Mrs P Hunter

Hunters 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

This was an unannounced inspection and took place on 28 February and 1 March 2017.

Hunters Lodge is a residential care home which provides nursing and personal care to adults with learning difficulties. The home has a maximum occupancy of 9.

At the time of our inspection the home 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 and associated Regulations about how the service is run.

At the last inspection in December 2016 the home met all the key questions and was rated good in each with an overall good rating. At this inspection the home met all the key questions and was rated good in each with an overall good rating.

People told us they liked living at Hunters Lodge and the way that staff treated and supported them. People chose their own activities and when to do them. They felt safe living at the home and using facilities within the local community. When we visited there was a friendly, warm, and welcoming and atmosphere with people using the service coming from and going to activities. Frequent positive interaction took place between people using the service and staff. There was a variety of home and community based activities.

The records were accessible, up to date and covered all aspects of the care and support people received. This included their choices, activities and safety. People's care plans were complete and the information contained was regularly reviewed. This enabled staff to perform their duties efficiently and professionally. People were encouraged to discuss their health needs with staff and had access to GP's and other community based health professionals, as required. Staff supported people to choose healthy meal options and maintain balanced diets whilst meeting their likes, dislikes and preferences. This enabled them to be protected from nutrition and hydration associated risks. People told us that they liked the choice and quality of their meals.

People knew the staff that supported them well and the staff were very familiar with people, their likes, dislikes and preferences. They were well supported and enjoyed the way staff delivered their care. The care and support staff provided was professional, friendly and focussed on people as individuals and staff had appropriate skills to do so. The staff were well trained and accessible to people using the service. Staff said they liked working at the home and had received good training and support from the manager.

People said the management team was approachable, responsive and listened to them. The quality of the service provided was consistently monitored and assessed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People and their relatives told us that they felt the service was safe. There were effective safeguarding procedures that staff used, understood and risks to people were assessed.

The staff recruitment procedure was thorough.

There was evidence the home had improved its practice by learning from incidents that had previously occurred and there were enough staff to meet people's needs.

People's medicine was safely administered; with all records completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Is the service effective?

Good

The service was effective.

Staff were well trained.

People's needs were assessed and agreed with them.

People's food and fluid intake and diets were monitored within their care plans and people had access to community based health services.

The service had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'best interests' meetings were arranged as required.

Is the service caring?

Good

The service was caring.

People said they felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they wished to be supported

were clearly recorded.

Staff provided good support, care and encouragement. They listened to, acknowledged and acted upon people's opinions, preferences and choices. People's privacy and dignity was also respected and promoted by staff. Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Is the service responsive?

Good

The service was responsive.

People chose and joined in with a range of recreational and work activities at home and within the local community. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

The home had a complaints procedure and system and people said that any concerns raised were discussed and addressed as a matter of urgency.

Is the service well-led?

Good

The service was well-led.

The service had a positive and enabling culture at all staff levels of seniority. The manager enabled people to make decisions and staff to take lead responsibility for specific areas of the running of the service.

Staff said they were well supported by the manager.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Hunters 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection and took place on 28 February and 1 March 2017.

The inspection was carried out by one inspector.

During the visit, we spoke with five people who use the service, five staff and made contact with two relatives. The registered manager was on annual leave during the inspection. There were suitable management arrangements in place to cover their absence. There were nine people living at the service.

Before the inspection, the provider completed a Provider 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 improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support, was shown around the home and checked records, policies and procedures and maintenance and quality assurance systems. We also looked at the personal care and support plans for two people using the service and staff files for two members of staff.

Good

Is the service safe?

Our findings

People told us they felt safe living at Hunters Lodge. One person said, "I'm dancing all day, I like the music on." Relatives told us they thought the home was a safe place. One relative said, "This is a safe place for (person using the service)."

Staff understood what different forms of abuse were and the action to take if encountered. This was in accordance with the provider's policies and procedures. They also knew how to raise a safeguarding alert, when this should take place and had received appropriate abuse and safeguarding induction and refresher training. This meant they were able to protect people from abuse and harm in a safe way. There was one ongoing safeguarding investigation. Previous safeguarding alerts had been suitably reported, investigated and recorded. People had access to information about keeping safe and staff advised and supported them accordingly. Staff told us they received induction and mandatory refresher training to assess acceptable risks to people.

The staff recruitment process was comprehensive and included advertising the post, application form, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's skills and knowledge of learning disabilities. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to starting in post. There was also a six month probationary review that could be extended up to a two year period. If there were gaps in the knowledge of prospective staff, the organisation decided if they could provide this knowledge within the induction training provided and the person was employed. Staff received a handbook that contained the organisation's disciplinary policies and procedures. The staff rota showed and staff confirmed that staffing levels were flexible to meet people's needs. The staffing levels during our visit enabled people's needs to be met and the activities they had chosen to be pursued safely.

