

R.J. Homes Limited

The Lodge

Inspection report

18 Huntspill Road
Highbridge
Somerset
TA9 3DQ

Tel: 01278786618
Website: www.craegmoor.co.uk

Date of inspection visit:
09 July 2019
10 July 2019

Date of publication:
06 September 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Lodge is a residential care home providing personal and nursing care to nine people with a learning disability at the time of the inspection. The service can support up to 12 people. The service is a large house for up to 10 people with shared communal space and two supported single occupancy flats onsite.

The service was registered before Registering the Right Support was published. This meant the number of people living at the service was higher than the number recommended by this guidance. However, the service ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The service provided care in line with the principles which reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 12 people. Nine people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

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

People were cared for by exceptionally kind and caring staff. All staff were employed on the basis of their values with patience and empathy being key qualities. There was a very strong person-centred culture which all members of the staff team were committed to. People were supported to make their own choices and to develop as much independence and autonomy as possible. People were supported to live as full a life as possible and staff were willing to go the extra mile to support them in this.

People were safe at the service. The culture of the service was focussed on developing a safe environment both physically and psychologically. We observed people were calm and relaxed with staff and each other. Staff were highly skilled at maintaining a safe environment by using their knowledge of people to ensure any friction or difficulty was minimised. The staff team was open and transparent and learnt from any incidents; they quickly put effective measures in place to prevent recurrence. Any concerns were shared with the appropriate professionals. Medicines were well-managed with good systems in place to minimise errors. People were supported by enough staff who had been recruited in a safe way.

People received an effective service. Their care was assessed and planned in accordance with their needs. They received support from staff who were trained and supervised. 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. People had a choice of

meals and were able to shop and cook for themselves if they wished. Staff supported people to work with health professionals to improve their health and well-being.

People received a responsive service which placed their individual needs and preferences at the core of their care. Care plans were developed to maximise people's independence and support them to live meaningful lives. Staff were passionate about doing their best for people and improving their quality of life. People were encouraged to try new things, develop new skills and consider what they would like to aim for.

The service was led by a registered manager who was passionate, had a clear vision of the direction of the service and able to implement this effectively. There was a very strong focus on the culture of the service which prioritised people who lived there. The staff team was cohesive and functioned well. Staff felt able to challenge practice or make suggestions and told us they were not afraid to admit making a mistake.

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

Rating at last inspection

The last rating for this service was Good (report published December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Lodge on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 exceptionally 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?

Outstanding ☆

The service was exceptionally 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 exceptionally well-led.

Details are in our well-Led findings below.

The Lodge

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 Care Act 2014.

Inspection team

The service was inspected by one inspector 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

The Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, senior care workers, care workers and the quality improvement lead. We observed staff interactions with people over the two days of our visit.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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 spoke with one professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Safe.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One relative told us, "yes he's definitely safe whenever we've seen him." Another told us, "Oh yes they are absolutely safe, and they (staff) know them very well." It was evident from our observations of people's interactions with staff they felt safe and relaxed.
- Staff understood how to protect people from the risk of abuse. Staff had received training and described how they could identify potential abuse and what action to take. One staff member explained safeguarding was, "About recognising and preventing abuse in its many forms."
- The registered manager had developed a strong culture of open discussion and challenge. Staff were confident to speak up and challenge colleagues. A senior told us, "I can address something with a support worker but they might also challenge me."
- People who lived at the service were involved in monthly 'Your Voice' meetings. Staff discussed and explained safeguarding as part of this meeting and checked that people knew how to speak up if they were worried.
- The registered manager was proactive in raising concerns to relevant professionals and ensuring people had sufficient support to keep them and others safe.

Assessing risk, safety monitoring and management

- The staff team carried out comprehensive risk assessments and followed risk management guidance. People were involved in discussions of risk, for example in respect of their health. People's care records contained detailed information about their risks; this included behaviour which could challenge and health risks. Staff had a detailed knowledge and understanding of individuals' risks and the importance of maintaining a safe environment. Staff told us, "It is about day to day risk assessing."
- Staff explained the importance of knowing people well in managing their risks. They told us the importance of paying attention, that there were small signs they could pick up which enabled them to provide support quickly and effectively. One member of staff said, "I tend not to work with [Name] as I can be a trigger. I am not as good at picking up their anxiety as their core team. They are amazing, they know [Name] so well."

