

Lodge Group Care UK Limited

Lodge Group Supported Living Services

Inspection report

103 Sheringham Avenue
Romford
RM7 9DP

Date of inspection visit:
01 December 2022
03 December 2022

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19 December 2022

Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Lodge Group Supported Living Services is a supported living service providing personal care to 8 people in 3 properties. The service provides support to people with learning disabilities, autistic spectrum disorder, mental health concerns, older people, physical disability and younger adults. At the time of our inspection there were 8 people were receiving personal care in the supported living services. All properties had an office available to staff, if required.

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

Right Support:

Staff understood people and their individual needs well. Staff provided kind, caring, person-centred care and support. People were supported by appropriate numbers of staff on each shift to ensure people's safety and meet their needs.

People were supported to access to health care professionals and their health was monitored as appropriate. Care plans were person-centred and focused on people's needs. The service recorded and met people's communication needs, providing information in a way that was accessible to them. People were supported to maintain relationships with family and friends, and to engage in meaningful activities.

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

Right Care:

Staff understood how to protect people from poor care and abuse. Staff had received training on how to recognise and report abuse and they knew how to apply it. People's care, treatment and support plans reflected their range of needs and staff knew people's needs well.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Safe recruitment processes were followed. People received their medicines as prescribed and medicines were managed safely. The service was clean, and people were protected from the risk of infection. People were able to express their views and make decisions about their care.

Staff understood people's different communication support needs. We saw people being supported using their preferred communication methods and staff demonstrated an awareness and understanding of people's needs. Staff ensured people's privacy and dignity was respected and their independence promoted.

Right Culture:

There was a positive culture at the service and people benefited from being supported by happy staff which was reflected in the atmosphere at the service. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff told us they enjoyed their job and making a positive difference to someone's life.

People and those important to them were involved in planning their care and staff evaluated the quality of care provided to people, involving the person, their families and other professionals as appropriate. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. Relatives told us when they visited the service the atmosphere was good, staff were always pleasant and smiling and there is nothing they would change.

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

Rating at last inspection and update

This service was registered with us on 24 January 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

We undertook this inspection to assess that the service is applying the principles of Right support right care, right culture.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lodge Group Supported Living Services

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

This inspection was carried out by 1 inspector, a specialist advisor in learning disabilities and mental health and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lodge Group Supported Living Services is a supported living service providing personal care to 8 people in 3 properties, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave a short period of notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 01 December 2022 and ended on 03 December 2022. We visited the location service on 01 and 03 December 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority who work with the service. We reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

We used information gathered as part of monitoring activity that took place on 20 September 2022 to help plan the inspection and inform our judgements.

During the inspection

We reviewed a range of records. This included 4 people's care records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We reviewed multiple medicine administration records. We spoke with 5 members of staff including the registered manager, home manager and 3 support workers. We also spoke with one relative.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We continued to seek clarification from the provider to validate evidence found. We looked at care records, minutes of meetings, staff training records and quality assurance records. We spoke with 5 relatives by telephone about their experience of the care provided.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse. Staff had received safeguarding training and told us they would report any concerns to the registered manager. One staff member told us, "If there was any concerns, I would contact my manager and report the incident to them."
- Staff at the service looked after people's money. We counted 2 people's money to make sure everything was properly accounted for. We found everything in order. This meant people were protected from the risk of financial abuse.
- The provider had a whistleblowing policy which guided staff on how they could raise concerns about any unsafe practice.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- Risk assessments gave staff clear guidance on how to support people safely. For example, people who were at risk due to their physical health or their medical conditions, they had a risk assessment in place. Risk assessments were reviewed regularly to ensure they were accurate.
- The service had sought input from external healthcare professionals and where appropriate, advice on actions for staff to take, to mitigate risks and safely support people and reduce the risk of harm. Assessments provided clear instructions for staff to help minimise or eliminate the potential risk of harm or injury to people's health.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Individuals risk assessments and care plans were constantly reviewed to ensure they remained up to date and met the person's needs whilst reducing risks to them.
- We saw the provider worked closely with the housing provider to ensure risks associated with the premises were safely managed. For example, fire alarms and gas safety had all been serviced by qualified persons within appropriate time frames.

Staffing and recruitment

- There were sufficient staff available with the right skills and experience to meet the individual needs of people who used the service.
- The provider's recruitment, assessment and induction training processes promoted safety and the culture and values of the service. The provider carried out robust checks on new staff before they started work. This included carrying out a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information

helps employers make safer recruitment decisions.

- Relatives and staff also told us same staff are working in each home and there is a consistency of good care being delivered by the same staff. One member of staff said, "Yes, people feel comfortable with us as they [staff] see us on a regular basis." A relative told us, "Every time I've gone in, there have been staff. There always seems to be the same staff."