People's support plans contained risk assessments that meant they could take reasonable risks and enjoy their lives in a safe way. The risk assessments covered all aspects of people's lives including activities they undertook at home and in the community. Staff received care plan information that enabled them to accurately risk assess people's chosen activities. They were able to discuss, evaluate and compare risks with people against the benefits they would gain. This was demonstrated by the way people were enabled to access facilities, in the community such as attending college and work. The risk assessments were regularly reviewed and adjusted when people's needs and activities changed. There were also general risk assessments for the service and equipment used that were reviewed and updated. Equipment was regularly serviced and maintained.

Staff shared any risks to people during handover and during team meetings, including any incidents or activities that had taken place. There were also accident and incident records kept. Staff knew people living at the home well and were able to identify situations where people may be at risk or feel uncomfortable and took action to minimise the risk and make them feel relaxed.

During the inspection we checked the medicine administration records (MAR) for all people using the

service. We found the records were suitably maintained, medicine safely administered, stored and disposed of. There were regular internal audits and an external audit carried out by the local Boots pharmacy. Staff were trained to administer medicine and this training was regularly updated.

Good

Is the service effective?

Our findings

People told us that they decided how staff provided their care and support, when this happened and it was what they wanted. One person said, "My keyworker is (name of staff member)." They smiled. Another person told us, "I'm fine, I like living here." A relative commented, "She (person using the service) has lived there 20 years and is very well looked after."

Staff felt that they were well trained and said they had received induction and annual mandatory training when it was due. Staff practices we saw reflected this. The induction was on line and group based depending on the nature of the training being provided. Training encompassed the 'Care Certificate Common Standards' and included safeguarding, infection control, manual handling, first aid, food hygiene, health and safety and fire awareness. There were quarterly staff meetings that gave an opportunity to identify further training needs. Supervision sessions were also used to identify any gaps in required training. New staff shadowed more experiences staff during shifts to enhance their knowledge of people using the service and the home's operational procedures. Currently two new staff are attending a level two social care apprenticeship course at a local college.

People's care plans contained sections for health, nutrition and diet. These included completed and regularly updated nutritional assessments. Weight, nutrition and hydration charts were kept if required and staff monitored people's meals and how much they ate to encourage them to have a healthy diet. There was also information regarding any specific support people might require at meal times. Staff said any concerns were raised and discussed with the person and their GP as appropriate. Nutritional advice and guidance was provided by staff and there was access to community based nutritional specialists who reviewed nutrition and hydration needs. People also had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with.

People chose the meals they wanted using pictures if needed, decided on a menu and participated in food shopping if they wanted to. One person told us, "I love washing up, I'm going shopping later." Meals were timed to coincide with people's preferences and the activities they attended.

Staff received mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications under DoLS were submitted by the provider and were authorised. Best interests meetings were arranged as required and renewed annually or as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. People's care plans recorded that capacity assessments were carried out. Appropriate staff that had received training to carry out the assessments. People's consent to treatment was monitored regularly by the service. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit. Advocacy services were available through the local authority and people were made aware of them.

The organisation had a restraint policy and procedure that was de-escalation based and staff had received training in de-escalation procedures. They were also aware of what constituted lawful and unlawful restraint. Any behavioural issues regarding people who use the service were discussed during shift handovers and staff meetings.

Good

Is the service caring?

Our findings

People and their relatives said that staff treated them with dignity and respect and provided support in a helpful and friendly way. This was confirmed by the way staff behaved and their good care practices during our visit. One member of staff was switching on the dishwasher and warned people so they would not be startled. Staff treated people using the service equally and as equals. This was done in a caring, patient and kind way with people given as much time as they required to meet their needs. Staff listened to people, paid attention to what they were saying, valued their opinions and acted on them. This was whilst maintaining appropriate boundaries. People received support that was empowering and enabling. One person told us, "Staff are very nice and get better and better every day." People's body language was positive throughout our visit and that told us they were happy with the way staff supported them and delivered care. A relative said, "Staff are all lovely in their different ways and people are well cared for."

During our visit the skilful and patient manner in which staff met people's needs showed us they knew people using the service and their needs and preferences well. Staff communicated with people at a pace that made it easy for people to understand and for them to make themselves understood. If people had difficulty expressing themselves staff listened carefully and made sure they understood what the person was saying. They asked what people wanted to do, where they wanted to go and who with. This included the type of activities they liked. These were also discussed with staff during keyworker sessions and service meetings. One staff member knew a person using the service enjoyed a drive and suggested it to them, which they willingly agreed to.

The home's care was focussed on the individual and we saw staff put into practice training to provide a person centred approach. People were consistently enabled to discuss their choices, and contribute to their care and care plans. The care plans were developed with them and had been signed by people or their representatives where practicable. Staff were warm, encouraging and approachable.

Staff had received training about respecting people's rights, dignity and treating them with respect. This was reflected in the caring, compassionate and respectful support staff provided. There was a relaxed, inclusive and enjoyable atmosphere for people due to the approach of the staff. The home had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and ongoing training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service.

Good

Is the service responsive?

