Quality Lifestyle Ltd

The Lodge

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The Lodge is a residential care service providing support and accommodation to people with a learning disability, and other associated conditions such as Autism. The service is registered to support a maximum of four people. At the time of the inspection four people were living at the service.

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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Lodge is a large detached property with accommodation and facilities on two floors. A lift is available for people with physical and mobility needs. Bedrooms and communal areas provide sufficient space for people with complex needs to be supported.

At the last inspection on the 16 and 25 and 28 September 2015 the service was rated as Good.

At the inspection we found the service remained Good.

Why the service continues to be rated as Good.

People were safe living at the home and with staff supporting them. We saw people were happy and trusted the staff. There were systems in place to assess and minimise risks to people. These included a robust recruitment process and making sure staff knew how to recognise abuse or poor practice. There were adequate numbers of staff to meet people's needs and to keep them safe.

Staff assessed and understood risks associated with people's care and lifestyle. Risks were managed effectively to keep people safe whilst maintaining people's rights and independence.

People received effective care from staff who knew them well, and had the skills and knowledge to meet their needs. Staff monitored people's health and well-being and made sure they had access to social and healthcare services according to their needs.

People had their medicines managed safely, and received their medicines in a way they chose and preferred. Staff undertook regular training and competency checks to test their knowledge and to help ensure their skills in relation to medicines were up to date and in line with best practice.

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

People were supported by staff who were kind and caring. When people were distressed or found it difficult to express their feelings, staff showed patience and understanding. People's privacy and dignity was

promoted and maintained.

People were supported to enjoy an active lifestyle doing things that interested them and they wanted to do. Relatives were welcomed into the home and involved in important matters relating to their loved ones care and the service.

Systems were in place to deal promptly and appropriately to any concerns or complaints. Relatives said their views and concerns were listened to and acted on. The registered manager used concerns, complaints and other incidents as opportunities to learn and improve the service.

The home was well-led by an experienced registered manager. Staff were clear about their roles, responsibilities and values of the service. The provider had systems in place to monitor the quality of the service, seek people's views and make on-going improvements.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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.
We carried out an unannounced comprehensive inspection at The Lodge on 08 and 14 May 2018.
One Adult Social Care Inspector carried out this inspection.

Before the inspection we reviewed information we held about the service. We reviewed notifications of incidents the provider had sent to us since the last inspection. A notification is information about important events, which the service is required to send us by law.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

Some people living at The Lodge had limited or no verbal communication. Therefore, they were unable to tell us about their experiences of the services. Others were able to tell us about their day and things they enjoyed doing. During our inspection we spent time with people observing daily routines and interactions between people and staff supporting them. This helped us gain a better understanding of people and the care they received at The Lodge.

During the inspection we spoke with seven members of staff. This included care staff, the registered manager, and a director for the organisation. We looked at four care records, which related to people's individual care needs. This included support plans, risk assessments and daily monitoring records. We also looked at records that related to people's medicines, as well as documentation relating to the management of the service. These included auditing records, policies and procedures, accident and incident reports and training records. We looked at the
recruitment, induction and training records of three members of staff.

Following the inspection we spoke with a Speech and Language Therapist, and a behavioural advisor from

the specialist learning disability team in Plymouth. We also spoke with three relatives during and following the inspection. We asked them about their views and experiences of the service. Their feedback can be found throughout the inspection report.

Good

Is the service safe?

Our findings

People who lived at The Lodge had limited or no verbal communication, therefore they were not able to easily tell us if they felt safe. We spent time with people observing their daily routines and when they were being supported by staff. We saw people were comfortable and relaxed with the staff supporting them. People looked to staff for reassurance when they felt anxious or unsure. People's laughter, body language and interactions told us they felt safe and comfortable with the staff supporting them.

Relatives said they trusted their loved ones were safe living at The Lodge. Comments included, "Yes, I think they are safe, even when things change and when things can be a bit difficult I trust the staff and management always make sure people are safe".

Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibilities to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed well.

