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

Overall summary

We inspected Hunters Lodge on 12 December 2014. The inspection was unannounced.

Hunters Lodge is a care home for people with learning disabilities. On the day of our inspection there were 9 people living in the home which is the maximum number the home is registered to take.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were cared for by staff who had the skills, knowledge and experience to deliver their care safely and effectively. People were protected from the risk of abuse because staff were knowledgeable about how to

Summary of findings

recognise and report abuse. People's care was planned and delivered to minimise the risk of avoidable harm. There was a sufficient number of staff working during the day and at night to meet people's needs.

Staff were kind and caring and people were treated with dignity and respect. People's diversity was recognised and catered for. Staff knew the people they were caring for well and understood their needs and how to meet them. Throughout our inspection we saw examples of personalised care. People were involved in their care planning and were happy with the quality of care they received.

The home was clean and well maintained. People's rooms reflected their individual tastes and interests. People were given a choice of nutritious, well-balanced meals and had sufficient to eat. Staff supported people to maintain good health by carrying out regular checks and ensuring they had access to a variety of external health care professionals. Staff liaised well with social and health care professionals.

People were encouraged to express their views on the quality of care they received and how it could be improved. There were a variety of systems in place to obtain people's feedback and to monitor and assess the quality of care they received. The home was well organised, and managed by an experienced management team. The registered manager demonstrated the desire to continuously improve the service with the involvement of people living in the home and staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they were safe. Staff were aware of their responsibility to protect people from abuse and knew how to do so. Risks to people were assessed. People's care was planned and delivered to minimise the risk of avoidable harm.

There were sufficient numbers of staff to help keep people safe and meet their needs. People received their medicines safely. Staff understood the importance of infection control and hygiene.

Good

Is the service effective?
The service was effective.

People were supported by staff who had the training, knowledge and skills to carry out their role well. Staff understood the relevant requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's consent to care and treatment was obtained in line with the legislation. People were supported to maintain good health and a balanced diet.

Good

Is the service caring?
The service was caring.

People were supported by kind, caring staff who knew them well. People were supported to express their views and felt listened to. People were treated with dignity and respect and their privacy was maintained.

Good

Is the service responsive?
The service was responsive.

People told us their care was delivered in the way they wanted it to be. The service responded quickly when notified there had been a change in a person's needs or preferences. The service enabled people to remain as independent as they could be and to spend their time doing the things that mattered to them. People were supported by the service to express their views and knew how to make a complaint.

Good

Is the service well-led?
The service was well-led.

The registered manager demonstrated good management and leadership. People using the service and staff felt able to approach the management with their comments and concerns. There were systems in place to assess and monitor the quality of care people received.

Good

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

The inspection took place on 12 December 2014 and was unannounced. The inspection was carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service including the previous inspection report, routine notifications and the provider's information return (PIR). A PIR is a form that we ask providers to complete that tells us about the operation of the service, what they do to meet people's needs and any proposed improvement plans.

During the inspection we spoke with three people living in the home and two of their relatives, the registered manager, deputy manager, training manager and two staff members. We also spoke with a member of the commissioning team from a local authority that commissions the service.

We looked at four people's care files and three staff files. We also looked at a variety of records relating to the management of service and maintenance of the home. These included minutes of residents' and staff meetings, feedback questionnaires, records of audits and utility safety certificates.

Good

Is the service safe?

Our findings

People told us they felt safe. People's comments included, "I'm very safe here" and "I do feel safe here". People knew the type of behaviour that was unacceptable and what to do if they had any concerns about their safety. One person told us, "I'd tell my social worker or my family if someone tried to hurt me."

There were appropriate arrangements in place to protect people from abuse. Staff had been trained in safeguarding adults and knew how to recognise the different types and signs of abuse. There were safeguarding and whistle-blowing policies and procedures for staff to follow if they had concerns that a person living at the home was at risk of abuse. Staff were familiar with the procedures. They knew who report any concerns to within the staff team and how to escalate concerns outside the home.