- People's plans contained detailed positive behaviour support plans (PBS). PBS is a way of working with people whose behaviour challenges to recognise and pre-empt incidents as well as support during and after an incident. These plans identified causes of stress and anxiety for people and how to manage this to keep people and others safe.
- During the two days of our inspection we observed staff working consistently in line with people's risk assessments. They maintained a calm and safe atmosphere, using the choice of communal environments to support people safely. Staff knew which people could potentially clash and worked in a confident and natural way to avoid any confrontations. They did this by engaging with people and following individual's risk guidelines about how to reduce people's anxiety. For example, one person began talking about a subject which was a potential cause of distress. We observed the staff member pay attention, engage with the person and make verbal interventions which helped the person relax.
- People were supported to take positive risks. If a person wished to go on a particular holiday or undertake an activity staff developed a plan of how to support the person to do it as safely as possible. Staff also understood that people had the right to make unwise decisions, for example smoking, and supported them to minimise the risks involved.
- A professional who had worked with the service told us, "They know people so well and intervene quickly and correctly. I would have no hesitation in placing someone there."
- Regular gas safety checks, electrical tests, fire equipment tests and water safety checks were carried out regularly. Staff carried out regular fire drills and recorded any outcomes; for example, identifying which people responded. Staff had identified a risk to one person's dignity and put measures in place

Staffing and recruitment

- People were supported by sufficient staff who were safely recruited. The provider followed a recruitment procedure to reduce the risk of employing unsuitable staff. Staff files showed the provider had carried out checks before employing new members of staff. All contained a Disclosure and Barring number (DBS) this is a check that is made to ensure potential staff have not been convicted of any offence which would make them unsuitable to work with vulnerable people. Staff files also contained proof of identity, an application form, a record of their interview and two references.
- When potential new staff arrived at the service for interview they were shown around the service and had the opportunity to meet people. People were able to feed back their opinions after the interview and these were taken into account. We were told the service would not employ anyone who had not been friendly to people or who people had disliked.
- The registered manager aimed to employ staff who had values important to maintaining a safe and caring environment. New staff were interviewed by the deputy and registered manager. The main emphasis was on values, as they felt skills could be taught whereas personal qualities could not. One member of staff explained that not every person worked well with all staff and seniors organised the staff plan so people were supported by staff they had the best rapport with where possible.
- Staff records showed that performance issues were managed in a timely way. The provider's policies and procedures were followed, and staff informed of outcomes.

Using medicines safely

- Medicines were managed safely. The senior in charge of medicines demonstrated a comprehensive knowledge of the systems in place and had good oversight to ensure procedures were followed. The last medicine error had occurred six months previously. It was discovered at the next medicines round and immediate action taken.
- Medicines were ordered, received, stored and disposed of safely. The pharmacy service carried out six month audits and any actions resulting from this had been completed.
- People received their medicines safely, in the way they preferred. Each person's medicine record had a photograph of the person and detailed information on the way to administer medicines. For example, one person's profile stated they did not want to be interrupted if they were watching a film. Profile's identified if people wanted to have their medicines in their bedroom.

Preventing and controlling infection

- People were protected from the risk of infection. The service was clean and smelt fresh throughout. Laundry for each person was separated and there was a clear system in operation in the laundry. People could do their own laundry if they wished. Colour-coded cleaning equipment was available to avoid cross-contamination between separate areas of the service.
- Staff had access to gloves and aprons and wore these on any occasion they had to deliver personal care. Staff told us that people currently living at the service mostly attended to their own bathing needs, just needing prompting from staff.