Staff knew people's needs well and strategies for managing people's challenging behaviours, anxiety and distress were carried out quickly and sensitively. For example, one person showed some anxiety when they came out of their bedroom in the morning and when visitors were in the house. Staff anticipated how the person would feel and gave them space to make their way to the kitchen for breakfast reassuring them about visitors and what would be happening during the day. The calm, gentle manner and reassurances by staff relaxed the person, and allowed them to carry on with their morning routine. Another person had recently moved into the service, and staff were getting to know and understand the person's routines and behaviours. The specialist learning disability team had provided staff with guidance about how best to support the person as they settled into their new environment. Staff understood the guidelines and the importance of consistency for this person in the way they were supported and in the way behaviours were managed.

Systems were in place to identify and reduce the risks to people living in the home. People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks.

Staff and relatives told us and we could see for ourselves that there were enough staff available to keep people safe. Some people had contracted staffing levels to support them in the home and when they went out. For example, all the people in the home were supported on a one to one basis in the home, and when they went out. Some people also had contracted hours when they were supported by two staff to ensure they could partake in certain activities safely and when they wanted. We saw these staffing levels were in place.

A robust recruitment and selection process was in place and staff had been subject to criminal records checks before starting work at the service. These checks were carried out by the Disclosure and Barring Service (DBS) and helped employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Systems were in place that showed people's medicines were managed consistently and safely by staff. Medicines were being obtained, stored, administered and disposed of appropriately. Random sampling of people's medicines, against their medicines records confirmed they were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines on an 'as required' basis (PRN) information was in place for staff to guide them on how, why and when these medicines should be given. Staff undertook medicines training and completed regular competency tests to help ensure they maintained the skills and knowledge required to manage medicines safely.

People lived in an environment, which the provider had assessed to be safe. People had personal evacuation plans in place, so their individual needs were known to staff and emergency services in the event of a fire. A fire risk assessment was in place, and regular checks undertaken of fire safety equipment. The environment was clean and well maintained. Staff had access to gloves, aprons and hand gel to help prevent the risks of cross infection. Hazardous substances such as cleaning materials were stored in a locked area. Checks were undertaken to ensure people were not at risk from hot water. However, the service did not have a risk assessment in place or control measures to minimise the risk of Legionnaires disease. This was discussed with the registered manager at the time of the inspection and we were told the provider was in the process of ensuring these assessments were in place.

The provider had systems to audit all accidents and incidents which occurred and took action to minimise further risks to people. The provider learnt from incidents and used them to improve practice.

Good

Is the service effective?

Our findings

People received care and support from staff who knew them well and had the skills and training to meet their needs. There was a strong emphasis on training and continuing professional development by the provider and throughout the staff team.

People's relatives expressed their confidence in the staff and said they knew the needs of their family members well. One relative told us, "The staff have worked really hard to get to know [..] they have settled really well and has made me feel so much happier". Other agencies said they had been really impressed how hard all the staff had worked to support a person during a difficult period of change and transition. They said staff and management had shown a lot of determination to do their very best for the person concerned.

Staff confirmed they undertook a thorough induction when they started working in the service. Comments included, "The first week I shadowed experienced staff and was not expected to work on my own until I was ready". Staff who had no experience in the care sector completed the Care Certificate. The Care Certificate is a nationally recognised qualification for care workers new to the industry.

People's care and support was based on current legislation and best practice guidelines, helping to ensure the best outcomes for people. Comments from staff included, "We do lots of training, but it is relevant and about the people we support". Each staff member had a training plan and this had been regularly discussed and reviewed as part of team meetings and one to one supervision sessions. Training was provided either internally or by external agencies and consisted of a range of topics relevant to the service and needs of people being supported. For example, all staff undertook mandatory training such as health and safety and safeguarding vulnerable adults. In addition training had been provided by the local learning disability services in relation to epilepsy and management and understanding of people's communication and behaviour. The learning disability team had supported staff to develop communication tools for people and these were being used to help people make choices, understand what was going on and plan their time. For example, one person had a 'Now and Next' board, which staff had been trained to use to help the person understand what was happening during their day. Staff told us they felt supported by management and staff. Comments included, "We have lots of opportunities to discuss our work and the people we care for".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. When applications had been made to the local authority these were monitored and any practices kept under review to ensure they remained appropriate and safe.