Our findings

People felt their needs were met by staff in a way that they were comfortable with, enjoyed and made them feel relaxed. They contributed to decisions about their care and the activities they wanted to do. Staff were aware of people's needs, tried hard to meet them and made themselves available to people to discuss any wishes or concerns they might have. Needs were met and support provided promptly and appropriately. One person told us, "I'm meeting with my friends." This showed us that the person made their own decisions. A relative said, "She (person using the service) visits me a lot, as I'm quite local, but is always happy to go home."

We saw that staff met peoples' needs in an appropriate and timely way. The appropriateness of the support was reflected in the positive responses of people using the service and their positive body language. If people felt they had a problem, it was resolved quickly and in an appropriate way. Any concerns displayed by people using the service were attended to as the priority during the inspection.

People's support plans demonstrated that they were asked for their views and encouraged to attend meetings. Relatives were sent questionnaires to get their opinions. There were minuted meetings and people were supported to put their views forward including any complaints or concerns. The information was monitored and compared with that previously available to identify any changes in the home's performance positively or negatively.

There was a policy and procedure that stated people and their relatives would be consulted and involved in the decision-making process before moving in and staff understood and explained the procedure. Service commissioners forwarded assessment information to the home, which also carried out pre-admission assessments. People were invited to visit the home as many times as they wished, including meals, before deciding if they wanted to move in. Information from any previous placements was requested if available. Staff said they also sought the views of people already living at the home, regarding a new placement. During the course of people visiting the manager and staff would add to the assessment information.

There was written information available about the home and organisation for prospective people moving into the home, their relatives and placing authorities. There were regular reviews to check that the placements were working for people. If a placement was not working alternatives were discussed and information provided to prospective services where needs might be better met.

People's care plans recorded their interests, hobbies, health and life skill needs and the support required for them to be met. They were focussed on the individual and contained people's 'social and life histories'. These were live documents that were added to by people using the service and staff if information changed or new information became available. The information gave the home's staff and people using the service the opportunity to identify activities they may wish to do. People's needs were regularly reviewed, re-assessed with them and support plans updated to meet their changing needs. The plans were individualised, person focused and developed by identified lead staff. People were encouraged to take ownership of the plans and contribute to them as much or as little as they wished. They agreed goals with

staff that were reviewed, underpinned by risk assessments and daily notes confirmed that identified activities had taken place.

Activities were a combination of individual, group and took place at home and in the community. Each person had their own weekly activity planner and monthly activity planning meetings took place. One person said, "I like pictures and colouring." Another person told us, "I cook in the kitchen when I want to, do computer work and play games." The home made use of local community based activities wherever possible and people chose if they wanted to do them individually or as a group. Activities attended included work at the Salvation Army, college courses and day centres. One person told us, " I play football at the day centre." Other activities included a Valentine's Day party, Zumba, Karaoke, arts and crafts, shopping and trips to Kingston. The home had its own transport. One person said, "My sister is coming to visit me on Sunday." Another person told us, "I like my books." People were also encouraged to do tasks in the house to develop their life skills such as helping with laundry, tidying their rooms and helping prepare meals.

People were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

The home used different methods to provide information and listen and respond to people. There were house and menu planning meetings where people could express their views and make their choices. There were also monthly keyworker and annual care reviews that people were invited and encouraged to attend.

Good

Is the service well-led?

Our findings

The service helped people to successfully achieve their desired outcomes by promoting a positive culture that was person-centred, open, inclusive and empowering. People and their relatives told us that they were happy to speak with the manager and staff and discuss any concerns they may have. One person said, "The staff are nice." A relative told us, "I get on well with the manager and no one has a problem with me dropping in when I want." During our visit, we found that the home had an open culture with staff listening to people's views and acting upon them.

The organisation's vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and revisited during staff meetings. The staff practices we saw reflected the organisation's stated vision and values as staff went about their duties.

There were clear lines of communication and specific areas of responsibility. Staff told us the support they received from the manager was excellent. They felt suggestions they made to improve the service were listened to and given serious consideration. One staff member said, "This home is built on good principles."

There was a whistle-blowing procedure that staff knew how to access and felt confident in. There was a career development programme in place to enable staff to progress towards promotion in a way that was tailored to meet their individual needs.

Staff had regular minuted meetings that enabled them to voice their opinions. The records demonstrated that regular staff supervision and annual appraisals were planned to take place when due.

There was a policy and procedure in place to inform other services, such as district nurses and physiotherapists of relevant information should services within the community or elsewhere be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

Regular audits formed the base of the quality assurance system that contained performance indicators that identified how the home was performing, areas that required improvement and areas where the home was performing well. This enabled required improvements to be made. Areas of particular good practice were also recognised by the provider. These included files maintenance, care plans, risk assessments, infection control, the building, equipment and medicine. There were also shift handovers that included information about each person. The owner was also the registered manager. The two deputy managers demonstrated the skills and ability to ensure that the home ran appropriately whilst the manager was on leave.