The Lodge Trust

The Lodge Trust

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This was an unannounced comprehensive inspection that took place on 29 October and 3 November 2015.

The Lodge Trust is a care home registered to accommodate up to 30 people who are aged over 18 and who have learning disabilities or Autistic Spectrum Disorder. The home had seven separate houses where people lived. One house was being updated so that each room had en-suite facilities; all other rooms had en-suite facilities. There were single person flats that people could choose to live in if they wanted more independence, with communal areas, or shared houses. People had been allowed to decide which house they wanted to live in, and could choose to move to a different house if there was a space available. At the time of the inspection 30 people were living at the service.

The Lodge Trust is a registered charity with an evangelical Christian foundation. It is set in four acres of garden and had an additional sixteen acres of parkland. There is a country park that is open to the public, along with two holiday log cabins and a shop/café. People who live at the service participate in work opportunities in the café, the garden and the laundry, as well as making products that were sold in the shop in woodwork and crafts.

Summary of findings

The service had a registered manager. 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 feedback from relatives we spoke with was that they felt people were cared for very well.

People received care and support that was centred on their individual needs. Their care plans included information about how they wanted to be supported and how to develop and maintain their independence.

People were supported to understand their rights and how to keep safe. Staff knew how to identify and report abuse and the provider had a system in place to protect people from the risk of harm.

The provider had a recruitment process in place and carried out pre-employment checks.

Staff were supported through training and supervision to be able to meet the needs of the people they were supporting.

People were involved in decisions about their care and support and care plans included assessments of risks associated with this. Support was offered according to people's likes, dislikes and preferences. Staff knew people well and understood their care needs. Staff treated people with dignity and respect.

People were supported to take their medicines by staff who had received training in medicines management. Medicines were not stored or administered correctly.

People were supported to take part in a wide range of activities and work related tasks to maintain their independence and develop their skills.

Staff and relatives told us they were happy to raise any concerns with the manager and felt confident they would be listened to.

There were effective systems in place to monitor the service being provided.

Summary of findings

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 not consistently safe.

People were supported to understand their own rights and how to keep safe. Staff knew how to recognise and respond to abuse correctly.

Individual risks had been assessed and identified as part of the care planning process.

Medicines were not always stored or administered correctly.

Requires improvement

Is the service effective?
The service was effective.

Staff received regular training to develop their knowledge and skills to support people effectively.

People's choices were respected and staff understood the requirements of the Mental Capacity Act. Consent needed to be sought where CCTV was used in communal areas.

People had access to the services of healthcare professionals as required.

Good

Is the service caring?
The service was caring.

Staff were kind and treated people with respect and dignity. Staff knew people's likes, dislikes and preferences.

People's privacy was respected and relatives and friends were encouraged to visit regularly.

Good

Is the service responsive?
The service was responsive

People's care plans were developed around their needs and were kept up to date and reflected people's preferences and choices.

A wide variety of activities were available to enable people to develop their skills and gain qualifications.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

People, relatives and staff felt supported by the management team and felt comfortable to raise concerns if needed.

The provider had effective quality assurance meetings in place to monitor the quality of the service provided.

The Lodge Trust

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 29 October and 3 November 2015 and was unannounced. The inspection was carried out by two inspectors and a pharmacist inspector

The service was previously inspected on 29 October 2013 when it was found to be fully compliant with the regulations. Before the inspections we reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for all of the people who used the service.

We met 15 people who used the service and we spoke with five people on a one to one basis. We observed staff communicating with people who used the service and supporting them throughout the day. We spoke with five relatives of people who used the service. We spoke with the registered manager, the training manager, the administration services manager and four members of care staff.

We looked at the care records of five people who used the service and other documentation about how the home was managed. This included policies and procedures and records associated with quality assurance processes. We looked at four staff recruitment files to assess the recruitment process.

Requires improvement

Is the service safe?

Our findings

People who used the service told us that they felt safe. Comments included, "I feel safe," "It's safe here, the staff are nice to you. They don't do anything you don't like" and "I'm safe, no worries." All relatives who we spoke with told us that they felt that the service was safe. One person told us, "We do feel that [person's name] is safe." Another relative told us, "They are as safe as they can be."