Learning lessons when things go wrong

- One member of staff told us, "I never worry about admitting a mistake. It is a learning opportunity." Incidents were recorded and investigated by the management team. People's records were updated to reflect any incidents and plans put in place to reduce the risk of a repeat.
- Staff recorded incidents, and these were reviewed to identify any learning. Staff were able to describe incidents which had taken place and any measures that had been put in place to reduce the risk of recurrence. If the review identified the need for increased staff support the registered manager was proactive in seeking additional funding to provide this.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- Staff had thoroughly assessed people's needs. Assessments covered their physical, psychological, emotional and spiritual needs and took people's preferences into consideration. Care, treatment and support was delivered in line with best practice. Staff followed the principles of Registering the Right Support and other best practice guidance. This ensured that people who used the service could live as full a life as possible and achieved the best possible outcomes.

- The registered manager was passionate about improving the quality of people's lives and told us they were currently working towards improving the support in regard to people's sexuality and relationships. They told us about training they had attended recently. One person's records showed they had received counselling from a relationship counsellor.

Staff support: induction, training, skills and experience

- Staff received appropriate training, supervision and support. Staff were very positive about their training, which was a mixture of online and face-to-face. They told us, "The training helps us to do our jobs." Staff had mostly completed mandatory training, with exceptions being staff who were on sick leave or were struggling to fit dates around personal commitments.

- New staff received a thorough induction and had regular meetings to monitor their learning and competency. The registered manager did not sign any staff off as having completed their probationary period until she was satisfied regarding their competence and suitability for their role.

- Staff told us they felt very well supported at the service and were confident in how to support people.

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

- People were supported to eat and drink enough to maintain a balanced diet. Two choices of evening meal was cooked by staff but other options were available. People could choose to prepare their own meals, either fully or partially and we observed that people came and went freely in the kitchen. People took part in shopping for food and had input into deciding what was on the menu.

- One person had very specific needs around food. Staff supported this person to manage their food

preparation and consumption.

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

- Staff worked well with other agencies to ensure people received consistent, timely and person-centred support. People's care records demonstrated that professionals had been involved in devising support plans for health conditions. For example, people had plans around healthy eating, weight and smoking.

- The service was adapted to meet people's needs. People had either en-suite bathrooms or access to a bathroom for their sole use. Bedrooms were personalised and reflected people's interests. Individual furniture was of good quality and in good condition.

- Communal areas had been decorated in collaboration with people who lived at the service. The overall atmosphere was of a calm, clean and homely environment. The communal lounge had recently been refurbished. One person had said they wanted a map on the wall and this had been provided.

- Staff had an excellent knowledge of things that could potentially upset people. For example, one person could not tolerate objects lying around and would break them. Staff ensured any items were removed or tidied away.

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

- People were supported to live healthier lives and access healthcare services. For example, people saw diabetes specialists, chiropodists, the speech and language team and dieticians. Staff followed the advice of professionals when supporting people with 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had applied to deprive people of their liberty legally and in line with the MCA and clear records were kept of granted applications and applications in progress.

- Where decisions needed to be taken in a person's best interests this had been done in line with the MCA. Assessments were carried out to a high standard, were easy to follow and demonstrated the outcome clearly. Best interest decisions were also of a high standard, the decision to be taken and rationale were clearly documented and demonstrated the least restrictive option had been adopted.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

