

# Achieve Together Limited Stafford Lodge

## Inspection report

87 Berrow Road  
Burnham-on-sea  
TA8 2PF

Tel: 01278784067  
Website: [www.achievetogether.co.uk](http://www.achievetogether.co.uk)

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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

### About the service

Stafford Lodge is a residential care home providing personal care to five people at the time of the inspection. The service can support up to five people.

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

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

### Right Support

The service supported people to have the maximum possible choice, control and independence over their own lives.

People were supported by staff to pursue their interests, so people had a fulfilling and meaningful everyday life. Staff supported people to achieve their aspirations and goals.

The service gave people care and support in a safe, clean and well-maintained environment.

People had a choice about their living environment and were able to personalise their rooms.

Staff enabled people to access health and social care support in the community.

Staff supported people with their medicines in a way that promoted best possible health outcomes.

Staff supported people to play an active role in maintaining their own health and wellbeing.

### Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.

People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

### Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

People were supported by consistent staff who knew them well.

Staff placed people's wishes, needs and rights at the heart of everything they did.

People and those important to them, including advocates, were involved in planning their care.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

People's quality of life was enhanced by the service's culture of improvement and inclusivity.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at the last inspection

The last rating for the service under the previous provider was good, published on 20 February 2020.

### Why we inspected

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

This was the first inspection for the service under the new provider (registered 01 December 2020) to rate the service.

### Recommendations

We made a recommendation the provider reviews their processes to ensure people's capacity assessments are reviewed in line with the principles of the Mental Capacity Act 2005.

### Follow up

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 safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Stafford 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 Health and Social Care Act 2008.

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

#### Inspection team

Two Inspectors and an assistant inspector carried out the inspection.

#### Service and service type

Stafford Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stafford Lodge is a care home without nursing care. 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 inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager and area manager.

We reviewed a range of records. This included four people's care records and four 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.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were safe. A relative said, "They [Staff] are very good with keeping [Name of person] safe. Another relative said, "No concerns at all they are brilliant in all areas and I have never had a minute's concern."
- Staff received training in safeguarding adults and were knowledgeable about their responsibilities to identify and report concerns.
- The registered manager reported safeguarding concerns to the local authority and Care Quality Commission as required. A staff member said, "Concerns here are taken seriously, things get looked into."

Assessing risk, safety monitoring and management

- Risk assessments provided guidance for staff about how to keep people safe in areas as accessing the community, household tasks and participating in activities.
- Care plans contained easy to read information about people's known health conditions. Protocols directed staff when further escalation and action was required.
- The environment and equipment were regularly assessed and serviced. This included checking the safety of systems such as electricity, gas and water. A continuity plan was in place to ensure unforeseen events were managed effectively. This gave clear instructions and pictorial guidance.
- Regular checks were conducted on fire safety systems. Drills took place to ensure people could be evacuated safely. Personal Emergency Evacuation Plans (PEEPs) assessed the level of support people required.

Using medicines safely

- Medicines were managed, stored and administered safely. Protocols were in place for as required medicines. Directions guided staff in topical cream application.
- People had individual profiles which described how they preferred to take their medicines and were involved in their medicine management. A relative said, "Staff give the medicines and that is all done safely."
- Staff had received training in STOMP (stopping over-medication of people with a learning disability, autism or both). One relative said, "[Staff] have managed to bring [Name of person's] medication down and they are a lot calmer. [Name of person] used to show some moderate to light violence and there is none of that at all now."
- Systems were in place to regular check and audit medicine administration.

Staffing and recruitment

- Rotas reviewed demonstrated staffing numbers were kept at the level deemed safe by the provider. A relative said, "No concerns about staffing levels. [Staff] go out of their way and they will forfeit their own

family time."

- Current staff vacancies were covered by existing staff or consistent agency staff. A staff member said, "We always have staff numbers to support people."
- The service operated safe recruitment processes to ensure staff employed were suitable for the role. This included Disclosure and Barring Service (DBS) checks and assessments on previous employment.