We saw that at residents meetings people were encouraged to discuss their rights, what to do if they were unhappy and who to go to if they were concerned. This meant that people were being empowered to understand what was right and wrong and how to report any concerns that they had. Staffing levels had been determined so that staff were available at the times people needed them. We saw that staff were always present in communal areas talking and engaging with people, as well as staff being available to support people to meet their individual needs. Staff we spoke with had a good understanding of how to protect people from other types of harm. They understood their responsibilities to report any safeguarding concerns to a senior staff member. The management were aware of their responsibilities to report any safeguarding concerns to the local authority. Staff told us they were confident that any concerns they raised would be taken seriously by the registered manager. Staff training records confirmed that staff had received appropriate safeguarding training that was up to date, this included staff completing scenario based training to develop their understanding.

Staff managed the risks related to people's care well. Each care plan had detailed information about the risks associated with people's care and how staff should support the person to minimise risk. For example one person was supported to access their kitchen. They had a risk assessment in place around using kitchen equipment so that they carried out this activity safely. Risk assessments were reviewed at least annually, or when someone's needs changed. This was important to make sure that information was current and was based on people's actual needs.

Staff understood the needs of the people they provided support to. They knew the triggers for behaviour changes and the risks related to a person's care. The training manager told us that the emphasis was to create 'a home' where people had a shared vision and felt safe'. We saw that people had detailed guidance in place to support them if they displayed challenging behaviour. This included a description of the behaviour, what it meant, and how staff could support the person. It detailed what stress factors there were for the person and things that had worked well when they had been supported. Staff had received training in Positive Behaviour Support and this included the safe use of restrictive physical interventions. This meant that staff were trained to help the person to manage their behaviour and support the person proactively to avoid their behaviour escalating. The training manager advised that if it was deemed appropriate to use restrictive physical interventions, this would be agreed with all professionals involved in the persons care and a risk assessment would be completed.

Staff maintained records of all accidents and incidents and near misses. These were discussed at the monthly health and safety meeting. We saw from the minutes of the meeting that the actions that had been taken were reviewed, it was also identified if anything further needed to take place. The number of accidents, falls, or near misses each person had was monitored to see if there was a pattern that required action to be taken.

People were supported to clean their own rooms. The premises were clean and tidy, cleaning schedules were in place. Fire extinguishers and blankets were in kitchen areas and we saw that regular testing of fire equipment and evacuation procedures had taken place. We saw that when someone had a need for additional support with evacuation this had been documented and a specific plan was in place for that individual. Where someone had specialist equipment, for example a hoist, we saw that this had been regularly serviced.

The provider had a recruitment and selection procedure in place to ensure that appropriate checks were carried out on staff before they started work. We looked at the staff records for four people who currently worked at the service; the files contained relevant information including a picture of each staff member, a record of a Disclosure and Barring (DBS) check, and records that these had been resubmitted on a regular basis, and references.

People could not be assured that they would receive their medicines as presecribed by their doctors. We saw people's medicines were not always administered or stored appropriately. Some staff members were not correctly following appropriate procedures or their own policy to ensure people's medicines were administered safely. We

Requires improvement

Is the service safe?

saw two members of staff handling medicine without always washing their hands after handing medicine to other people. We observed during medicines rounds that staff were distracted and not solely focused on administering medicines. We found that staff were not always preparing medicines appropriately to make sure that all medicine was given. For example staff sprinkled the powdered contents of medicine from capsules onto the top of a mugful of pre-thickened orange flavoured paste and only administered the top quarter layer of the contents. This meant that the person may not have received all of the medicine. We found that the GP or pharmacist had not always been involved in decisions about how to administer medicine, or the use of homely remedies which can be purchased over the counter. We saw that 'when required' protocols were not in place for all people who had medicine that they took when it was required. This meant that it may not be clear in what circumstances this medicine could be given.

We saw that staff had usually signed the medication administration records confirming they had given people their medication as prescribed. However, during our inspection we were informed of a discrepancy of one tablet remaining for one person, although all medication administration records were fully signed and double signed to confirm this medicine was administered. The Deputy Manager immediately went to investigate and made a report of this incident. We saw some staff had received 'new' training and competency assessments and the training manager advised that all staff will have completed this by 30 November 2015. We saw recent reports of medication errors made. The Manager and training manager reassured us that more robust investigation and frequent spot checks and audits including daily balance counting of medicines and topical medicines training would take place to ensure staff remained competent.

