem.

Staff encouraged and supported people to attend life skills courses provided by a charity for people with a mental health condition or learning disability. Courses attended by people living at Fritham Lodge included cooking, personal safety and healthy living. People received a certificate at the end of each course, which was a clear record of the progress they had made. Activities and courses people attended were structured and in line with their support plan to help people achieve their goals.

People's wellbeing was enhanced by entertaining and enjoyable activities and trips. These included a sports day, and celebration of birthdays, Christmas and St Patrick's Day. Staff arranged trips to local museums in Southampton, Winchester Cathedral, markets in Oxford and Shepherds Bush and Brighton. These were based on people's interests and family connections.

People's individual activities plans reflected their unique interests and choices. There was also a programme of activities for the week, which included a variety of shared events. In the week of our inspection, these included karaoke, watching a movie on DVD, sports, cooking, arts and crafts, and gardening. The service shared and celebrated people's participation in these by displaying the products of creative activities and by including photographs in people's progress folders.

The provider took steps to identify if people had individual communication needs arising from a disability or mental health condition and had communication plans in place for them. In some cases, this amounted to simple guidance for staff to speak slowly and clearly, and make sure the person understood them. Information in the health corner was also available in an easy-read format.

Two people had a "social story", a short narrative in an easy-read format with pictures. People could read these with staff whenever they needed to, and they gave a reminder of what people had agreed to do in certain circumstances. One was called "What to do when I am angry", and contained ideas, which had been found to calm the person. The other was "How to be with other people" and contained guidance how the person could keep themselves and others safe when they were in the community.

The provider had a complaints process in place, and people knew how to complain if they needed to. There were six recent complaints on file, two from people who lived at Fritham Lodge. These had both been dealt with to the satisfaction of the person making the complaint. One of them told us the way the registered manager dealt with their complaint had increased their trust, and they were confident the same thing would not happen again.

The other complaints were from neighbours and owners of nearby shops. The registered manager took these seriously, as they valued a good relationship with the neighbouring community. They took the opportunity to communicate with the neighbours about what the service did and how they supported people to access the community independently where they were able to do so safely. One complaint was about a person who had lived at Fritham Lodge for a short period as an emergency respite placement. The

neighbour said in their letter that it was unusual to have a cause to complain about the service. The registered manager welcomed contact from neighbours to improve their relationship with the nearby community.

People could also raise concerns in their day to day contact with staff and at service user meetings. One person had recently raised a concern about noisy behaviour and bad language by another person. The registered manager had spoken informally with both parties and resolved the concern by discussion. Another person had raised an issue that a vehicle used by people for trips was not very clean. The provider had agreed to pay the same person a small amount each week to keep the vehicle clean in future. If people had concerns, they were listened to and creative ways were found to resolve their concerns.

People living at Fritham Lodge at the time of our inspection were younger adults, and there was no requirement for end of life care plans. People were invited to think about their wishes for arrangements after they died as part of their support assessments and regular reviews. Some people declined to do this, and this was respected. Where people had discussed their wishes for their funeral including readings, songs and other choices, people's families had said they had found this useful. The provider had also made contact with a charity that supported bereaved families and could put people's families in touch with them if the need arose.

Good

Is the service well-led?

Our findings

There was an open and transparent atmosphere in the home, which encouraged staff and people living there to feel empowered. Examples of staff empowerment included projects to promote healthy eating and involve people who used the service in staff training. The registered manager took the view that the service should be "service user led". The shared goals and objectives were to help people live a fulfilled life by promoting independence, community involvement and meaningful activities.

Staff morale was excellent. Staff members told us they enjoyed working at the home, felt supported by the management, and that "everybody knew what they were doing". Staff had become friends and socialised outside work.

People who used the service spoke highly of the registered manager. One person said they could not praise the registered manager enough. The registered manager had "progressed through the ranks", and they were keen to develop leadership skills in those staff members with an aptitude for leadership. The registered manager had a plan, which showed how staff members had progressed and the next step in their progression. Other homes in the provider's portfolio had registered managers who had come from Fritham Lodge. They had also been supported to achieve this by the provider's formal management development programmes.

There were effective systems of governance and quality assurance in place. The registered manager had organised senior staff so they had two deputies, three team leaders, and three shift leaders. Other staff had additional responsibilities as keyworkers and champions. This meant staff could develop areas of interest such as inductions, medicines, activities and healthy eating. The registered manager was champion for equality, diversity, dignity and values. The provider made reasonable adjustments for equality characteristics, such as arranging shift patterns to allow staff members to practice their chosen religion. There were arrangements in place to promote equality and diversity and remove any inequalities.

The established systems to monitor, assess and improve the quality of the service included audits carried out by external suppliers in the areas of medicines, and health and safety. The registered manager submitted a monthly report to the provider, there were monthly monitoring visits and an annual internal quality assurance audit. The most recent of these gave Fritham Lodge a score of 98%. There was a system of expert auditors recruited from service users. Each of the provider's homes had a visit from an expert auditor once a year. The registered manager also sought feedback from professionals who worked with the service. One of these had stated, "As usual I found staff very thorough and thoughtful. Records are excellent. Awareness of risk assessment and management very good. Fritham (Lodge) is to be commended."

The provider also engaged staff, families, people who used the service and professionals by means of a questionnaire. The outcomes of this fed into a service improvement plan. The registered manager based their vision for the service on this feedback. They could point to improvements in activities offered, the development of the garden, and use of photographs and the progress wall to record people's recovery. These improvements had their origin in responses to the engagement questionnaire.

Engagement specific to Fritham Lodge was by means of staff workshops and key team meetings. There were monthly service user and staff meetings. Improvements arising from these included better arrangements for smokers and non-smokers in the garden, the promotion of cooking and healthy eating, and additional ideas for trips and excursions.

There was a focus on continuous improvement with the registered manager's business development plan. Actions in this plan were monitored monthly until completed. Past achievements included new care plans, additional training, improvements to cleanliness, medicines audits and more effective communications. Actions in progress included the roll-out of more en-suite bathrooms, further development of the health corner, and more facilities in the garden, such as a greenhouse.

The provider worked in partnership with other agencies such as the community mental health team, psychiatrists and learning disability services to provide effective healthcare and support. There was cooperation and collaboration with other homes to raise standards across the provider's portfolio. Fritham Lodge had a Care Certificate champion who had worked to get this standard implemented in other homes owned by the provider. Staff participated in a mental health steering group workshop where people living at Fritham Lodge spoke about their experiences.