#### Preventing and controlling infection

- The home was clean, tidy and well maintained.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider was facilitating visiting in line with government guidance. A visiting procedure was in place.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Actions were taken to prevent reoccurrence.
- The registered manager promoted a culture of reflective learning through supervisions and team meetings.



# Is the service effective?

## Our findings

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

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

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.

- People's capacity had been assessed in relation to specific decisions. These did not always show the relevant information used to support the person in the assessment. However, for some people communication tools used were evident.
- Best interest decisions had not always been completed when a capacity assessment had determined a person lacked capacity to make a specific decision. The registered manager said all assessments would be reviewed.

We recommend the service reviews guidance for completing assessments in line with the MCA.

- Best interest decisions completed, were made in partnership with relevant professionals and family members.
- The service had made DoLS applications as required. Care plans clearly reflected people's DoLS status. No one had any conditions on their DoLS authorisations.

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

- Staff we spoke with were clear on ensuring people's choices were upheld. A relative said, "[Name of person] always gets a choice."
- Care plans reflected people's protected characteristics under the Equality Act 2010 to ensure these were

identified and respected. This included people's wishes in relation to their culture, religion and sexuality.

- A relative said, "[Name of person] is always asked or discussed with what and where they would like to do and go and what they want to eat as well."

Staff support: induction, training, skills and experience

- Staff received an induction when they started worked at the service which was aligned with the Care Certificate. The Care Certificate is a set of standards that define the knowledge, skills and behaviours expected by care staff.
- Regular training was conducted and was specific to people's support needs. Staff were skilled and competent in their role. The registered manager was aware where outstanding training was required.
- Staff could explain how they used training they had received in their role and developed their practice. A relative said, "Staff are well trained."
- Staff had regular supervision with a senior staff member to support their well-being and to monitor their performance and development. Staff said they were well supported by the registered manager. A staff member said, "Everyone supports each other."

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

- People were supported to maintain healthy diets and were involved in shopping and food preparation. A relative said, "Staff take [Name of person] out for meals. The other day [Name of person] chose a healthy meal which I thought was great."
- People were involved in planning menu's and contributing to meal ideas. A relative said, "[Name of person] only ate five foods when they went to Stafford Lodge and now, they eat anything and everything."
- Meal times were flexible and sociable. They were designed to cater for individual's choices. A staff member said, "People can have their food when and where they want." We observed someone eating their lunch where they wished in the home. They explained what they were eating. Another person told us they had been out in the community for their breakfast.

Adapting service, design, decoration to meet people's needs

- People showed us their bedrooms which were individualised. Bedrooms were personalised in décor, style and furniture. One person when asked if they liked the colour of their room, gave us a thumbs up.
- People had access to a large garden with a range of seating, a trampoline and garden games.
- Communal areas were homely, with photographs and items personal to people. Signs around the home were in easy read and pictorial formats.

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

- People were supported to live healthier lives and have positive health outcomes. For example, by accessing facilities such as the gym and swimming. A relative said, "[Name of person] appetite and sleeping patterns are much better." Another relative said, "[Name of person] has really come out of their shell. They eat better and socialise well. You can see such an improvement in [Name of person] as a whole, in their physical, mental and spiritual wellbeing."
- Keyworkers reviewed regularly people's healthcare appointments to ensure they were up to date such as dental, eye care and psychiatry. People were supported to access healthcare appointments.
- People had a hospital passport in place in case an admission was necessary.

# Is the service caring?

## Our findings

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

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

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

- People were supported by staff who were caring, passionate and enthusiastic about their roles. A relative told us, "Staff are nice people and they manage everything well and I have no complaints whatsoever." Another relative said, "Staff do a wonderful job."
- People's individuality was valued. People were supported to explore their interests and express their personality. For example, in how their room was decorated, who they spent their time with, the activities they took part in and how they wished to dress. A relative said, "It is actually an amazing place."
- People were observed to be comfortable and relaxed within their home. A relative said, "[Name of person] loves living there and [Staff] look after [Name of person] so well."
- There was a positive and friendly atmosphere at the home. We observed staff knew people well and spoke to people in their preferred methods of communication.

