EAM Lodge Community Interest Company

EAM Lodge CIC

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection took place on 31 August, 1 and 2 September 2016 and the first day was unannounced.

The previous inspection took place 24 July 2014 and we found that the service had met all regulatory requirements at that time.

EAM Lodge CIC (known as 'EAM Lodge' by the people who live there) is registered to provide nursing care and accommodation for a maximum of six young people at any one time. At the time of our inspection there were five people living at EAM Lodge on a permanent basis and one person was also beginning a period of respite on the first day of our inspection. Respite can be a period of either planned or emergency care provided to a person in order to provide temporary relief to family members who are caring for that person. Care is provided for young people with complex health needs with medium to high levels of intervention.

EAM Lodge is a large, extended detached house within its own grounds. On the ground floor, there is the kitchen and lounge with a sitting and dining area housed within a large conservatory extension that looks out onto an accessible garden area.

The service had a registered manager who had been registered with the Care Quality Commission (CQC) since September 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff files we reviewed contained appropriate recruitment documents including application forms, interview records, references, proof of identity and Disclosure and Barring Service checks.

We found appropriate health and safety checks for the environment and equipment were done and up to date.

Staff were able to explain types of abuse and how they would protect young people from abuse.

There were sufficient numbers of suitably qualified staff to care for people living at EAM Lodge on a permanent or respite basis. People's needs were safely and effectively catered for.

We saw that the provider ensured that induction and mandatory training was completed before staff started in their caring role. This meant that staff were skilled in meeting the needs of the young people at the service.

People developed good relationships with the staff and management at the service. We observed many instances of good rapport and positive interactions between people, staff and visiting relatives.

We saw that staff understood the complex needs of the young people living at EAM Lodge. This meant people were supported by staff who knew their specific care requirements but staff who also respected their preferences and wishes.

Support plans were detailed and person-centred, and contained specific information about how that young person. This meant staff had clear and specific guidance on how best to support that person.

There were various activities done at the home such as crafts and outings into the community; some of the young people accessed a local college. Managers and staff were keen to develop this area so that young people were involved in activities that stimulated them, improved their quality of life and helped them maintain links within their community.

The service had a current complaints policy on file. Relatives we spoke with told us they knew how to make a formal complaint but had not done so yet. They told us they would raise any concerns with the registered manager and would feel confident in doing this.

The service kept a compliments book which we saw contained positive feedback about the staff and management at EAM Lodge. A current complaints policy was also in place and on view in the home.

People living at EAM Lodge had access to an independent advocate. The advocate acted on behalf of two people living in the home and regularly attended resident meetings.

The service had effective quality assurance systems in place which helped ensure the quality of service people received was of a safe and good standard. These included audits of support plans; accidents and incidents; training matrix; complaints; medicines and petty cash and finances.

Staff meetings were held and we saw that staff were able to raise service specific issues and training within this forum. This meant that staff were supported by management to do their caring role more effectively.

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.

Relatives told us they had no issues in respect of the safety of the service. There were sufficient skilled and experienced staff on duty to meet people's needs.

Staff were aware of what safeguarding meant, were able to identify signs of potential abuse. Staff said they would report any concerns regarding the safety of people to the manager.

Appropriate health and safety checks to the building and equipment were in place. These ensured people's health and safety was protected.

Is the service effective?

Good

The service was effective.

Relatives told us they felt staff had the right knowledge and skills to do their jobs effectively.

The service had sourced specific training for staff so that they could effectively deal with complex needs of individuals using the service.

The service had access to numerous health professionals with areas of expertise. Feedback we received from health professionals involved in the service was positive and complimentary.

Is the service caring?

Good

The service was caring.

We observed positive interactions between the young people using the service, the manager and all other staff. The atmosphere in the service was friendly and relaxed.

Staff we spoke with were mindful of preserving people's privacy and dignity. Staff were aware of individual's rights and wishes and respected these.

Records were stored securely and that confidentiality of all information was promoted by management and the service

Is the service responsive?

Good

The service was responsive.

People's care and support plans contained detailed and person-centred information. Staff understood individuals' needs and delivered safe and effective care.

The service responded positively to ensure that specific needs were met. They involved other health professionals to assist with developing person centred regimes of care.