Outstanding: This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were exceptionally well cared for by kind and caring staff. Staff were committed to providing the best support they could for people. One person's relatives told us, "We are 100% satisfied." They explained their relative's life had improved considerably since moving to The Lodge. A professional told us, "They do wonderful work with [Name]." A member of staff told us, "I love making people happy."
- The registered manager had high standards for staff and had developed a culture where staff shared this standard. We spoke with staff who demonstrated pride in the quality of their colleagues and the team. Staff confirmed that there was no tolerance for staff who did not demonstrate qualities of kindness and respect.
- A member of staff told us, "Working here is beautiful. We were told, don't come here with a miserable face, try to bring happiness, joy and humour." Throughout the two days of our visit we observed staff focussing on the people living at the service and delivering support in a warm and friendly manner. People were very relaxed and at home with staff. Staff spoke with people respectfully and gave their full attention.
- The service had a strong person-centred culture which all members of staff and management were committed to. The registered manager told us, "We're promoting love, compassion, quality of life. If staff are not invested in this don't want them here." Staff told us, "We are here to support people, not do things for them." People's care plans were comprehensive and contained clear short, medium and long-term goals. The goals were intended to improve people's independence and well-being.
- One person at the service needed a new aid to help with mobility. This was not available on the NHS. Staff identified the person was owed a considerable amount of back pay and found a private facility that could supply the aid. The person was supported to attend the clinic and the outcome was a significant improvement in their mobility.
- Staff we spoke with had significant knowledge of everybody living at the service and their care and support needs. Some of the people had complex needs and behaviour which could challenge. Staff were alert to what was happening from moment to moment and were skilled at intervening and reducing tension and anxiety. We noted on several occasions that when one person started to speak more loudly and rapidly, staff were able to engage with them in a way which acknowledged what they were saying but also helped

them return to a calmer frame of mind.

- Staff respected people's human rights and dealt with difficult personal issues in a sensitive manner. One person needed to talk about issues which could upset other people living at the service. We observed staff redirect this person to their room and offer private time to talk. Another person, who was on one-to-one support sometimes needed to be alone. Staff continued their support by sitting down the corridor with the person's closed bedroom door just within eyesight. The registered manager told us that at this time staff were still supporting the person and had to be ready for their needs. We observed staff sitting patiently waiting for the person.

- Staff received training in diversity and understood about protected characteristics under the Equality Act. Staff told us how they supported people and ensured other people living at the service did not discriminate against them. Staff were willing to challenge discrimination and demonstrated they could do this in a way people using the service would understand.

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

- Staff involved people as much as possible in decisions about their care and treatment. Each person had a keyworker who was assigned to work with them on developing their care, support and development goals. People met with their keyworkers regularly, one member of staff told us, "It's about what they want and how to do it. Some people cannot talk to us for very long so we have several short chats. When people decide what they want to do, we work out how to do it."

- Where possible people's relatives were kept informed and involved in care. One relative said, "It's good communication, we can't fault them" and added "My relative is complex but they're doing very well with them."

- Staff negotiated with people to help them make choices about well-being. One person had a clear plan, in accessible format, which explained diabetes and the importance of choosing healthy food. This person did not always make a healthy choice but staff ensured they had been informed and supported to think about what to eat.

- Where people required specific support to prevent them from becoming distressed this was detailed in their care records and guidance was in place to support staff. When we spoke with staff they explained how they reassured people and tried to distract them from the issue that was making them upset. Staff said that they were aware of people's moods and body language which helped them to understand what people wanted. They told us that they always tried to distract people from their issue of concern or to prevent a situation arising. One member of staff said, "You will never see [Name] and [Name] sitting next to each other." Another person experienced anxiety around food and their care plan stated, "[Name] likes predictability in all things especially evening meal menus and staff. Another person had experienced reduced anxiety because they had been given their own living area. At first, they had not spoken or left the service but now spoke with staff and regularly shopped for DVDs and ate out. This person had been reluctant to move to the service, feedback given was, "The way you came across to [Name] completely verified everything I had told them about the service."

- The registered manager told us she was especially proud of how staff had responded when a person who lived at the service passed away. Staff had been fully involved in their funeral, with one member of staff accompanying the coffin as was traditional for mourners in the member of staff's culture. Staff wrote a eulogy and another member of staff a poem. The person's family wrote, "As a family we felt he had been in

the best home possible and only wish it could have been for longer, thank you for all your help with the wonderful funeral service. We were so moved by all the lovely words that were said about [Name]."

- Staff told us they had produced a social story using pictures to explain to people about the person passing away.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. We observed staff knocked on people's bedroom doors and called them by their preferred name. Bedrooms had been personalised with people's belongings, to assist people to feel at home. People were able to go to their rooms to be private if they wished. One person received one to one care throughout the day; staff arranged to sit in the corridor with line of sight on their bedroom door should they wish to be alone. Two people were supported to live in self-contained flats at the service where they had their own lounge and kitchen.