When people had been assessed as not having capacity to make decisions about aspects of their care and lifestyle best interest meetings had taken place. For example, a best interest meeting had been held for a person who had been having difficulty understanding the impact of not taking their medicines. The

meetings had included discussions with the person's relatives and GP to help decide on the best and most appropriate course of action to support the person concerned. These discussions had taken into account the person's ability to understand as well as their rights and choices.

There remained a good emphasis on people eating and drinking well. People had access to a large kitchen area, where they could prepare meals, drinks and snacks either independently or with support from staff. We observed a warm, friendly atmosphere at mealtimes with people making their own choices about what and where they wanted to eat. Some people required their meals to be served at a specific consistency to minimise the risk of choking and an appropriate meal was provided. Some people needed help to choose meals, and had pictures and symbols provided to support them. When people had any particular dietary needs these were documented and understood by staff. For example, one person had intolerance to certain food types, which could make them unwell. This information and potential risks was clearly documented within the person's support plan. Information was available about types of food the person could and could not eat and their menu was planned according to this information.

Staff monitored people's health and worked closely with other professionals to make sure care and treatment provided good outcomes for people. Annual health checks were arranged and 'Hospital Passports' were in place to support any admissions to hospital. Hospital passports contained important information about the person to help ensure their needs were met appropriately should they require an admission to hospital or other healthcare facility. People's health needs were monitored closely and any concerns were dealt with promptly. Where possible people were supported to understand and be involved in issues relating to their health and well-being. For example, two people had been reluctant to attend their annual health check. The learning disability team and GP had supported staff to develop easy read documentation for these people about these checks and why they were important. This piece of work was ongoing at the time of the inspection.

Relatives and other agencies described The Lodge as a 'Beautiful home'. The design and layout of the premises promoted people's well-being and independence. For example, one person due to their needs liked to spend time on their own, whilst also knowing what was going on in the home. They also preferred space when manoeuvring around the home. They had a small sitting room at the front of the property where they could sit on their own or with staff watching the comings and goings of others in the service. The spacious rooms and hallways meant they also had space when walking around the home, which reduced their anxiety and enabled them to mobilise independently. People's bedrooms were nicely decorated and contained personal items to reflect their individuality. Communal areas, including bathrooms, were well maintained and contained equipment to meet people's needs.

Good

Is the service caring?

Our findings

People received care from staff who were kind and who respected them as individuals. Other agencies and relatives spoke positively about the care provided at The Lodge. They said staff and management "really cared" about people's progress and were good at thinking of ways to support and promote people's rights and independence. They also said staff were caring, thoughtful and respectful. Throughout the inspection we heard and saw staff speaking and treating people in a dignified and respectful manner.

Staff were calm, relaxed and confident in their role. Staff were able to communicate effectively with every person no matter how complex their needs. One person was anxious and uncertain about visitors in the home and people they were not familiar with. Staff were able to anticipate this person's anxiety, and provided gentle words of reassurance. We saw this reassurance from staff they trusted helped the person visibly relax and continue with their day.

People were treated with kindness and made to feel special. We heard staff complimenting people about how they looked and with tasks they had completed. One person liked to help staff with chores, such as collecting the post and taking washing to the laundry room. They also liked to feel they were helping staff with chores in the office and were aware when things needed tidying up. We saw staff praised this person and encouraged them to help around the house. The person's smiles and interaction with staff demonstrated that this made them feel a valued member of the home.

Staff respected people's rights to make choices, and used creative methods to involve people in their care. For example, easy read documentation had been developed to help people understand and make choices about managing their health needs. This information had been provided to people in a way they could understand. People's care records contained detailed information about their daily routines and these were followed and understood by the whole staff team. Staff had a good understanding about people's likes and dislikes as well as important information about their past, interests and relationships. Staff were familiar with people's communication methods and used this knowledge and understanding to support people to make choices and to have control over their routines and lifestyle.

People's dignity and privacy was promoted. Where people were unable to promote their own dignity staff discreetly helped people. For example, one person due to their physical disability needed support with certain aspects of personal care. Staff said they would make sure the person was safe in the bathroom and then stand outside the room so the person could have some time on their own. They would also ensure the person's curtains were closed and the person was covered up when they came out of the bathroom and into their bedroom. We fed back to the registered manager how respectful the staff member was when talking about this person's support and rights in relation to privacy and dignity.