People told us they knew about the service's complaints procedure if they needed to raise a complaint.

Is the service well-led?

Good

The service was well led.

Relatives and health professionals were complimentary about the leadership of the service and considered it to be well run.

Quality checks and audits were in place to effectively monitor the safety and quality of the service.

The provider had a wide range of policies and procedures in place to provide guidance and support to staff in performing their role within the organisation. Staff felt supported by management.

EAM Lodge CIC

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.

This inspection took place on 31 August, 1 and 2 September 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted Trafford Council's Commissioning and Safeguarding teams and Trafford Clinical Commissioning Group (CCG) for information they held on the service. We also contacted Trafford Healthwatch. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

We spent two days of inspection at the home and a third day was spent at head office looking at recruitment files which were not stored on site.

We communicated with three people using the service, two relatives, the registered manager, the deputy manager and four care staff. We observed the people were supported in communal areas and looked at records relating to the service, including three care records, four staff recruitment files, daily record notes, medication including reviewing the medication administration records (MAR), maintenance records, audits, accidents and incidents and policies and procedures. Due to the limited verbal communication of some young people living at the service, people responded to our questions asked with "yes" or "no" answer.

The previous inspection took place in 24 July 2014 and no concerns were identified.

Good

Is the service safe?

Our findings

Relatives we spoke with all agreed that the service was safe. One relative told us, "Yes, definitely; I believe it is safe. I wouldn't allow [person] to stay there if I thought it wasn't." Others we spoke with told us they had no issues in respect of safety. One member of staff we spoke with also told us, "There is always enough staff to be safe." On arrival at the service we saw that people living at EAM Lodge were up having breakfast. Some people were sat in wheelchairs at this time and we saw that all lap belts were in situ and fastened. This showed us that the service ensured people's safety when using specific pieces of equipment.

We saw the service maintained an accident record book and we looked at incidents recorded over the 12 months prior to the inspection. . We noted the accidents recorded in that time period had been done so accurately. One accident entry recorded that a member of staff had put their foot through a part of the wooden ramp that led into the garden area. We saw that a repair request had been put into the maintenance book and that a temporary repair of the ramp had been completed by the time of our inspection. This was now safe to use again by all.

When incidents involved a person living in the home presenting with behaviour that challenges we saw that relevant documents had been reviewed, for example individual risk assessments and where appropriate, Antecedent, Behaviour and Consequence (ABC) recording charts had been completed. We were satisfied that the service was appropriately recording and acting on accidents that occurred on the premises to ensure that the risk of reoccurence was minimised.

We looked at EAM Lodge's selection and recruitment processes to see whether these helped to ensure that appropriate staff were employed. We looked at four staff personnel files including two recent recruits. The staff files we reviewed contained appropriate recruitment documents including application forms, interview records, references, proof of identity and Disclosure and Barring Service checks. The DBS identifies people who are barred from working with vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We saw that one employee had commenced employment after the service had received a clear ISA first check. A letter on file sent to the employee indicated that permanent employment would be subject to further DBS checks. The Enhanced Disclosure, when produced by the employee, had not been clear however we saw that the service had taken appropriate action in assessing the risk to people living at EAM Lodge, given the type of offence and the passage of time since. We were assured that the company had weighed up the risks and would take relevant action if this was repeated and this was outlined in a second letter we saw on file which had been sent to the employee.

To protect the health and wellbeing of people using the service, employers are expected to follow certain procedures during the recruitment process of a nurse and throughout a nurse's employment. Qualified nurses register with the Nursing and Midwifery Council and are allocated a pin number. This denotes they are qualified to practice and must continue to register with the NMC on an annual basis, producing evidence to show they have undertaken updates in both clinical and theory practice. We saw that the service carried

out annual pin number checks on nursing staff. This meant that people were supported by qualified nursing staff registered with the NMC and protected from those who may have let their registration with the NMC lapse.

When we spoke to staff about safeguarding they were able to explain what this meant and to identify and recognise the forms of abuse that people using the service might be vulnerable to. They told us they would report any suspected abuse to a senior staff member or the manager and also record the incident appropriately. We saw that staff had completed safeguarding workbooks in order to increase their knowledge in this area. The service had attempted to enrol staff on local authority safeguarding training, but this was not always possible due to the limited number of sessions taking place. The service had a copy of the local authority's multi disciplinary safeguarding procedures dated 2010. The manager was advised to check with the local safeguarding team for any updated versions of these procedures given the changes in legislation as a result of the Care Act 2014.