Good

Is the service effective?

Our findings

People told us that they were cared for by staff who knew them well, and that the staff knew what they were doing. Comments included, "The staff are good" and there are "lots of nice staff." Relatives told us that they felt that the staff had the skills and knowledge to carry out their role. One relative told us, "The staff are marvellous, they support [person's name] very well. They go on training about how to support her." Another said, "Staff are well trained, they seem to know and understand her."

People were supported by well trained staff. We spoke with the training manager who told us that they were developing new training regularly to make sure that the staff team were supported in their roles. We saw the training matrix that was used to monitor the training needs of the staff team. This showed that staff had completed training in a range of subjects, including training that was specific for the needs of the people they worked with. Staff told us that they were 'very impressed' with the training, it was 'good quality' and there was always 'something to do'. The registered manger confirmed that there was an induction process in place and this had been adapted to be modelled on the new care certificate. This is a nationally recognised qualification designed to give staff an understanding of their role. We saw that volunteers were offered training and they were supported by a volunteer co-ordinator.

Staff told us that they felt supported by the management structures within the home. Comments included, "Supervisions and one to ones are helpful", "Excellent support, very happy," and "I have supervision monthly, my manager is very good." The registered manager told us that the aim was for all staff to have supervision meetings every six weeks. We saw in records that this target had not always been met. The staff we spoke with told us that they had received a supervision meeting within the last six weeks. There were monthly staff meetings held and the minutes of these demonstrated that issues raised by staff had been addressed and resolved.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 authorisations to deprive a person of their liberty were being met. We saw that where people may have been deprived of their liberty the registered manager had made applications to the 'Supervisory body' for authority. These were awaiting authorisation. We found that not all areas where a person may have been deprived of their liberty had been included in the applications. Where kitchen cupboards were locked for the safety of one person, this also impacted on other people who shared that house and it needed to be considered if this was depriving them of their liberty.

The registered manager told us that consent was sought from people to allow the staff to provide care and support; however CCTV was in use in communal areas. The registered manager told us that they had agreed this was in people's best interests to monitor their safety overnight when staffing levels were lower. It had not been considered that when someone was not able to consent to this monitoring that the use of the CCTV may be depriving them of their liberty. The registered manager agreed that they would review the decisions to ensure that the correct process had been followed.

People told us that staff offered them choices. One person said, "They support me to make decisions about what to do every day." Staff told us that they had received training in MCA and DoLS. They had an understanding of MCA and DoLS and could tell us about how people made choices. For example one staff member told us that they had assessed people's understanding by asking questions and using pictures of food. Care plans included information about how people made choices and how they communicated them. We saw that mental capacity assessments and best interest decisions had been made for specific decisions. The paperwork for this was in place in individual care plans.

Good

Is the service effective?

People were supported by staff at mealtimes. Where support was required staff offered this to the individual. We saw that people had a choice about where they ate, including a large shared dining room that people called the 'canteen'. There was a menu in the kitchen with planned meals for evening meals for each house. We saw that meal choices had been discussed during residents meetings. People told us that they enjoyed the food and were involved in setting the table. Throughout the day people were offered drinks and snacks. We observed a 'tea break' in the morning where people came from their activities to a communal area to have a break.

People had care plans which included detailed information on dietary needs and levels of support required. We saw that where people had dietary needs appropriate referrals had been made to the dietician and Speech and Language Therapists (SALT). The information that had been given by the health professionals was recorded within the care plans.

People's healthcare was monitored and where a need was identified they were referred to the relevant healthcare professional. Records showed that people were supported to attend routine appointments to maintain their wellbeing, such as the dentist and optician. We saw that staff supported people weekly to monitor their health and this was recorded. A relative told us that they felt [person's name] had access to good healthcare, and they were involved in healthcare decisions. Care plans showed that people had regular reviews of health action plans and information from health appointments was recorded in the plan.

We saw that staff monitored any change in people's needs, sought advice from health professionals and recorded what actions they had taken. Diabetes blood tests were recorded daily, and we saw a protocol and plan of what staff should do if results went beyond safe acceptable limits. However, we saw no record in their care plan when a recent result went beyond safe acceptable limits. This meant people could not be assured that their diabetes was appropriately assessed to safely meet their needs. The registered manager agreed that she would discuss this with all staff.