People's records were safely stored and written in a way that protected their dignity and confidentiality.

Good

Is the service responsive?

Our findings

People were supported to lead active, meaningful and interesting lives. People told us about some of the things they enjoyed doing, such as singing and going out to the shops with staff and their family. Relatives said they felt people had access to a range of personalised activities.

When people first moved into the home an assessment was completed to help ensure the person's needs could be met by the service. Other agencies said the service had completed good pre-admission assessments and had recently supported a person and their family well during a period of transition.

People's support plans included very clear and detailed information about people's health and social care needs. Each area of the plan described the person's skills, goals and support needed by staff and/or other agencies. The plans were personalised and detailed how the person needed and preferred care and support to be delivered. People's daily routines were documented and understood by staff. For example, one plan detailed the person's morning routines and stated, "At 08.50 […] should have a wakeup call to let them know it is morning. Staff need to raise the blinds and say good morning". Staff said these guidelines helped ensure consistency for the person as well as helping them understand it was morning and the start of the day. It was noted that some care plans needed updating to reflect recent changes in people's needs. This was discussed with the registered manager at the time of the inspection who told us they were in the process of reviewing and updating all records relating to people's care. We saw they had a plan in place with timescales for this piece of work.

Staff we met, and observed, knew people well and were able to provide care that was personalised to their individual needs and wishes. Staff had a good understanding of people's communication methods, which helped them respond effectively to their needs and requests. For example, one person liked to spend time in their sitting room doing activities such as listening to music, drawing and watching what was going on around them in the home. Staff were very aware of when the person wanted to be on their own and when they wanted staff to spend time with them. For example, the person communicated to staff that they wanted to drawer a picture of someone in the home. The staff member was able to understand how this person communicated and provided them with paper and pens for the activity. The person was very happy drawing and showing off the end result to staff. Another person had a pictorial communication planner, which detailed information such as, " Things I like to do", " Things I can do for myself", How I express my feeling", and " People important to me". Staff said this information helped them maintain the person's independence where possible as well as ensuring their particular need and wishes were understood and met.

There was a system of review so people's progress and developments were recognised. Relatives and other agencies were invited to attend review meetings or were contacted for their views and feedback.

People were able to take part in a range of activities according to their interests and hobbies. Staffing levels were in place and arranged to help ensure people could do the things they wanted when they wanted. A vehicle was available, which was owned by the organisation and some people also owned their own

vehicles, which staff used to enable them to go out in the community.
Throughout the inspection we saw people being supported by staff to occupy their time inside and outside the home. One person was getting ready to go to a weekly singing group. When they returned they told us they had enjoyed the activity and had joined in with all the different songs. Another person who had more recently moved into the home, was getting used to their new environment and was going out with staff to familiarise themselves with their community. People were supported to occupy their time when they were at home. We saw some people relaxing watching the television and others enjoying particular interests such as using the computer, listening to music and doing puzzles. It was a very sunny day and we saw people sat out in the garden with staff. One person who was enjoying a water activity, which was making them laugh and smile. The service continued to explore opportunities for people and considered people's social needs as part of the on-going review of their support arrangements. For example, the registered manager had planned to take one person to an open day, with a view to them attending a college course, and another person was due to start a swimming session following a keyworker meeting when their activities had been discussed.

Staff helped people to stay in touch with family and friends to promote their emotional well-being. For example, one person's family had expressed a wish for them to be in contact with their extended family who were also important to them. The staff had supported the person to set up a social media page on their personal computer so they could with the support of staff communicate with family. Staff said this had worked well, as some family members were unable to visit, but could with the use of technology talk to each other and share pictures and information about family events.

A complaints policy and procedure was available and the registered manager said this would be made available in a format people could understand if needed. Relatives said they felt the management and staff listened to any concerns they had and responded promptly and appropriately. The registered manager told us they had not received any recent formal complaints, although they had been dealing with some concerns from some family members. We spoke with some relatives about these concerns, which demonstrated they had been listened to and supported appropriately. The registered manager said in addition to the formal complaints procedure a number of different systems were used to monitor daily how people were and if they had any concerns. This included the review and monitoring of daily records, handover meetings and keyworker feedback.

