N. Notaro Homes Limited

The Lodge

Inspection report

Portway
Langport
Somerset
TA10 0NQ

Tel: 01458252543
Website: www.notarohomes.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 17 June 2016 and was announced. The provider was given 24 hours' notice because the location was a small care home for a younger adult who was often out during the day and we needed to be sure they would be in.

The last inspection took place on 22 October 2013 and no concerns were identified.

The service provides specifically tailored accommodation and specialist support for a person with complex needs associated with their learning disability, autistic spectrum condition, sensory impairment and a chronic physical health condition. The person was able to carry out most of their own personal care but needed two to one staff support to keep them safe from avoidable harm. The Lodge is a stand-alone building set within the extensive grounds of Immacolata House, a large care home for older people owned by the same provider.

The service had 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 registered manager was on annual leave on the day of inspection. However, the provider's operations manager agreed to meet us at the home in their absence. They told us the service philosophy was "To adapt our service to meet the person's requirements. Everything has been adapted and tailored to meet their needs". We observed this had been applied in practice.

The management and staff were clearly dedicated to ensuring the person experienced the best quality of life possible within the context of their complex care needs. A member of staff said "[Person's name] is amazing. He surprises you all the time. I love working with him, he is so unique and such a personality".

The service had a clear staffing structure, with clear lines of reporting and accountability; from the care staff, to the registered manager, to the provider's senior management team. The registered manager participated fully in the shift rotas and therefore was visible around the home and able to provide clear leadership and guidance to staff. Staff understood their respective roles and responsibilities and they were highly motivated to provide the best quality of care possible for the person who lived in the home.

The person's relative told us they felt confident the person was safe and well cared for. They said "[Person's name] is being looked after and is calm most of the time. He seems pretty happy at The Lodge". We found there were sufficient numbers of staff to meet the person's needs and to keep them safe. The service employed a small consistent team of permanent staff who were all very knowledgeable about the person's complex needs and personal preferences. Systems were also in place to ensure the person received their medicines safely and the correct medicines were administered at the right times.

The person was supported to maintain good health and wellbeing by the team of dedicated care staff and a range of local NHS and social care professionals. Specialist medical advice and support was also provided by the local hospital and mental health NHS Trusts.

The person's care plan was comprehensive and provided clear guidance for staff on how to support the person's individual needs. The person had contributed to the assessment and planning of their care. Care records included detailed risk assessments and guidelines for staff on how they should interact with the person to help keep them calm and safe. These had been developed with professional input from the local mental health NHS Trust. The guidelines were then reviewed by the local authority's learning disabilities good practice panel.

The service promoted the person's independence. The person carried out most of their own personal care and made their own decisions and choices about their daily routines, clothing, activities and their care and treatment. Staff said this independence and ability to make their own decisions promoted the person's sense of self-worth.

The person participated in a range of activities to suit their individual interests and needs. This included: going for walks around the extensive grounds and visiting the animal farm and other facilities in the provider's neighbouring care home; going on car journeys; shopping trips; and visits to local garden centres.

The provider had a quality assurance system, including monthly audits and safety checks, to check they were meeting the person's needs effectively.

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.

There were sufficient numbers of staff to keep the person safe and meet their needs.

The person was protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled the person to lead a fulfilling life and to remain safe.

Is the service effective?

Good

The service was effective.

The person received care and support from staff who were trained to meet their individual needs.

The person was supported to maintain good health and to access health care services on a regular basis.

The service acted in line with current legislation and guidance where the person lacked the mental capacity to consent to certain aspects of their care.

Is the service caring?

Good

The service was caring.

The person was supported in an environment adapted to their needs by caring and considerate staff.

The person was treated with dignity and respect and was supported to be as independent as they were able to be.

The person was supported to maintain regular relationships with their relative.

Is the service responsive?

Good

The service was responsive.

The person's individual needs and preferences were known and acted on.

The person was consulted and involved in decisions about their care to the extent they were able to express their preferences.

The person, their relative, and other professionals involved with their care were encouraged to express their views. The service used people's views and suggestions to improve the service.

Is the service well-led?

Good

The service was well led.

The person was supported by an accessible and approachable registered manager and a small dedicated team of care staff.

The service had a caring and supportive culture focused on promoting as good a quality of life as possible for the person who lived in the home.

The provider's quality assurance systems ensured the quality and safety of the service was maintained and improved.

The Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 17 June 2016 and was announced. It was carried out by one inspector. The provider was given 24 hours' notice because the location was a small care home for a younger adult who was often out during the day. We needed to be sure that someone would be in.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about), other enquiries received from or about the service and the Provider's Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. The service was last inspected on 22 October 2013. At that time, the service was meeting essential standards of quality and safety and no significant concerns were identified.

During this inspection we spoke with the person who lived in the home, the provider's operations manager, and two care staff. We observed the staff practices and their interactions with the person they were supporting. We also reviewed the person's care plan and other records relevant to the running of the home. This included training records, medication records, complaints and incident files.

Following the inspection, we spoke to the person's relative on the telephone and we also called the registered manager when they returned from annual leave.

Good

Is the service safe?

Our findings

The person who lived in the home spoke to us for very short periods during the day. Each time they asked us to leave them after a few minutes as they preferred to listen to their music. They told us they "liked" the staff and were "happy" living in the home. The person was calm and did not display signs of anxiety or distress during our inspection. The person's relative told us they felt confident the person was safe and well cared for. They said "[Person's name] is being looked after and is calm most of the time. He seems pretty happy at The Lodge".

The service protected the person from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff told us they had no concerns about any of their colleagues' practices but they would not hesitate to report something if they had any worries. Staff were confident the registered manager would deal with any concerns to ensure the person was protected.

The risk of abuse to people was reduced because the provider had effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

The person's care plan contained risk assessments with measures to ensure they received safe care and support. There were risk assessments and control measures for anxiety and aggression, nutritional screening, wound care, epilepsy, road safety, transport, and personal finances. For example, there were detailed guidelines for supporting the person when they became anxious or distressed. The things that may trigger the person's anxiety were identified with ways of avoiding or minimising the likelihood of incidents. Staff received training in de-escalation techniques and how to keep the person and themselves safe. Staff told us a simple act such as dropping a cup could trigger an episode of anxiety. Most of the time the person could be calmed simply by talking to them but, if not, they would withdraw to allow the person time to calm naturally.

Staff documented the circumstances whenever an incident or accident occurred. This was reviewed by the registered manager and any comments or learning from the incident noted. The number, type and duration of incidents were reviewed and analysed by the registered manager to see if any changes or improvements to practice could be made. By comparing incident data with the same period in previous years, any patterns or repeat behaviours could be identified. For example, it was found the person's anxiety levels increased at particular times of the year. This meant the service knew what to expect and could take action to minimise the impact of certain events.

Staff knew what to do in emergency situations. Staff said they would call the relevant emergency services or speak with the person's GP, or other medical professionals, if they had concerns about the person's health and welfare. There was also a personal emergency evacuation plan for the person in the event of a major incident such as fire.

To ensure the environment remained safe, specialist contractors were employed to carry out fire alarm, gas, and electrical safety checks and maintenance. The registered manager and the provider's senior management also carried out regular health and safety risk assessments of the home. The service had a comprehensive range of health and safety policies and procedures for staff to follow.

There were sufficient numbers of staff to meet the person's needs and to keep them safe. The service employed a small consistent team of permanent staff, including the registered manager, who were all very knowledgeable about the person's preferences and behaviours. There was always at least two care staff on duty during the day and one sleep-in member of staff at night. The registered manager participated fully in the shift rotas. There was also a 24 hour manager on-call system to provide further advice or support to staff, if needed. Staff said there were sufficient staff to meet the person's needs and they were able to take the person out into the community whenever the person wished. They said there was very little unplanned staff absence but, when needed, the registered manager or a member of their bank staff could cover short notice absences.

Systems were in place to ensure the person received their medicines safely. All staff received medicine administration training and had to be assessed as competent by the registered manager before they were allowed to administer medicines. To make sure staff remained competent their practice was observed by the registered manager on a regular basis. This ensured medicines continued to be administered safely.

All medicines were prescribed by the person's GP or their hospital consultants. Medicines were kept in secure and suitable storage facilities and medicine administration records were accurate and up to date. Staff said they always checked to ensure the correct medicines had been taken at the right times. The registered manager carried out a medicines audit every month to check the records were completed correctly and the quantities of medicines in stock reconciled with the receipt and administration records. These checks helped ensure the correct medicines had been administered at the right times.

Good

Is the service effective?