Using medicines safely

- Medicines were being managed safely.
- Information regarding the support people needed with their medicines was recorded within their care plans. This information was clear, up to date and accessible to staff.
- Staff had been trained in medicine administration and followed the provider's medicines policy.
- Medicines Administration Records (MAR) were completed appropriately. They were signed by staff and contained no gaps.
- Records showed staff had been assessed for their competency to ensure they were able to manage and administer medicines in a safe way. The provider also carried out spot checks to ensure medicines were managed appropriately.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The management team completed regular PPE and infection control audits to ensure safe practices were being followed.

Learning lessons when things go wrong

- There had been no incidents or accidents at the service which was confirmed by the registered manager. Nothing we saw indicated otherwise. The service had a policy for staff to follow should things go wrong, and we saw there was an incident form template to use should staff need to.
- The registered manager told us any learning from any incident, accident or complaint would be shared with the staff team via a team meeting or supervision meeting.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had an initial assessment prior to them receiving a service. Before people started using the service, the registered manager and home manager carried out an assessment of the new person's needs. The assessment took into consideration people's protected characteristics, like human rights and communication. Relevant guidance was followed such as positive behaviour support guidance on how to support people who are communicating a need, expressing feelings or an emotional reaction. During the assessment people who currently lived in the service interacted with the new person to see if they can get along.
- Assessments involved people and their representatives such as family and social and health care professionals. Assessments focused on what each person hoped to achieve by using the service. These plans reflected people's needs, including aspects of their life, which were important to them.
- Support focused on people's quality of life outcomes and met best practice. Support was provided in line with people's care plans including communication plans, sensory assessment and positive behaviour support plans. We observed people and staff communicating effectively using people's preferred methods of communication in line with their care plan.

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate training and skills.
- New staff received a comprehensive induction when they started working with Lodge Group Supported Living Services. This included completing training, reading policies and procedures and shadowing experienced staff. One staff member told us, "I had training and an induction. We completed training on safeguarding, medication, autism and challenging behaviour. I did an induction which lasted at least 3 weeks."
- The provider had a clear overview of the training needs of all staff. They had a spreadsheet which detailed the training staff had received. Records showed training provided included safeguarding, moving and handling, and infection control.
- Staff received supervision from senior staff. This provided a space for care to be discussed in a one to one setting, staff's health and wellbeing to be discussed and development opportunities to be explored.

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

- Care plans contained details of people's nutritional and hydration needs. Staff were aware of people's specific dietary needs to manage their medical conditions, allergies, cultural and religious needs. Important information about people's dietary needs, allergies and tolerances were available for view in the kitchen. This ensured new staff were aware of people's dietary needs when supporting them.

- During our inspection we observed people enjoyed the breakfast and lunchtime experience. Staff supporting people with their meals did so patiently and maintained people's dignity. Menus were in a picture format being displayed around the home. Alternative meal choices were available.
- Relatives said people had enough to eat and drink and that the food was good. A relative said, "Since living there my [person] is eating many more types of food and is even using a knife and fork."

Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people with receiving timely support with their healthcare needs. For example, the registered manager and staff supported people to order medicines, where support was required.
- Care plans and risk assessment contained information relating to different medical needs, and people's health and wellbeing were regularly assessed.

Supporting people to live healthier lives, access healthcare services and support

- Interaction with health care professionals was recorded in care plans to assist staff to support people appropriately. Healthcare professionals, such as GPs, neurologists and dieticians were all engaged in supporting people to have their health needs met by the service.
- People attended appointments to receive treatment or check-ups. Relatives told us they were contacted by staff if people were not well or there were changes to their health.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. This meant that people who lacked capacity or had fluctuating capacity had decisions made in line with current legislation, people had reasonable adjustments made to meet their needs and their human rights were respected.
- The registered manager and staff we spoke with demonstrated a good understanding of issues around consent and capacity.
- Staff actively supported people to make their own decisions. One staff said, "I always ask their [people] consent before supporting them and help them how they want to be helped."
- A relative said, "They [staff] are very respectful and they wouldn't do anything without asking first."

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and compassion.
- We saw positive interactions between people and staff. We observed staff engage with people in a respectful and kind manner; dedicate time to people and support people to enjoy a pace that suited them. For example, we observed one staff member offer a person a choice and enabled them time and space to process their choices, waiting patiently for the person to respond when they were ready. Relatives confirmed they felt staff were caring. Comments included, "The staff are lovely, [person] is always well dressed and they help [person] choose their clothes."
- Staff had completed equality, diversity and inclusion training to support their understanding of how to respect people's individual rights and needs. The provider had considered people's religious and cultural needs.
- Staff spoke about people with genuine interest and affection. Information about people's life history and preferences was recorded, which staff used to get to know people and to build positive relationships. Staff knew people and could describe people's likes, dislikes and interests.

