

Quality Lifestyle Ltd

The Lodge

Inspection report

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Date of inspection visit:

12 April 2022

13 April 2022

Date of publication:

10 May 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The Lodge is a residential care home providing accommodation and personal care for up to four people who have a learning disability, autistic spectrum disorder or physical disabilities. At the time of the inspection four people were living at the service.

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

Right Support

People's independence was promoted, people had a choice of how they wanted to live their life and staff supported them to achieve their goals.

People's medicines were managed safely. People were enabled to access specialist health and social care support as required and supported to maintain their own health and well-being.

People had a choice about their living environment and were given an opportunity to personalise their rooms to reflect their interests and hobbies.

People received care and support from skilled and knowledgeable staff who were able to meet people's needs and keep them safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

People's care, support and treatment records reflected their individual needs and how to promote their well-being whilst providing care and support.

People received kind and considerate care from staff who promoted and respected people's dignity and privacy. Staff understood people's varying needs and responded accordingly.

People were protected from poor care and abuse by staff who understood how to protect people from harm. Staff had training on how to recognise abuse and staff knew how to report any concerns they might have.

People took part in a wide variety of activities that interested them.

Right Culture

People were supported to live as full a life as possible and achieve the best possible outcomes, that included choice, control and independence.

People received care and support from a consistent staff team who knew them well.

The registered manager was available and visible to people, their relatives and staff which promoted an open, inclusive and empowering culture.

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

Rating at last inspection

The last rating for this service was good (published 21 June 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Lodge

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We visited the service on two separate occasions, one of which was in the early evening to get a sense of people's experiences who lived at the home. We also had opportunity to observe people's daily routines and choices. During the inspection we spoke with one person who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager and care staff.

We looked at a range of records. This included four people's care and medicine records. We looked at three staff files, in relation to recruitment and staff supervision. A selection of records relating to the running and management of the service, including policies and observations.

After the inspection

We spoke with two relatives and contacted health and social care professionals about the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood how to keep them safe from harm or abuse. One person told us, "Yes I feel safe"; a relative commented, "I feel people are very safe."
- The provider had a thorough safeguarding system in place to ensure people were kept safe. Staff had received training in safeguarding, one member of staff said, "There are different types of abuse if I had any concern's I would report it to my line manager."
- Staff were aware of the provider's whistleblowing policy and procedure and explained how they could also report concerns to external health and social care agencies such as the local authority or CQC.

Assessing risk, safety monitoring and management

- People's individual risks were assessed and were monitored to ensure people remained safe both within the home and wider community. For example, when using a vehicle or in relation to a healthcare condition.
- Staff knew and understood people's identified risks and how to support them to be managed safely.
- Environmental risk assessments were in place and health and safety checks were completed, which included maintenance of equipment.

Staffing and recruitment

- Staff had been recruited safely. Checks were completed for new staff before they started to work at the service. This included employment history, references from previous employers and Disclosure and Barring (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- Staff told us, and we saw, there were sufficient numbers of staff to meet people's individual needs.

Using medicines safely

- People received their medicines as prescribed. Records demonstrated regular audits were carried out on the way people's medicines were managed.
- Protocols for 'as required' medicines or 'PRN' medicines were in place. These ensured people received their medicine when needed.
- Medicines were safely received, stored and administered. Staff completed training to administer medicines and their competency was checked to ensure safe practice.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

We were assured the provider was facilitating visits for people living at the service in accordance with the current guidance.

Learning lessons when things go wrong

- Staff understood their responsibilities to raise and report any concerns.
- Information in relation to incidents and accidents were reported, documented and monitored by the registered manager to identify any trends or patterns and to prevent any re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care records were person-centred, and assessments of people's needs were comprehensive, with outcomes identified. They also considered equality and protected characteristics as required by the Equality Act.
- People and their relatives were fully involved in the assessment and care planning process. One relative commented, "Staff keep me well informed and involve me."
- Staff documented any changes in a person's needs and care records were updated as required.

Staff support: induction, training, skills and experience

- People received care and support from staff that had the skills and relevant qualifications to meet their needs. For example, in relation to health conditions or use of specialist equipment.
 - Staff told us, and the training matrix showed, all staff were up to date with their training. This included areas such as moving and handling, safeguarding, epilepsy and basic life support.
- New staff completed a comprehensive induction and said they felt well supported in their role. Staff received supervisions and appraisals as well as regular 'check-ins' on their well-being. One member of staff said, "I feel very supported and have regular supervisions, there is always someone to speak to if needed."

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

- People were supported by staff to maintain good hydration and nutrition.
- Where people might be at risk of poor hydration or nutrition, care records detailed actions such as, monitoring the person's food and fluid intake and where required, liaising with health care professionals.
- Staff understood people's individual risks relating to food and drink and supported people to have their meals in a way that minimised the risks. One member of staff commented, "We understand [person's name] dietary need."
- People participated in choosing, preparing and planning their meals and had access to enough food and drink throughout the day. One person told us, "I enjoy the food."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with learning disabilities services and adult social care teams to provide effective care.
- A relative told us and records confirmed, people were supported to access a variety of different health and social care appointments such as, dental and learning disability services.