Our findings

The relative of the person who lived in the home told us the service was effective in meeting the person's needs. They said "[Person's name] is being looked after. He likes routines and they stick to them. They all know how to handle him and keep him calm".

Staff were knowledgeable about the person's complex needs and provided support in line with the agreed plan of care. Staff received training to ensure they had the necessary knowledge and skills to provide effective care and support. This included mandatory training such as: safeguarding, infection control, food hygiene, first aid, administration of medicines, and the Mental Capacity Act 2005. Training specific to the person's needs was also provided, including: epilepsy, and autism awareness training. The training was all face to face in a classroom environment at one of the provider's other homes. The provider also encouraged and supported staff to undertake continuing training and development, including vocational qualifications in health and social care. A member of staff said "The training is brilliant". Training records showed staff were up to date with their mandatory training.

Staff told us new starters received a comprehensive induction programme and then shadowed experienced staff until they got to know the person's individual support needs well. The competency, knowledge and skills of new staff were assessed by the registered manager during a probationary period to ensure they were able to care for the person effectively. All staff worked a shift with the registered manager on a rotational basis. This enabled the registered manager to monitor each member of staff's working practices and offer support or advice where needed.

Staff told us they received individual supervision sessions from the registered manager every couple of months. This usually took place when the registered manager was on shift during the quiet times of the day. Additional supervision sessions could be arranged, either at the request of staff, or if the manager wished to discuss a specific issue or care practice with a member of staff. Staff also had annual performance and development appraisal meeting with the registered manager. This provided an opportunity to formally review their performance and to discuss any further training and development needs.

The service had a small permanent team of care staff and the registered manager was an integral part of the staffing rota. Staff said everyone worked well together as a close-knit, friendly and supportive team in order to ensure the person received consistent and effective care. They said the registered manager and the provider's senior managers were all approachable and accessible and they could turn to them for advice or assistance whenever needed. Staff told us the person's care and support needs were discussed at every shift hand-over, at staff supervision sessions and at team meetings. This helped ensure the person continued to receive appropriate and effective care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least

restrictive option available. People can only be deprived of their liberty to receive care and treatment which is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We observed where the person lacked the mental capacity to make certain decisions, such as major financial decisions, the service followed a best interest decision making process. However, staff told us the person had the capacity to make most of the decisions about their care and treatment. For example, there was a 'consent to treatment' form signed by the person relating to their medical condition. Staff had received training and had an understanding of the requirements of the MCA and the DoLS.

A DoLS application had been authorised for use of certain restrictive practices to keep the person safe from avoidable harm. The authorisation was within the expiry date and the service was complying with the stated conditions. This showed the service followed the requirements in the DoLS. There were associated risk assessments and best interest decisions documented in the person's care plan. We were told the restrictive practices were regularly reviewed with a view to reducing the number and impact of any restrictions on people's freedom, rights and choices.

The person was supported to have sufficient to eat and drink and to have a balanced diet. Because of their health condition they had to have a special diet. The person said "I have to be careful about my diet. I'm not allowed chips but I can have croquets and chicken fricassee. I can have tea but not chocolate or coffee". Staff were knowledgeable about the person's dietary needs and preferences. A member of staff said "We adapt all of the cooking and menus to meet [person's name's] special dietary requirements. Staff eat the same food too".

The person was supported to maintain good health and wellbeing. We saw records of multi-disciplinary assessments within their care plan. The person received support from a range of local NHS and social care professionals. They had their own named social worker and were supported by local healthcare practitioners, including a GP, dentist and chiropodist. More specialist medical advice and support was provided by local hospital and mental health NHS Trusts.

The home had been specifically adapted to the complex needs of the person. It provided spacious accommodation and gardens for the person who lived on the ground floor. There was a large lounge area, bedroom with walk-in shower facilities and WC, dining room and activity room. The furniture was comfortable and sufficient but intentionally minimalistic to avoid the person from knocking into things and injuring themselves due to their sight impairment. Some of the internal doors had been replaced with curtains as the person sometimes banged and destroyed the doors when they became anxious and injured themselves. There was a 'stable style' half opening door leading out of the person's living area into the staff office and kitchen. This separated the person's personal space from the other areas of the home. On the first floor, there was space for staff offices and a staff bedroom. There was also a second bedroom with ensuite facilities where the person's relative often stayed overnight.

Good

Is the service caring?