People living in the service were mainly younger adults. However, the registered manager had taken into account end of life care and people's wishes. They said, although this could at times be a difficult and sensitive area to discuss with families they tried to do this as part of the admission and care plan process. Any particular wishes and requests were documented and reviewed as part of this process. The registered manager said they had built good relationships with families of people they supported and had recently supported one person through the loss of a family member. The service had also sought more specialised loss and bereavement support from the learning disability team in Plymouth when required.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was experienced and had the skills required to effectively manage the service. 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 told us they had recently returned to working full time at The Lodge after a period of time also overseeing a different service run by Quality Lifestyles Limited. They said they were in the process of reviewing people's records and familiarising themselves with people's routines and the day to day running of the service.

The registered manager was supported by a team leader as well as other managers and directors from within the organisation. A management on-call system was in place for when managers were not available within the service.

Health and social care agencies spoke highly of the management team. They said they had been impressed by how responsive the team had been in supporting a person and their family through a recent transition and change of environment. They said staff and management had worked hard to help ensure the transition was as smooth as possible for all concerned.

The management team and staff continued to demonstrate a shared responsibility for promoting people's well-being health and independence. The registered manager promoted a 'whole team' approach to working and this was understood and practiced by the staff team. Staff said, "We can ask for support but are expected to use our initiative and the skills we have to make decisions. This is good as it makes us think and feel valued members of a team". The provider information return stated, "We have an open door policy, staff are confident they can approach the management team". We found this was evident in practice and by the feedback we received. Staff said they felt well supported by their colleagues and management, "We have opportunities to reflect on practice, talk about things that have happened such as incidents".

The visions and values of the service were understood and embedded in practice. Staff said, "Promoting people's independence is of most importance, I think we all know this and do it well", and "We are aware of the values, we promote them to new staff, we talk about the values and what is important to us as an organisation".

Relatives spoke highly of the management and the care provided at The Lodge. Comments included, "We have good communication with the manager, they always keep us involved. We can raise any concerns and they will discuss and address them".

The registered manager and provider worked in partnership with other organisations and had taken part in several good practice initiatives designed to further develop the service. At the time of the inspection they

were in the process of attending regular multi-agency meetings in relation to one person who had more recently moved into the home. They said these meetings helped ensure they were clear about their role and responsibility in relation to this person and also provided time for discussion about the person's placement and longer term needs.

The registered manager maintained their professional practice by completing regular training and attended good practice initiatives designed to further develop the service. This included attendance at dignity and care forums and completion of a leadership and management course both provided by the local authority. In addition to training the registered manager was also part of a manager's network, where managers from different services throughout the country shared idea and resources. The registered manager said this had helped them put together a directory of resources they or the staff could access if required. They had also worked alongside a different provider recently to consider ways of effectively planning staffing rota's and the use of bank staff, and were planning experience tours to look at how other services operated. They said this would help them consider practice and any possible improvements in the service and for the people being supported.

All staff were aware of their roles and responsibilities, and were passionate about their work and providing good quality care. The provider recruited apprentices from a local training provider to work in the service. The students were supported by the management as well as receiving regular supervision and observation by the trainer. Two apprentices we spoke with said The Lodge was a wonderful place to work. All of the apprentices who had trained in the home had gone on to be fully employed by the organisation.

The registered manager and provider continued to look at ways of improving the quality of the service. At the time of the inspection electronic systems for managing and recording people's support arrangements and daily records were being introduced. The registered manager said they hoped this would enable the staff to maintain more accurate and detailed records of people's needs. The registered manager had also sought a new training provider for the service. They said this was needed as previous providers had not always delivered training in a way that was needed by the service.

The provider had effective quality monitoring systems which ensured standards were maintained and constantly looked at ways to improve practice. The registered manager and provider measured the quality of the service from the perspective of people they supported. They gathered this information from outcomes of key-worker meetings, reviews and daily records and analysed this against people's support plans and specific goals. In addition to spot checks the registered manager and team leader also undertook monthly checks of medicines and health and safety audits.

The provider promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the ethos of the Duty Of Candour. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to people's care and treatment.