During our inspection, we saw that staffing levels were appropriate to the young people's needs and dependency levels. Relatives we spoke with told us there was always enough staff to support people's needs and staff we spoke with agreed. They felt confident and competent when providing care and support to people living at EAM Lodge, both in the home and when out the community. The registered manager told us that staffing levels and the staff mix depended on the needs of the young people living permanently in the service and those accessing for respite and any planned activities that were taking place.

We saw that risk assessments were done for the young people using the service and that these were up to date. Risk assessments help to ensure that staff know how to support people to meet their needs while managing risk at all times. Risk assessments were detailed and specific and contained control measures for staff to help manage identified risks and meet the person's individual needs.

We saw risk assessments in areas such as moving and handling, nutrition and hydration and more specific risk assessments based on an individual's particular care needs. For example we saw a risk assessment on a specific piece of equipment used by one of the people living permanently at EAM Lodge . This had been prepared in conjunction with a health professional with detailed knowledge of the piece of equipment. This showed us that the service treated risk seriously and involved other relevant professionals in order to protect people living at EAM Lodge from risk.

We found that the administration, storage and disposal of medicines were generally satisfactory. Medicines were ordered from GPs on a four weekly cycle but the service had an agreement in place with the pharmacy to hold the stock. The pharmacy delivered required stock on a weekly basis, this being every Wednesday. This meant that the service did not have too many surplus medicines on site at any one time, stock control was made easier and errors were less likely to occur.

We did note that one person had run out of one medicine by Wednesday morning. The MAR chart indicated the medicine should be given at breakfast but this was not able to be given until tea time, after the new stock had been delivered by the pharmacy. As only seven tablets were delivered the person would not receive timely medicines every Wednesday morning. The service assured us they would take action to address this shortfall so that the individual could be given the medicine on Wednesdays at breakfast time in the future. We considered that this delay would not have a detrimental impact on the person's health due to the type of medicine that was being administered.

We saw that fridge temperatures were checked daily and that these were within recommended clinical standards. Where a medicines error had occurred the service had taken appropriate action in reporting and

addressing any concerns and had provided medicines refresher training for staff identified as requiring this. This meant the service in most respects took the necessary action to help ensure the safe storage and administration of medicines.

We reviewed EAM Lodge's health and safety records to check that the environment and equipment were maintained and fit for purpose. We saw appropriate checks carried out by staff in the home, with equipment being serviced by professional contractors. For example, we saw that staff carried out weekly visual checks of portable fire fighting equipment located in the home, including a fire blanket and four portable fire extinguishers. These checks were up to date and we saw that the equipment had received an annual service during 2016 from a certified contractor.

Other health and safety checks undertaken by staff included checks to the fire alarm system; fire exits; emergency lighting; hoists; slings; showerheads; bedrails and bath chairs. People living at EAM Lodge were kept safe from potential harm due to the malfunctioning of equipment. We were assured that if a problem or fault was identified with a piece of equipment then this would be reported and rectified by the relevant contractor.

We saw that young people living at EAM Lodge either on a permanent or respite basis had personal emergency evacuation plans (PEEPS) in place. PEEPS help to ensure that in the event of an emergency, such as a fire, people would be safely removed from the premises.
We saw a record of a fire drill undertaken by the service in April 2016. These were six monthly and records showed us that fire drills were timed events. There was also a list of all participants in the drill, including people living at EAM Lodge and staff.

We observed that the home was kept clean and well maintained, and free from unpleasant odours. We saw that hand washing facilities were in place and used and we observed staff undertaking good hygiene practices. For example, there was appropriate use of personal protective equipment such as aprons and gloves and correct hand washing procedures were followed by staff each time on entering the kitchen area.

Good

Is the service effective?

Our findings

People we spoke with told us that the staff understood them and knew how to effectively support them. They told us they liked living at EAM Lodge. Relatives we spoke with were also complimentary of the service and one person told us, "I'm really pleased with what they've done."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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. The application procedures for this in care homes and hospitals are 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 were being met.