People had personalised risk assessments which identified a variety of risks and gave detailed information to staff on how to manage the risks. The risk assessments balanced protecting people with respecting their freedom. Where people were at risk in the community, their care plans had information for staff on how to minimise the risk to them while they were out in public. The new risks people faced were shared with staff when there was a change of shift and care plans were updated in a timely manner. This minimised the risk of people receiving inappropriate care.

There were sufficient staff including senior staff to help care for people safely. People told us the staff were there when they needed assistance. One person told us, "There is always someone at home." Another person told us, "They come with me to all my appointments." The manager told us staffing levels were checked on an ongoing basis, but particularly during pre-admission assessments and when there was a change in a person's needs.

Staff were recruited using a safe recruitment practice which was consistently applied. This included appropriate checks before staff began to work with people. Records demonstrated that professional references, confirmation of applicant's identity and right to work in the United Kingdom were obtained. Criminal record checks were also carried out. Job applicants were required to attend an interview where their suitability for their role was assessed. This minimised the risk of people being cared for by staff who were inappropriate for the role.

People received their medicines safely because the home had appropriate arrangements in place to order, store, administer and record medicines. People had clear records of the medicines they were required to take, as well as how and when these should be administered. People's medicine records were clear and fully completed. Staff handling medicines had received training in how to administer medicines safely.

The building and garden were adequately maintained to keep people safe. The provider used an external company to carry out safety checks and to ensure the building was fit for purpose. The boiler and utilities were regularly inspected and tested. The home was fully accessible and of a suitable design and layout to meet the needs of people living there. The home had procedures in place which aimed to keep people safe and provide a continuity of care in the event of an unexpected emergency such as, a fire or boiler breakdown.

People were well protected against the risk and spread of infection. People told us the standard of cleanliness was always good. On the day of our visit, all areas of the home were clean. Staff understood the importance of infection control. They had received training in infection control and were able to tell us how they applied their training day-to-day. We observed that staff followed the home's infection control policy and practised good hand hygiene.

Good

Is the service effective?

Our findings

People told us they were cared for by staff who knew how to do their job. People told us, "They've been doing it a long time. They know what they are doing", and "They know how to look after me."

People received care from staff who had the necessary skills, knowledge and experience to carry out their roles effectively. Many of the staff we spoke with were very experienced care workers and had worked at the home for several years. They knew the people living in the home well, understood their needs and how they preferred their care to be delivered. They were also familiar with the homes policies and procedures and knew how to apply them in practice.

Newly appointed staff were given an induction before they began to work alone with people. The induction introduced them to the main policies and procedures of the home. They were also required to shadow experienced staff members delivering care. This enabled staff to get to know people and to learn about their needs, preferences and routines before they started to deliver care. Staff were only given a permanent employment contract after successful completion of a probationary period during which they were observed delivering care and assessed by a member of the management team. Where appropriate probationary periods were extended to enable staff to have additional training.

Staff had received training in the areas relevant to their work, such as safeguarding adults, moving and handling people, emergency first aid and food safety. There was a system in place to check staff competency in areas of their training. We saw confirmation that staff member's understanding of the types and signs of abuse and how to report any concerns was tested. Staff members were allocated lead roles. There were staff leads for infection control, safeguarding and fire safety. This enabled staff to seek guidance from another member of staff in relation to the areas of their work. Staff received regular supervision where their performance was reviewed and their training needs discussed.

People were supported to have sufficient amounts to eat and drink and maintain a balanced diet. People had a choice of nutritious food and were offered enough to drink. The home had an open kitchen policy, which meant that people were able to help themselves to snacks and drinks at any time. We saw this in action during our visit. People who required support to, for example, make a hot drink were given the support they required. Staff responsible for preparing meals knew what constituted a balanced diet and the menus were designed to offer a healthy and balanced diet. People living in the home told us the quality of food was good. People commented, "The food is really good here" and " I love their cooking."