- Staff monitored people's healthcare needs and informed people's relative's, the registered manager and where required, healthcare professionals if there was any change in people's health care needs.

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

- The accommodation provided people with choices about where they spent their time. For example, one person preferred their own space and spent their time in a small lounge whilst others chose to sit in the main lounge or dining areas undertaking various activities.
- Access to the building was suitable for people living with reduced mobility and people who used a wheelchair. A lift was available if required for people to access the upper floor.
- People's rooms were decorated to their individual preferences and adapted where necessary to support their needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and staff understood their responsibilities in relation to the MCA.
- Mental capacity assessments had been completed when required. For example, where people displayed signs that they might lack capacity to make a particular decision.
- The registered manager had made applications to the local authority for DoLS where necessary.
- We observed staff sought consent before they provided support to people. For example, we observed staff asking for consent before they supported people with activities.

Is the service caring?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received care and support from staff who had developed caring, positive and compassionate relationships with them. One person said, "Staff are kind." One relative told us, "Staff are caring."
- Staff were able to tell us about people's histories, their likes, dislikes and individual preferences.
- We observed staff were kind and affectionate towards people and respected people's boundaries such as their personal space.
- One person had required dental healthcare; staff explained the arrangements that had been made so the person would have the right support during their treatment.

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

- People were supported to have choice in their daily lives including the clothes they wore, activities they enjoyed and what time they got up and went to bed.
- Relatives confirmed they were involved in decisions about their relative's care and we could see in care records relatives had been included and kept informed.
- Staff supported people effectively to express their views through their individual communication methods. Staff we observed were able to interpret people's decisions through means other than verbal communication such as Makaton. Makaton uses symbols, signs and speech to enable people to communicate.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they ensured people received the care and support they required whilst maintaining their privacy and dignity. For example, respecting when a person needed space.
- People were encouraged to do as much as possible for themselves. People made decisions about how they spent their free time and had access to transport which enabled them to attend clubs and activities. People also participated in daily living tasks such as laundry and supporting staff with meal preparation. Staff told us and care records confirmed, what aspects of daily life people could manage independently and areas where they needed support or prompting.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

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

- Staff delivered care in a person-centred way which respected people's preferences and choices. For example, in relation to the clothes people chose to wear and the way their personal care needs were met.
- People's care records were personalised and contained detailed information about how they preferred to be supported, this included personal information which enabled staff to meet their needs effectively.
- Verbal and written handovers were completed at the start/end of each shift, these gave an overview of the care people had received and summarised any changes in people's health and well-being.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were assessed, and relatives were involved in how people preferred to be communicated with. Not all people living at the service could communicate verbally; staff told us they knew people very well and used Makaton, gestures and facial expressions to communicate in a way people understood.
- People were provided with information in a way they could understand to enable them to make decisions where possible and to be as independent as they could be.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to see family members and maintain relationships which included overnight stays.
- People were encouraged to take part in a variety of activities both in the home and in the wider community and had access to transport. We saw that attention was given to making sure activities reflected people's interests and preferences. For some people this included being supported with establishing a regular routine during the day. Other people's weekly activities included going out for exercise and attending social groups. One person attended a local weekly community club and told us, "I like bingo and karaoke." Other people enjoyed walking in the countryside, and we were told everyone enjoyed contact and visiting their families. We also observed the different activities available within the home such as crafts, reading, listening to music and games which we saw people enjoyed.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy and procedure; relatives told us they knew how to raise concerns should the need arise and said they felt confident issues would be listened to and addressed.
- There had been no formal complaints raised, however, the provider had a system in place to record, investigate and respond should a formal complaint be made.

End of life care and support

- At the time of inspection no one was receiving end of life care. However, due to the nature of the service and the sensitivity when people using the service were young, the registered manager said that if the need arose people and their relatives would be involved in the development of an end of life care plan.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was visible and available to people, their relatives and staff. This promoted an open, inclusive culture. One member of staff commented, "I love working here it's great. I feel very well supported in my role." Another told us, "The managers are very approachable."
- Relatives were complimentary about the service their family members received and said the service was well-led.
- We found the registered manager very knowledgeable about people's needs and preferences as well as their staffs' needs.

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

- The registered manager understood the duty of candour requirements ensuring information was shared with relevant organisations when concerns were identified.

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

- There was a clear management structure in place and staff understood their roles and responsibilities. Staff received regular one to one supervision which provided an opportunity to discuss their role and development.
- Systems and processes had been established to monitor the quality of the service provided. These were used to promote continuous improvement.
- There were processes in place to assess, monitor and improve the service. The registered manager had clear audits and records and evidence of actions taken to develop the service to continue to meet people's needs
- The registered manager had submitted notifications regarding incidents they were obliged to tell us about by law, such as serious injuries or safeguarding concerns. We saw information that had been shared with the local safeguarding team, the local authority and the care quality commission, where required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw questionnaires asking views on the service and saw the responses were positive.
- People living at the service were engaged in activities and hobbies they enjoyed.

Continuous learning and improving care; Working in partnership with others

- The provider developed staff to continually improve care. This included training to build on staff skills and knowledge.
- The registered manager and staff had developed good relationships with healthcare professionals who supported people living at the service.