At the time of the inspection all of the people living at EAM Lodge were subject to a Deprivation of Liberty Safeguards (DoLS) order. The registered manager had a good understanding of DoLS and why they needed to seek these authorisations. There was a record of when the DoLS expired and when it was necessary to re-apply for another authorisation. DoLS authorisations had not always been communicated to the Care Quality Commission. This was an oversight on the part of the registered manager who assured us that these would be submitted in the future. We will check that this has been done at our next inspection.

Staff had received training on MCA and DoLS and we saw staff allow people to make their own decisions wherever possible. Care planning documentation contained consent forms on file and support plans reflected care provided in people's best interests and with their involvement. The service had produced a DoLS easy-read guide and an advocate had been involved in discussing the guide with the young people living at EAM Lodge. This showed us that the service was effective in involving individuals and in explaining their care.

The registered manager told us all new starters had an induction, received mandatory training and worked with other experienced colleagues before working unsupervised. Staff we spoke with told us they received training that was relevant to their role. They told us that they completed mandatory training plus more condition-specific training around working with people with learning disabilities and complex health needs. This was supported by completed study packs we saw on employees' training records. Study packs covered specific topics that staff required additional knowledge and training in. Examples of these topics included oral suction; gastrostomy; de-escalation techniques; epilepsy; and the administration of buccal midazolam. Buccal Midazolam is an emergency rescue medication for the control of prolonged or continuous epileptic seizures.

We saw that training files contained records of staff's competencies being checked in specific areas before they were allowed to work with young people requiring complex levels of support. We confirmed from our discussions with staff and review of the records that staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with were confident in their role and complimentary of the training on offer both at induction and in employment. This meant that staff were equipped with the right training and skills to meet the complex health needs of the young people living at EAM Lodge.

Staff we spoke with told us they had regular supervisions and we saw records of supervisions which supported this. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Supervision sessions were recorded on a template so they were consistent for all staff. Areas discussed and recorded included employee's knowledge, policies and procedures , feedback from observations, training and conduct.

We saw recorded in one employee's supervision undertaken in late July that safeguarding level one training needed to be completed as soon as possible. We checked their training file and saw that the safeguarding study pack had been completed the day after supervision and signed off by a line manager. This showed us that the service was proactive in identifying required training and that the employee addressed this within acceptable timescales. We saw that supervisions had been undertaken with staff either on a bi-monthly or monthly basis and all staff we spoke with were happy with the content and frequency of support that supervisions provided.

We found that the service was addressing staff and management's professional development needs and that all were being supported and reviewed appropriately so that they could remain effective in their roles.

The service employed a chef and when not on duty other staff prepared meals. This role was then allocated to those with a valid food hygiene certificate. We saw that risks to young people with complex needs were identified and individual's dietary requirements were displayed in the kitchen so that all staff were aware of any allergies and the required consistencies for food and fluids. We saw that meal choices were offered and people were provided with equipment to help them eat their meals independently. Those that were assisted with eating were helped discreetly and the meal time atmosphere was relaxed and enjoyable.

The provider outlined in the PIR the level of expertise the service had access to with regards to the number of health professionals involved in the service. For example, we saw that people's care records contained information about their health care needs and we noted evidence of visits and input from speech and language therapists; dentists; podiatrists; dieticians; community nurses and GPs.

Feedback we received from health professionals involved in the service was positive. Staff were noted to be interested and asked appropriate questions, one health visitor to EAM Lodge told us. They also told us that the service made contact when they needed advice or support. This showed us that the service sought advice and input from relevant health professionals in order to enhance the wellbeing of the young people living in the home.

Individuals had a "Hospital Passport"; this contained critical information such as medical condition, allergies, and medicines. We found this document was easily accessible to all staff and staff we spoke with knew where the document was located. This meant that the service was quick to respond and provided relevant information to other agencies in the event of any medical emergency.

We found the premises at EAM Lodge to be well adapted to accommodate the needs of young people living or staying there on a respite basis. We noted that people's bedrooms were personalised to their own tastes

with personal effects and ornaments. We saw that EAM Lodge had an accessible garden and space to sit outside. One room doubled as a TV lounge and a sensory room and during our inspection we saw that this was well used by people living in the home.
Due to the layout of the home the medicines trolley was stored in part of a very large bedroom on the first floor. The person was away from the service during our inspection so we were not able to speak with them about this. We noted that whilst the area used for storage was through a person's bedroom door it did not impinge on the personal space of the individual due to the size of the bedroom and because it was slightly separate from the main bedroom area.