Good

Is the service caring?

Our findings

People spoke very highly of the care provided and the staff. One person told us, “I like the staff, they do everything I like.” Another said, “The staff are unique and beautiful.” Relatives told us that people were happy. Comments included, “She is happy, it is the best place for her,” “We are happy with the home, we spent many months looking for the right place,” “[Person’s name] is much happier there than when she comes home,” and, “The whole ethos is very caring and dedicated.” One member of staff told us, “It’s a genuine shared purpose, residents and staff in it together.” Another said, “It’s a family atmosphere. Residents look after each other.”

Some people had been living at the home for many years and other people had moved in more recently. Two people we spoke with had lived at the home for over 20 years. Staff knew the people they cared for, they were able to tell us about what people liked, and disliked and how they used this information to support and care for people. We saw that staff were not rushed in their interactions with people. We saw that staff, volunteers and the registered manager all spent time chatting with people individually. One person told us that the staff were ‘very supportive’. We saw that when someone asked for a staff member to help them, the staff supported the person at that time and did not leave them to wait while they completed a task. This showed that the support people received was not task led.

People told us that they had been involved in writing and reviewing their own care plans. Comments included, “I ask for help with my care plan”, and “I had my review last week, we discussed my care plan.” We saw that the care plans had information included about what the person wanted and what they had said. We saw that some people had signed their care plan and written their own comments in the document. This showed that people were involved in planning their support.

People told us that they had residents meetings. One person told us, “I go to the Lodge meeting, we talk about health and safety and any other business.” We saw that the minutes were available in an accessible format to make them easier to read. These were available on the computer but had not been printed out and distributed. We saw that people who used the service had presented certificates to staff for training that they had completed and staff had presented people with certificates for training they had completed. We also saw that consent to care; the Mental Capacity Act and Deprivation of Liberty had been discussed.

Staff told us how they protected people’s privacy and dignity, examples of this included knocking on doors, using people’s preferred names and getting people to do as much for themselves as possible through encouragement and prompting. We saw that staff provided reassurance and explanations to people when they supported them. We saw that staff showed respect for the people they supported.

People told us that their family visited them. One person said, “I saw my sister last week.” Relatives told us that they could visit when they wanted to. One relative told us, “I visit when I can, sometimes I tell them I’m coming, other times I don’t.” We saw that a relative was volunteering at The Lodge Trust and they did this each Thursday.

People were encouraged to personalise their own private space to make them feel at home. We saw three bedrooms and they were reflective of the person and the things they liked. People were happy to show us their rooms, and tell us about what they had in their bedroom.

Good

Is the service responsive?

Our findings

Peoples care plans were detailed and informative. Relatives told us that people had spent a week at The Lodge Trust before moving in as part of the assessment process. This gave people a chance to meet other people who lived at the service, get to know staff and the service. One relative told us the registered manager had attended a review at their home prior to [persons' name] moving in as part of the assessment process. They were impressed by this as they lived a long way away.

We saw that care plans had extensive information about each person, their needs, how best to support them and any changes to their needs. The care plans had been updated regularly to help ensure the information was accurate. The care plans provided staff with clear guidance on each person's individual care needs and contained sufficient information to enable staff to provide personalised care effectively. The care plans included clear instructions for staff to encourage people to be as independent as possible, and information about what the person liked and what was important to them. We saw that people had detailed information about how to communicate with them; good ways to give the person information and what people needed to know to spend time with the person. We saw that people had person centred plans that identified what each person wanted to achieve and how they would be supported to do this.

People told us that they attended their reviews. Relatives told us that they were invited and that they contributed to the development of people's care plans and person centred plans. One relative told us, "I attend reviews and have input on what is going on." Another relative told us, "We are involved in decisions about [person's name] care."

Information about people was shared effectively between staff. A staff handover was held between staff. There was a senior member of staff on call and a handover from one person on call to the next was also held. Staff shared information about how people had spent their day and any changes to care needs. This meant that staff received up to date information before the beginning of their shift.