- One person refused staff support with personal hygiene and was reluctant to have staff in to clean their personal space. Staff explained there was a delicate balance to be maintained as, if they pushed, the person would not let them in at all. They had consulted other professionals and a recent best interest decision had been taken about the least intrusive way to address the issue.

- Confidential information such as care records and staff files were kept securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remains Good.

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 were involved as much as possible in the planning of their care. Staff met at least monthly with people to discuss any changes or anything new the person wished to try. Staff met with people in a way that prioritised their communication style and ability to focus. For example, some people met with staff for several short conversations. Staff told us about one person who had been given a communication mat by the speech and language therapist but had thrown it away.
- Staff helped people develop goals and how to achieve them. One person had wanted to do an art course. They had recently completed this and planned to do another. Another person wanted a relationship and the registered manager explained how they were supporting the person to move towards this.
- People's care plans fully reflected their physical, mental, emotional and social needs. One person had health and weight problems. Staff had developed a care plan for this which included the person's wish to continue smoking. There was clear information about the person's choice and a negotiated agreement about the frequency of cigarettes. However, staff told us, if they were distressed that would not be the time to ask them to wait. The person also had a diet plan written in accessible format and records showed staff regularly spoke with them about food choices. However, the person was free to choose whatever they wanted.
- Records showed that staff worked with people to improve their quality of life and to expand their range of experiences. One person was at risk of mental illness. Staff had developed an excellent care plan to help identify signs the person was becoming unwell and the most effective way to support them. The plan was written in a way that emphasised the safety, well-being and preferences of the person.
- Staff told us about a second person, "[Name] gives us lists of what they want to eat and likes to cook independently." Staff told us, "[Name] prefers to use the second cooker in the kitchen to cook; we keep things separate as they are very particular about who touches their food and packaging."
- All the staff we spoke with demonstrated an in-depth knowledge of the people living at the service. Staff demonstrated a genuine interest in people and a passion for improving their quality of life. Staff were able to explain what upset individuals and how to reduce this as much as possible. One member of staff explained, "It is about constant small adjustments."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were assessed and recorded in line with the Accessible Information Standard (AIS). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others, including professionals. Staff knew people well and responded to their individual communication needs.
- People living at the service were encouraged to develop individual interests. One person had been on holiday to Japan and America. Another person was planning to go on holiday to Ibiza. People were encouraged to follow their interests, for example, horse-riding, visiting wildlife parks or attending social clubs. One person attended a local church which had arranged accessible order of service information. People's bedrooms reflected people's tastes and interests.
- People were supported to maintain close contact with their families. Family members were always welcome at the service. Family members were all positive about the quality of life and opportunities at the service.

Improving care quality in response to complaints or concerns

- There had been one complaint in the last year which had been dealt with appropriately. The registered manager had put measures in place to reduce recurrence. A copy of the complaints procedure was available in an accessible format and one person had used this to make a complaint some time ago.
- Whilst there were no formal complaints, staff responded immediately to any situation which could cause distress or potentially cause distress. Staff were very aware of things that people did not like, for example one person could not tolerate mess, and acted to address this straight away. During our inspection we observed another person raising health and safety concerns which staff took seriously and gave them a clear explanation and reassurance about safety.
- The service had received several compliments from family members. One person wrote to the service, "I am lost for words in terms of how I feel about your professionalism, dedication, resilience and well-meaning. I am truly indebted to you beyond which words can express."