The service had recognised that this was not ideal and informed us of their plans to move the bedroom door and divide the areas into two separate spaces. The service also had plans to extend to the rear of the property and to develop the ground floor further to create better facilities for people living in the home. These planned adaptations to the environment will help improve the quality of life and wellbeing of the people in their care and we will check on the progress of these at our next inspection.

Good

Is the service caring?

Our findings

During our inspection we observed positive interactions between young people and staff. One relative who visited EAM Lodge on a regular basis told us "Staff are brilliant; very caring." There was friendly banter between people living at EAM Lodge and the staff. Three of the young people living at EAM Lodge present on the days of our inspection had limited communication. We asked one young person what they liked about spending time at EAM Lodge. They told us, "The people; they're friendly. I like chilling, I like singing and I like listening to music."

We asked about choices with regards to getting up and going to bed. They went on to tell us, "I like a lie in until 10 o'clock,it's good. Sometimes night staff say 'Come on, it's time for bed, we've got things to do,' and it's pretty early." We told the registered manager about this who agreed this was not person centred care and was not acceptable. They told us that all staff would be reminded about individual's exercising choice in future staff meetings and supervisions. We were confident this would be addressed with staff.

On the second day of inspection we checked the person's daily notes. It was documented that they were downstairs watching television with another resident at 10.30pm and that a request was made to go to bed at 11.10pm. We were assured on this occasion that the person had chosen when to go to bed and this request had been facilitated by staff.

Staff told us they read people's care plans and got to know what they liked and disliked. While at the service, we saw that the registered manager, deputy manager and other staff knew each young person well. When we asked, they were able to tell us about individual's personal histories, their likes and their dislikes, and what interests they had. Staff members were able to tell us about different aspects of individuals. They told us, "[Person's name] likes to sit up when getting ready;" "[Person's name] loves music. I sing to them." It was also apparent that staff recognised and understood how each person communicated and responded accordingly. This again demonstrated staff's knowledge of the young person, helping to ensure all their needs were met.

Choices were offered in all aspects of daily routines and where people were not able to communicate verbally, staff showed patience and understanding in watching and interpreting a person's body language to arrive at the person's correct choice. For example, we saw a member of staff asking an individual what their choice of television station was.

As the person wasn't able to communicate verbally the staff member slowly went through various music channels and watched the person's body language for feedback. This came with smiles and some movement once a particular channel was reached and the staff member checked this with the person and said, "You like this one don't you." This meant that the staff knew people well and were supporting them according to their individual needs and preferences.

Staff we spoke with were mindful of preserving people's privacy and dignity. They told us how they did this in their daily caring role. One staff member told us, "I always put a towel over people. I keep them covered

as much as possible." We observed staff supporting young people in ways which maintained their dignity, privacy and independence. Staff communicated clearly with people and asked for permission prior to carrying out any tasks. When carrying out tasks they kept the person fully informed about what they were doing and why. We observed staff knocking and announcing themselves before entering people's bedrooms. Staff we spoke with were fully aware of individual's rights and wishes and respected these. These examples demonstrated that the service maintained people's dignity and independence in a caring and respectful way.

The staff supported those people who weren't independent to lead active lifestyles. On our second day of inspection we saw one person was excited, looking forward to a shopping trip. They asked the care worker, "Can we go on the metro?" and the care worker replied yes. The person living at EAM Lodge told us they liked to travel on the trams. This showed us that the service acknowledged what people liked to do when out in the community.

We saw that records were stored securely and that confidentiality of all information was promoted by management and the service. At the start of their employment staff signed a confidentiality agreement and we saw examples of these contained on recruitment files.

Good

Is the service responsive?

Our findings

We found that the registered provider was a strong advocate for people using the service, committed to empowering people to lead fulfilling lives and reach their potential. People using the service had access to advocates who took a more regular, active role in some individual's support than others. Relatives we spoke with were complimentary with regards to the responsiveness of the service and told us, "What they've achieved is remarkable. Any small thing they let us know."