People who were at risk of poor nutrition and dehydration were identified when they first moved into the home and this was recorded in their care plans. Where appropriate, their food and drink intake was monitored. People also had access to dieticians and were promptly referred where their needs required it.

People were supported to maintain good physical and mental health. A variety of checks were regularly carried out and recorded. For example, we saw that where required, people were regularly weighed. Everybody living at the home was registered with a local GP surgery which the home had a good working relationship with. People had appropriate health checks, such as breast screening. People were appropriately referred to specialists and had access to a range of external health care professionals such as, speech and language therapists and psychiatrists.

The Mental Capacity Act 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Records confirmed that people's capacity to make decisions was assessed before they moved into the home and on a daily basis thereafter. The manager and staff had been trained in the general requirements of the Mental Capacity Act (MCA) 2005 and the specific requirements of DoLs and knew how it applied to people in their care.

The service was following the MCA code of practice and made sure that people who lacked capacity to make particular decisions were protected. Where people were unable to make a decision about a particular aspect of their care and treatment, best interest meetings were held.

DoLs requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need. Although no applications had needed to be made, there were procedures in place to make such an application, which staff understood.

Good

Is the service caring?

Our findings

The atmosphere in the home was calm, friendly and relaxed. We observed and people told us they were treated with kindness and respect. People commented, “They are nice to me” and “They are good.” A relative told us, “They are lovely and look after [the person] very well.” The interaction we observed between staff and people living in the home was caring and compassionate. Records showed that where people were sad or upset, the staff communication book reminded staff to “Be extra supportive and comforting to [the person].”

Staff knew the people they were caring for well and how they preferred to be supported. People were supported at a pace that suited them. Each person had a keyworker, a member of staff who could assist them to communicate their needs and understand the care options available to them. The keyworker system helped to promote positive caring relationships between people and staff. Staff received training in learning disability awareness which one staff member told us, “Helped them to see things from the point of view of a person with a learning disability.”

Staff encouraged people to express their views. The manager told us the service operated an, “open door policy”, in that people could go into the manager’s office at any time to have a chat. We observed that people were comfortable discussing their care and how they felt and staff responded appropriately. One person told us, “They are always asking me how I am and if I’m not happy I tell them.” People who needed it were given communication aids such as, pictures to make it easier for them to communicate their needs to staff. A staff member told us, “If they are not happy they will let us know.”

People’s needs, values and diversity were understood and respected by staff. People from other cultures were supported to shop for the ingredients they liked and had their meals prepared in the way they preferred. People were taken on holiday to their country of origin and this was used as an opportunity for everybody living in the home to learn about and experience other cultures.

People told us their privacy and dignity was respected at all times. Staff spoke to people in a supportive and caring manner. People’s bedrooms were personalised and contained items and furniture which reflected their interests. We observed, and people confirmed that staff knocked on the door and asked for permission before entering people’s rooms. Staff were able to describe how they ensured people were not unnecessarily exposed while they were supported with their personal care. The manager observed staff interaction with people and assessed their competency in how they maintained people’s dignity and treated them with respect.

Records indicated that not everybody had an end of life care plan. The deputy manager told us this was because some people did not wish to discuss end of life care and their wishes were respected. However, the issue was revisited during people’s care plan reviews. Where people did have an end of life care plan, it was clear they had been consulted and their wishes for their end of life care were clearly recorded.

Good

Is the service responsive?

Our findings

Some people had been living in the home for many years. Everybody we spoke with made positive comments about the care they received and told us their needs were met. People commented, "I love it here, I have everything I need", "I'm happy here" and "You can do what you want in this house." A relative told us, "[the person] is happy living there. The staff are very attentive."

People's risk assessments and care plans were regularly reviewed and updated with their input. People's care plans considered all aspects of their individual circumstances and reflected their specific needs and preferences. People's care files included details of their life history, family relationships and individual wishes. We saw that staff used this information and their knowledge of people living in the home as a starting point for conversations and to aid communication. People told us their care was delivered according to their care plan and generally felt in control of the care they received and the way it was delivered.