End of life care and support

- People living at the service had been involved in developing plans, written in accessible format, about their end of life wishes. This included any religious preferences and choices. One person living at the service had recently passed away unexpectedly. Staff had supported the person's family.
- People at the service received sensitive and carefully thought out support when they suffered a bereavement. One person was helped by staff to buy a suit and accompanied to the funeral. Staff worked with other family members on retaining contact. For another person a best interest decision was for them not to attend the funeral, but staff arranged for them to organise a memorial in the garden at the service.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

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 registered manager and deputy manager provided excellent leadership. The registered manager was passionate about the culture within the service, identifying this as key to positive outcomes for people.. We spoke with a range of staff at the service and comments included, "[Name] is an exceptional manager," and "The manager and deputy are always on top of things, I don't think they get enough compliments. A professional told us, "They offer a great service."
- The registered manager told us, "Nailing the day to day care is important but the focus here is on meaningful quality of life." They said their biggest challenge was the continuous focus on quality of life and achieving person-centredness." This was assessed by seeking people's opinion and feedback and also observation. A professional who had recently been involved with the service told us, "They do wonderful work with [Name]. They offer freedom and choice and try to understand them."
- Staff we spoke with were very proud of the service they delivered. They understood the importance of having the right culture at the service. They told us they were confident in both the management of the service and the integrity and competence of their colleagues. Staff told us there was no tolerance within the service for poor attitudes and that their role was to provide the best possible support for people. Staff expressed the view that everybody within the team had a responsibility to maintain the positive culture and said they were willing to challenge others.
- Each shift had a senior member of staff leading. Staff told us seniors were competent and knowledgeable. The seniors had individual areas of responsibility such as medicines and care planning and demonstrated enthusiasm and competence in these roles.
- Staff attended monthly meetings. They were able to make suggestions and contribute to the running of the service. Staff told us they felt confident to speak up. Minutes of staff meetings showed staff were involved and also that they received positive feedback from leaders.
- One member of staff came into the service on their day off as they wanted to be able to contribute to the inspection.

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

- Staff told us that it was part of the culture of the service to be open, honest and transparent. They said they were expected to challenge each other whenever they thought something hadn't been done well enough or could be improved. Support workers told us they were confident to challenge seniors if necessary.

- Staff reported any incidents or near misses and liaised with staff in the learning disability, safeguarding and social work teams and were pro-active in seeking advice. When an aspect of someone's care was not working as well as it could the service sought ways to improve this, if extra staffing was required they collected evidence to demonstrate this.

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

- The provider had a comprehensive system in place to monitor the quality and effectiveness of the service which was implemented effectively within the service. Regular health and safety checks were undertaken; where actions were identified these were followed up promptly. Checks took place to ensure actions had been completed.

- There were systems in place to monitor staff training and supervision. The registered manager and deputy followed up outstanding training to ensure it was completed by staff.

- The registered manager had a strong focus on recruitment and ensuring suitable staff with the right values were employed. The registered manager told us the key values were patience and empathy. Where staff were not performing to the expected standard the registered manager took action. Staff would be offered additional support as soon as any performance issue was identified. The provider's policies and procedures were implemented when necessary. Staff told us they had received a great deal of support from the registered manager when they had personal difficulties. One member of staff told us, "Although I couldn't work I was never worried I would lose my job." The registered manager told us she was proud of how supportive the team were.

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

- People who lived at the service were engaged and involved as much as possible. Monthly meetings were held and a newsletter produced so everyone could see what had been discussed. People were able to contribute their views about the decoration of the service. As part of the meeting people told staff what things they would like to do in the community. People were told about any staff changes such as staff leaving or new staff starting.

- People's equality characteristics were considered and the service worked to ensure they were not discriminated against. This included by other people living at the service as well as staff and visitors.

- Staff completed an annual survey. The results for the service were generally higher than average across the provider. The majority of staff indicated they felt supported at work and felt they did an effective job. Staff found their work interesting and challenging (96%) and agreed the manager communicated clearly. Questions about changes they would like mostly focussed on improvements for people at the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us about their future focus on people's relationships and sexuality. They had attended a course which focussed on this and was now in the process of engaging staff in these discussions.

- The service had worked with health professionals to improve people's health and understanding of

health. Professionals had been involved to work with people on healthier lifestyles, with plans developed in partnership with people living at the service. We observed some interactions with people at the service based on improving their nutrition.

- Seniors meetings were held monthly. This was an opportunity for seniors to review team performance with the registered manager and deputy and discuss more effective ways of working.