We looked at the care plans of four people who lived at EAM Lodge. We were told and we saw that care plans were reviewed every six months or sooner if there was a change in their care or support needs. We found that these were detailed and person-centred. Support plans included personal histories, interests, likes and dislikes including hobbies and interests, triggers for behaviours that may challenge and ways to manage these. Support plans clearly identified the support individuals required according to their specific needs.

One individual living at EAM Lodge had been diagnosed with a condition that staff had little knowledge of. We saw that they had researched the condition and information relating to this was on the individual's support plan and also on the staff information file. A person-centred training session had taken place to inform all staff involved in delivering care to the individual what needed to be done. This showed us that the service responded positively to ensure that specific needs were met.

We saw that health professionals with expertise about the condition had been contacted and were involved with the care and support for the individual and had also provided vital information and support for care workers too. The condition meant that a specific piece of equipment had to be worn during the night by the individual. Use of the equipment would hugely enhance their wellbeing and this was stressed to staff. We saw what the professional had done in conjunction with the service to encourage the individual to use the equipment.

There were posters in the person's room indicating the importance of using the piece of equipment and the equipment had been given a name so that the person could identify with it. We saw that the health professional had sent an email to the service congratulating staff for their perseverance in promoting the use of the equipment to the individual. This meant that staff were provided with clear and specific information and had followed instructions on how best to promote the person's wellbeing.

Throughout our visit we observed that care staff engaged young people in various arts and crafts activities and that care staff were responsible for coordinating these activities. We spoke with young people who told us they enjoyed taking part in particular activities. One person liked to play with buttons and cotton, staff knew this and we heard them offer the activity to the person after breakfast had finished. Others living at EAM Lodge accessed a local non-residential specialist education college with expertise in supporting students with a wide range of needs. We saw that the service linked up with the college and used the expertise in meeting the needs of the young people at EAM Lodge.

Other activities, for example trips out in the community, were based around people's interests. For example,

one person told us they loved football. This interest was fully documented in the individual's support plan and we saw football themed décor and posters in their bedroom. We saw that they had visited the museum of football with one to one support from staff. This showed us that the service promoted and encouraged people living at EAM Lodge to follow their interests.

This was further reinforced by a large poster on the lounge wall titled "Our Dreams for 2016." Each person had contributed to this by nominating one or two things they wanted to achieve in the year. Activities and events on the poster included wheelchair biking; painting my bedroom; going to the cinema and going to the football museum. We saw that stickers at the side of some 'dreams' meant that people had succeeded in achieving what they had set out to do. The registered manager told us that the service had recently purchased a vehicle which should help accommodate more activities away from the home. Managers and staff were keen to develop this area so that young people were involved in activities that stimulated them, improved their quality of life and helped them maintain links within their community.

Prior to our inspection concerns had been raised alleging the service had a poor approach to the diet of an individual and how this affected their wellbeing. We made checks in this area and saw the measures that were in place to safeguard the individual and provide food prepared according to the person's culture. We saw a menu diary in the person's evaluation notes and saw that two options were always offered at mealtimes. Their support plan listed those foodstuffs that were considered to be high risk and the service avoided offering these. A risk assessment management plan compiled by professionals in relation to eating and drinking was in place on the individual's support plan and the service was adhering to this. We were confident that the service was providing nutritious and safe food for the individual, prepared and served according to the person's faith and beliefs.

We saw and people told us that the service held monthly house meetings with residents also attended by an independent advocate. We looked at minutes from resident meetings and saw that meetings were not structured but were more of a discussion about things people might like. Each month focused on a theme and we saw examples such as our garden, our greenhouse and music. No aspects of the service were discussed such as meal times, menu choices and activities. Residents were not given the opportunity to influence change and drive improvements within areas relevant to them, therefore the service should review the content of resident meetings to make this possible.

We checked and saw that the service had a current compliments and complaints policy on file. Relatives we spoke with told us they knew how to make a formal complaint but had not done so yet. They told us they would raise any concerns with the registered manager and would feel confident in doing this.