Care plans stated how staff should meet people's social, emotional, physical and mental health needs. Staff were aware of what might trigger a change in a person's behaviour and how to prevent it or react to it. For example, where people were nervous about a particular medical procedure, we saw that staff were briefed on how best to support them in the build up to it. We saw that where there had been an unexpected deterioration in a person's behaviour they were promptly referred to an appropriate specialist.

Staff recognised and responded to people's need to socialise and be stimulated. People were involved in a variety of activities both inside and outside the home, individually and in groups. The service had a mini-bus and staff supported people to go out as often as they wanted to. People had very different routines which reflected their individual preferences. Everybody we spoke with was satisfied with the opportunities available to socialise and with how they spent their time day-to-day. Staff supported people to maintain contact with friends and relatives who lived far away through regular telephone contact. People's relatives told us they were always made to feel welcome at the home.

People and their relatives understood the complaints process and knew how to raise concerns or make a complaint. People felt able to express their views because they said the staff were approachable and listened to them. Regular residents' meetings were held where people had the opportunity to discuss any aspect of their care. At the most recent meeting, people discussed their food preferences, upcoming celebrations and the group activities they wanted to participate in. They were also asked if anyone or anything had upset them. People who required it were supported to express their views through the use of communication aids. People told us and records confirmed the issues raised at residents' meetings were actioned by staff.

A variety of external health care professionals were involved in people's care. The communication between the home and external agencies was good. People with newly identified health care needs were referred to the appropriate specialist promptly. There were systems in place to ensure people attended their hospital and other health care appointments and to ensure that all staff were aware of the appointments. People had hospital passports, these are documents people took to their hospital appointments which provided hospital staff with information about the whole person by including information which is not only about their health such as, their likes and dislikes.

Where there was a change in a person's prescribed medicines, all staff were notified. This minimised the risk of people receiving inappropriate care.

Good

Is the service well-led?

Our findings

People told us the service was well organised and that the management were approachable. One person said of the management, "I can talk to them about anything." There was a clear management structure in place which people living in the home and staff understood. Staff knew their roles and responsibilities within the structure and this was discussed during staff and supervision meetings. A relative was able to tell us the names and roles of the management team and knew who was the most appropriate person to approach about a particular issue.

Staff told us the home was a pleasant working environment and that they enjoyed working there. Staff felt supported by the management and were able to express their views. One staff member told us, "There is always someone I can go to for guidance." Staff meetings took place which gave staff the opportunity to discuss issues of importance to them and receive guidance on good practice. The manager told us the home's core values included independence, dignity and respect. Staff we spoke with had a good understanding of these values and we saw that they were put into practice.

The provider told us in their provider information return about their development plans for the home. They were constantly looking for new ways to stimulate people, develop staff and enhance the facilities of the home. We saw that plans were actioned. Plans to increase the training offered to staff and to test their competency were being implemented. On the day of our inspection, the dining room was being redecorated.

There were appropriate arrangements in place for checking the quality of the care people received. The records we reviewed confirmed that managers and staff regularly checked care plan reviews, handling medicines, infection control, maintenance required and staff training and supervision. We saw confirmation that where issues were found, they were dealt with or raised at staff or at individual supervision meetings. A recent management audit of the cleanliness and maintenance of people's rooms found that a window latch needed fixing. We checked and this had been repaired. During a staff meeting in July 2014 management raised an issue about the standard of medicine record keeping. Staff were reminded of the importance of accurate records and the standard of record keeping was monitored thereafter. Staff performance generally, was monitored through regular supervision and annual appraisal. This enabled the managers to set staff performance targets and we saw that these were followed up.

The manager sought to improve the quality of care people received by obtaining and acting on feedback from people and their relatives. We reviewed feedback questionnaires completed in 2014 by people living in the home and their relatives. All the feedback was complimentary. There was a system in place to record, monitor and review accidents, incidents and complaints. Where appropriate such events were discussed at staff handovers so that staff were immediately aware of what had happened and were given guidance on how to minimise the risk of similar events occurring.