Our findings

The person said they liked all of the staff and went through the list of staff member's saying "[Staff member's name] is a nice person" and "[Another staff member's name] is not too bad". However, they told us the registered manager is "a bit strict". The registered manager had cared for the person in a number of different locations for the last 12 years and knew their needs and preferences extremely well. They told us the guidelines and strict boundaries had been developed specifically to meet the person's individual needs. Professionals from the local mental health NHS Trust had input to these guidelines and strategies over many years. Records showed the number and duration of incidents of anxiety had dramatically reduced over time and since the introduction of these guidelines.

The person was registered blind and their relative had bought them a speaking watch to tell the time. The person told us their relative "Spoils me". The person's relative said the service was caring and looked after both of their needs. The relative said they could visit or call the home when they wished and there were no unreasonable restrictions. They often stayed for overnight visits and had use of a well-appointed private bedroom in a separate part of the home. The relative said "It has worked well and I have a good relationship with everyone. [Person's name] is always happy when I stay over".

We observed staff spoke to the person in a friendly and considerate manner and respected their wishes. We heard the person initiating a lot of friendly banter and jokes with the staff and there was a lot of loud laughter throughout the inspection. We also observed staff consulting the person about their choices and activities and they told us the person was never made to do anything they did not agree to. They said they encouraged the person to make their own decisions and then acted on the person's wishes. For example, we observed the person decided when they wanted to spend private time alone, or called out to staff when they wanted some interaction or assistance. The staff were always available to support the person when requested or needed.

The service promoted the person's independence. For example, the person carried out almost all of their own personal care with only occasional assistance or prompting from staff, if needed. They also made decisions and choices about their daily routines, clothing, activities and their care and treatment. Staff said this independence and ability to make their own decisions promoted the person's sense of self-worth.

The management and staff were clearly dedicated to ensuring the person experienced the best quality of life possible within the context of their complex care needs. A member of staff said "The majority of the time he has happy days. Since I've worked here, the difference in him has been incredible. He has grown much more independent and has far less frequent anxiety days. When he does have a bad day we are here to support him". Another member of staff said "[Person's name] is amazing. He surprises you all the time. I love working with him, he is so unique and such a personality".

Staff respected the person's privacy and dignity. For example, staff respected when the person wished to be left alone or wanted to telephone their relative in privacy. They also ensured doors were closed and curtains drawn when the person was having a bath or getting changed. We observed staff were discrete and

respectful throughout our inspection.

The person's care records included information about their end of life preferences. Staff were aware of the person's preferences and respected their views and choices. The operations manager told us the service had discussed aspects of end of life care with the person and their relative. The person understood their medical condition was potentially life threatening and had consented to, and complied with, a strict medical treatment regime. Staff from the service and external health professionals co-operated closely to support the person with all aspects of their medical treatment regime.

Good

Is the service responsive?

Our findings

The person told us they had choice about their daily routines and activities. They said "I can choose my own clothes and I like going out in the car. I can't leave The Lodge on my own but I can go out with staff". The person needed staff support to keep them safe from avoidable harm or abuse. The person's relative told us "The manager has been with him for over 12 years and knows his needs pretty well. I sometimes wonder if she is a bit strict with him but he seems to thrive on it. I'm aware of his care plan which I think was mainly drafted by the manager and someone from SOMPAR (Somerset Partnership NHS Trust)".

The person's care plan was comprehensive and based on their individual assessed needs. It included records of meetings and assessments with the person's social worker and with a range of health care professionals involved with their care. It provided clear guidance for staff on how to support the person's individual needs. We observed the person had contributed to the assessment and planning of their care. They had signed the various sections of the plan to show they agreed with the content. The registered manager reviewed the care plan with the person on a quarterly basis, or sooner if there were significant changes in their needs. A more formal care plan review took place annually with input from the person's relative and their care manager.

Staff had an informal discussion with the person twice a day about what they wanted to do and how they felt their day was going. This was recorded in the care plan along with any staff comments or notes about any episodes of anxiety or other significant events. When the next staff shift came on duty they read the previous day's reports to ensure they were up to date with what had happened. This helped ensure staff were able to support the person in a responsive and consistent way.