Relatives we spoke with did raise a concern during the inspection that they had not yet raised with the registered manager of EAM Lodge. They had received a letter from head office a few months previously which outlined that an individual's placement was at risk. There had been no further communication from the company and no timescales had been provided in the letter. The family were uncertain of the current position and what the outcome might be. We raised this with the registered manager and they informed us of the work that had been done with the individual to try and ensure a positive outcome for them. We highlighted the need for better communication between the family, head office and the manager in relation to this issue.

Records showed that there had been one complaint made to the home in the 12 months prior to the inspection. The service had not been made aware of the complaint until some time after the event. They contacted a relative who raised concerns about a person's previous respite stay with the service. Despite the passage of time the complaint was fully documented and had been investigated by the manager. Records

indicated that this had been dealt with to the complainant's satisfaction.

We saw the service kept a compliments book which we saw contained positive feedback about the staff and management at EAM Lodge and the care provided. We saw cards and emails that had been sent to the service from relatives, other professionals and students who had completed placements at the home.

Good

Is the service well-led?

Our findings

Relatives and health professionals were complimentary about the leadership of the service and considered it to be well run. People we spoke with told us they enjoyed living at EAM Lodge and those who weren't able to communicate verbally with us appeared calm and relaxed in the environment.

The home also had a deputy manager on site. As they were a qualified nurse they provided clinical leadership to all staff at EAM Lodge and deputised for the registered manager in their absence. There was further support available from the clinical lead, based in the sister home.

The service had a clear management structure in place led by an effective registered provider who understood the visions and values of the service and cascaded these to staff.

During our inspection, we observed an open and supportive culture at EAM Lodge and staff we spoke with confirmed this. Staff were extremely complimentary about the support they received from the registered manager. Staff spoke positively about the registered manager and comments made included, "She's amazing;" "If you're struggling – just tell [the registered manager.] She's there for me;" "Management are really, really good."

The service had effective quality assurance systems in place which helped ensure the quality of service people received was of a safe and good standard. We saw daily audits of finances and medicines carried out by staff coming onto and going off shift. This ensured that any errors that were identified had been rectified within a short timescale. We saw the completion of monthly audits in relation to various aspects of the service undertaken by the registered manager and deputy manager. These included audits of support plans; accidents and incidents; training matrix; complaints; medicines and petty cash and finances.

The service submitted a report to the local authority's contracts team detailing key information in relation to occupancy, complaints, incidents and audits undertaken by the service. Reports were collated by the local authority and the information was checked and discussed during unannounced quarterly monitoring visits.

We checked our records and we found the registered manager had generally fulfilled their legal responsibilities in submitting appropriate notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law, for example in relation to DoLS applications, safeguardings and events that affect the running of the service. The registered manager was reminded to submit notifications with regards to DoLS applications on receipt of an authorisation from the supervising authority.

There was a whistleblowing process in place at the service independent of the manager and staff were aware of this. Staff told us they would have no hesitation in approaching the manager with any concerns and they were confident that these would be dealt with appropriately. We saw that there was a disciplinary process in place for poor performance and staff absent due to sickness had a return to work interview to

ensure they were fit for duty.

We looked at records of staff meetings which we noted were usually held monthly. A few months had been missed during the summer period but staff we spoke with told us that support from management was always available if they needed it. They valued the staff meetings and saw them as beneficial. The last staff meeting had been held on 19 August 2016; areas discussed in the meeting included recording; signing in ' key worker system; infection control' cleaning and sickness. We saw that staff had the opportunity to highlight and discuss matters relating to care provision with colleagues and management. This helped to ensure the service continued to provide safe and effective care.

At the start of their employment staff were sent copies of policies pertinent to recruitment , including professional conduct, the use of social media and mobile phone policies. Staff signed to acknowledge receipt of these. We saw that the provider had a wide range of policies and procedures in place to provide guidance and support to staff in performing their role within the organisation. Staff were referred to appropriate policies, for example safeguarding, medication management, fire safety and training and development during supervision sessions and staff meetings and they told us this reinforced their learning.

Staff we spoke with told us they felt the provider had good staff support systems in place. The training, supervisions and regular staff meetings helped to ensure they were always kept up to date on the young people living at EAM Lodge and those using the service for respite, plus any other aspects that they needed to know about. We saw that staff had appropriate resources and motivation to develop and drive the improvement of services, thus creating better outcomes for the young people using the service.