People told us that they took part in activities both at the Lodge Trust and in the local area. One person told us, "We're busy during the day." Another said, "I have been at work today." Relatives told us that they were pleased that people got to use their skills. One relative told us, "I'm pleased about [person's name] doing courses, getting certificates, and using her skills." Another relative told us, "[person's name] is occupied all the time." We saw that people were supported to take part in activities. Each person had a weekly plan that recorded what they would be doing for the week. The plan covered the times from 9:30am to 5pm and included two tea breaks and a lunch break. People participated in up to six sessions per day. These included walking, woodcraft, gardening, domestic skills and horse skills. We saw that people were involved in working in the café that was open to the general public improving cooking, customer service and money handling skills. Other people were involved in making products for sale in the shop, and maintenance work in the grounds. We saw that people were also offered training courses to enable them to develop skills and accredited training through ASDAN. ASDAN is an awarding body, that offers people training and qualifications.

People were supported to attend church. This included local churches as well as prayers that were held at the home. All the people we spoke with told us that they attended church and they enjoyed this. One relative told us, "We see [persons name] at church every week." The registered manager explained that the home had good links with local faith groups.

We saw people were involved in the planning and development of new ideas for the home. Residents meetings were held monthly and people were encouraged to raise concerns. The registered manager told us that people were empowered to see that the Lodge Trust was their home and that they views mattered. For example one person said they were having trouble moving around the home because of stony paths. The paths were changed to make them smooth all around the home.

All of the people we spoke with told us they would raise any concerns with the registered manager or staff. All relatives we spoke with told us they knew how to make a complaint and were confident to do so. We saw a complaints policy was in place and was displayed in the home as well as being available on the website. We saw that six complaints had been received and had been dealt with within the agreed timescales. The registered manager told us that they had received 40 written compliments in the last twelve months.

Good

Is the service well-led?

Our findings

People told us that they were happy living at the Lodge Trust. Comments included, “It’s the best,” “I like living here, I’m happy,” and “”I like it here.” Relatives told us that they felt happy with the care provided. One relative told us, “It couldn’t be any better than it is.” Another relative said, “I’m very happy with the Lodge Trust and how it is run.” One staff member told us, “It’s a nice environment, not too institutionalised.” Another staff member said, “It’s a very beautiful place to work.”

We received feedback from a local funding authority who told us that the home was very good in terms of delivery of care and care planning.

People told us that they could approach the registered manager if they were concerned about anything. Relatives we spoke with all said they would be happy to approach the registered manager or the Chief Executive. One relative said, “They are very approachable, I often have chats with both of them”. Another relative told us, “She is a good manager, I do complain and go and see her.” Staff told us that they felt supported by the management. One staff member said, “The organisation is open and transparent, Staff speak up with issues.” On the day of the inspection we walked around the premises with the registered manager. We saw people and staff approach her and talk to her, and they appeared comfortable to do so.

People were encouraged to provide feedback and their views were actively sought by managers. Residents meetings were held monthly. A relative told us that families had meetings three times a year. This was to talk about what people had been doing and what the plan was for the service moving forwards, including fundraising. Minutes of the meetings demonstrated that feedback was valued and acted upon so that the service could work to constantly improve. A monthly newsletter was produced that was available to people who used the service and relatives. We saw a copy of this and it included stories about people and information about what was happening. This offered people a way to keep up to date with what was happening at the service.

On the day of the inspection people were very excited about an open day that was due to happen. People told us about this and how they had been involved. One person told us, “On the open day, the car park is next to my house, I like it”. This event was arranged to raise funds for the people living at the service. Other events had been arranged to raise funds for accessible bikes earlier in the year. The service engaged positively with the local community and recruited volunteers, including people’s relatives. The volunteers were responsible for some of the maintenance and supported with activities around the home.

Each month a quality, and a health and safety meeting had been held. These were used to monitor areas such as falls, accidents, safeguarding referrals, mental capacity assessments, health and safety, complaints and results from surveys. We saw the minutes from these meetings were used to put actions into place and monitor progress against these. The trustees meet monthly with the senior management, and carried out visits with the people who used the service to seek feedback.

We saw that relatives and staff had received surveys in the last twelve months to seek their feedback on the service and to listen to any comments that they had. Following the survey the results had been discussed and agreed actions were put in place.

The registered manager understood their responsibilities under the terms of their registration with CQC. They had reported events they were required to report.