The person participated in a range of activities to suit their individual interests and needs. This included: going for walks around the extensive grounds and visiting the animal farm and other facilities in the provider's neighbouring care home; going on car journeys; shopping trips; and visits to local garden centres. Staff took the person into Taunton three half days a week to receive their medical treatment. Staff said the person "coped with this brilliantly". The person told us they liked to visit the local barbers once a month, they said "I go to the barber's to get my beard trimmed". Within the home the person enjoyed listening to music on their hand held computer or their CD player, playing with their large model train set, and playing their drums. They enjoyed socialising and joking with the staff and also performing indoor exercises every other day, including stretches and jogging on the spot.

The person was able to choose which of the two staff on duty they preferred to support them at different times of the day. The service employed both female and male care staff so the person could express a gender preference if they wished.

The person's relative and the staff told us the registered manager was accessible and approachable. They said they could go to them anytime and they were confident any issues would be resolved appropriately and quickly.

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. A copy of the complaints procedure was displayed in the entrance hall of the home. A guide to the home, including the complaints procedure, had also been put on a compact disc to make this accessible for the person who lived in the home.

The service had not received any complaints in the last 12 months. The person's relative confirmed they had never felt the need to make a complaint.

Good

Is the service well-led?

Our findings

The relative of the person who lived in the home told us the management and staff were open, accessible and responsive. They said "I've never had a complaint. I can contact [registered manager's name] any time, even if she is on leave. However, I respect her space unless it's an emergency".

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. The registered manager was on annual leave on the day of inspection. The provider's operations manager agreed to meet us at the home in their absence. They told us the service philosophy was "To adapt our service to meet the person's requirements. Everything has been adapted and tailored to meet their needs".

Staff training and development was used to promote this philosophy and it was reinforced at staff meetings, shift hand-overs and one to one staff supervisions. The approach was also supported by associated policies, procedures and operational practices.

Staff told us the registered manager and the provider's senior management team were accessible, approachable and supportive. A member of staff told us "[Registered manager's name] is approachable, you can speak to her, and she is fair". Staff told us the provider's quality and performance manager visited the home every couple of months, and the operations manager and the home's owner visited every few months. They said all of the senior team were approachable and the company was a very good employer.

The service had a clear staffing structure, with clear lines of reporting and accountability; from the care staff, to the registered manager, to the provider's senior management team. The registered manager participated fully in the shift rotas and therefore was visible around the home and able to provide clear leadership and guidance to staff. Staff understood their respective roles and responsibilities and they were highly motivated to provide the best quality of care possible for the person who lived in the home.

The provider had a quality assurance system to check they met the person's needs effectively. The registered manager carried out a programme of monthly audits and safety checks. These included reviewing care plans, medicine records, significant incidents, health and safety and other environmental issues. The provider's quality performance and compliance manager also carried out a full unannounced service review of the home every couple of months.

Following these audits and reviews, the registered manager prepared and implemented an action plan to address any issues or areas for improvement. For example, where shortfalls in staff practices were identified additional training and supervision was provided. When a change in the person's anxiety levels was noted, a medicines review was arranged and the person's prescription was adjusted accordingly. All incidents of anxiety were recorded and analysed to determine whether any new patterns or triggers were emerging and, if necessary, make changes to the person's care plan. These examples showed the service learned from experience and took action to try to continually improve the service.

To the best of our knowledge, the registered manager notified the Care Quality Commission of all significant events and notifiable incidents in line with their legal responsibilities. The service kept detailed records and investigated all incidents. We were told the provider and the registered manager promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. There was a copy of the provider's duty of candour policy displayed in the home's entrance hall. The stated intention was to promote a culture of openness and truthfulness.

The person, their relative and professionals involved with their care were encouraged to give their views on the service through routine conversations, care plan review meetings, and an annual quality assurance survey. The person's relative told us they were always made very welcome when they visited and they were encouraged to participate in the person's care planning and any service developments.

The registered manager participated in various forums for exchanging information and ideas and fostering best practice. These included service related training events, conferences and relevant online resources for obtaining information and advice. The registered manager also attended the provider's home managers meetings and various multi-agency meetings with health and social care professionals. Monthly management and staff meetings were held to discuss and disseminate information and ideas and to keep staff informed about developments. These methods helped the service to keep up to date with the latest practices in care provision.

The service worked in close partnership with local health and social care professionals. Specialist medical support and advice was sought from relevant professionals as needed. We saw records of multi-agency meetings and support in the person's care plans. This close cooperation helped to ensure the person's complex health and wellbeing needs were consistently met.