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

- People were supported to express their views and to make decisions about their care. For example, there were daily choices of meals and activities were devised with input from people.
- Care plans were reviewed regularly. The person receiving care was able to be involved with their care planning through regular meetings. This meant that people were involved in deciding their care.
- People were supported to make choices by staff who used alternative communication methods such as signing to support speech and pictorial communication. Staff observed body language as a means of communication.
- We observed pictorial communication being used to communicate with residents, for example with a food shopping list to ensure that people to ensure had choice and control.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. We observed staff treating people with respect and consideration.
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).
- People were treated with respect and their privacy was maintained. For example, staff told us they ensured doors and curtains were closed before providing personal care to people.

- Staff told us they respected people's dignity and the importance of making sure people were comfortable. We observed that staff ensured people's personal space was always respected. For example, knocking on their bedroom doors before entering, announcing their presence as they entered rooms and by talking and engaging with people before assisting them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People received person centred care. Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people.
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. A relative commented, "I always feel involved, they [staff] let me know everything that is happening [person]."
- The care plan, alongside the risk assessment, provided a person-centred perspective of what support the person needed and what their preferences were. Care plans covered areas including communication, medical conditions and domestic requirements. They provided guidance for staff on what care people needed and how they wanted it provided.
- Staff told us the care plans provided them with enough information to enable them to meet people's needs.

Meeting people's communication needs

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

- The provider met the requirement of the AIS. Staff had completed assessments on all residents and the way they communicated.
- There were visual structures, including objects, photographs, use of signing, gestures and symbols which helped people know what was likely to happen during the day and who would be supporting them.
- We saw examples of pictures being used to enable people to make choices.

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

- Care plans contained information about what activities people liked to do. People were able to take part in activities and lived their lives how they wanted. We observed that people participated with activities at the home, for example we saw two people decorating the Christmas tree with staff support. Photos around the home showed that people participated in a number of activities, which included accessing the community. A staff member told us, "They [people] like to go to the park, shopping centre, swimming or trampolining."
- Staff supported people to access local communities such as going shopping. They also encouraged

people to keep in touch with their relatives. People were supported by staff to remain active and do things they enjoyed.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints at the time of the inspection. The provider had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. The registered manager told us they would follow their policy should they receive a complaint and would view it positively as a means by which to improve the service.

End of life care and support

- The service did not support people with end of life care. The registered manager said if they supported someone with end of life care they would develop a care plan to discuss the person's wishes and would ensure staff were adequately trained.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team had developed a very positive culture which placed people at the centre of the service. People were included in decisions about how their care and support were provided. They received person-centred care that met their needs and promoted positive outcomes.
- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, family, and other professionals had to say.
- Relatives told us the service was well-led and was complimentary about the registered manager. One relative said, "The registered manager is wonderful, she got to know all the people being supported." Another relative said, "The manager is great. She is young, down to earth and very energetic. She tackles problems and tries encourage [person] to do things."
- Staff were positive about working for the service and how they were supported in their work. A staff member told us, "I've been here for quite some time. Management are very approachable and if I need to talk to [provider], they always listen." Another staff member said, "[The registered manager] is a good manager, she talks to everyone. If you have a problem, you go to her and she tries her best to sort it."
- Processes were in place to ensure people's care was regularly reviewed, and any changes or improvements were acted upon in a timely manner

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

- The registered manager understood their responsibilities for ensuring that risks were promptly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through the ongoing review and monitoring of the service.
- Where things went wrong, the provider had been open and honest with people about this. Systems were in place to address when things went wrong, such as the complaints procedure and the way accidents and incidents were responded to.
- Policies and procedures to promote safe, effective care to people were available at the service. These were regularly reviewed and updated to ensure staff had access to best practice guidance and up-to-date information for their role.

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

- Managers and staff were clear about their roles and regulatory requirements. There was a clear

management structure in place at the service and staff knew who their line manager was. Staff were provided with a copy of their job description to help provide clarity about their role.

- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in performance and to maintain effective oversight.
- Spot checks of staff practice were completed regularly to monitor the quality of care provided to people.

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

- The provider sought feedback to improve the service. People, relatives and staff were asked to complete a survey to enable the provider to learn from feedback and find ways to continuously develop the service.
- The management team, provider and staff were committed to the continuous improvement of the service. They assessed the quality and safety of the service to identify how it could be further improved to promote positive outcomes for people.
- Staff received regular supervision and there were staff meetings which covered priorities such as training, activities, annual leave and safeguarding.
- Staff told us they were happy working at the service. Records confirmed that staff had regular team meetings that allowed them the opportunity to input suggestions regarding the service.

Continuous learning and improving care

- The provider improved care through continuous learning.
- There were quality assurance processes in place. Various audits were carried out by the registered manager including audits of medicine records, daily notes and infection control practices, while care plans and risk assessments were subject to regular review.
- Internal service improvement plans contained action plans to address any performance shortfalls that were required to be addressed and progress made towards them. There were also external quality visits carried out by a consultant that reported on performance based on the five CQC key questions.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and various specialists specific to certain conditions/needs.