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

- People were fully involved in making decisions about their care and support. Care plans and information was in accessible formats and described how to facilitate people to make choices for themselves and plan for future goals. People were involved in day to day decisions about their care. For example, doing their laundry, choosing what to eat and what time they wanted to get up in the morning. A relative said, "Little activities are planned a week ahead, but bigger activities can be planned months ahead."
- Keyworkers met with people to review their care monthly. This involved planning what people wanted to do, things they needed and reviewing people's aims. For example, holidays, new activities and shopping.
- A review was held regularly with people, their family and any relevant professionals. A relative said, "We are both involved in what decisions are made so that is on an ongoing basis and they also do a formal review every year and staff always keep us regularly updated." Another relative said, "I also try and attend the annual personal review and they always involve [Name of person] in it as well which I think is amazing."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was requested. People's care plans explained the individual way privacy was maintained. The service had considered ways to ensure people had time alone, but their safety was maintained. People could keep their bedrooms secure and access them as they pleased.
- Feedback from family members confirmed people were supported with dignity. A relative said, "[Name of person] is treated by the staff with the utmost respect and dignity." Another relative said, "Staff put [Name of person's] welfare first."
- People's independence was fundamental to the service's aims and goals. Care plans ensured people were supported to live as independently as possible and engage in meaningful activities.

# Is the service responsive?

## Our findings

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

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

### End of life care and support

- The service was not currently supporting anyone with end of life care. Information was held about people's personal arrangements. The registered manager acknowledged this was an area of development in people's care plans.

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

- Care plans were person centred. They described people's routines, what was important to them and their likes and dislikes.
- People were supported in the way they preferred. Care plans detailed how to support people effectively
- Relatives told us how the registered manager and staff went out of their way to ensure care was planned and assessed to enable people to participate in important family events and new ventures. For example, at celebrations and holidays abroad.

### 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 had individual communication plans in their care files. This detailed people's preferred method of communication. For example, story boards, easy read and widget formats.
- Staff received training in communicating with people. We observed staff use individual styles of communication. For example, one person was going out to an activity. Staff went through the plan with them and the person repeated the instructions back.
- Documentation such as support planning tools, complaints procedure and fire information were in easy read formats.
- Signs around the service were in easy read and widget formats. For example, to indicate different areas of the service, what cupboards contained and to orientate people in the kitchen.

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

- People were supported to engage in activities of their choice. A staff member said, "We go through weekly activities on a Sunday. People choose what they want do." These included, theme parks, music festivals,

cinema, sport, bowling, discos, shopping and eating out.

- Throughout the inspection we observed people being engaged and stimulated in activities of their choice. A relative said, "They [Staff] are very effective. They keep on top of things and the way they help my son manage his life and help him do the activities he wants to do I cannot praise them enough." One person said, "Been to Clevedon for a drive."
- The service supported people to attend activities to meet and interact with peers. Staff supported people to maintain relationships with their family. The service used a review tool to ensure activities were meaningful to people and supported relationships and social opportunities for those that wished.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints and concerns effectively. The service had received one complaint in the last 12 months.
- Information was displayed at the service in an accessible format so people could raise a complaint. Staff supported people to raise any issues.
- Relatives told us they were in touch with the registered manager and staff regularly and had not needed to raise any formal complaints as all matters were dealt with. One relative said, "I have no complaints whatsoever, only accolades. [Stafford Lodge] has transformed [Name of person]."

# Is the service well-led?

## Our findings

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

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

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

- We received very positive feedback about how the service was led and managed. One relative said, "The registered manager goes beyond duty to ensure everything is done in peoples' best interest." Another relative said, "The registered manager is committed and devoted to the people that live there." A staff member said, "The registered manager is brilliant, really supportive, always up for new suggestions. I cannot fault them as manager, they are very involved."
- There was a positive staff culture, which reflected in the atmosphere of the home and the person centred support provided. Staff members comments included, "I am proud of the teamwork," "I have never met a team like it. Everyone helps everyone," and "Staff are very passionate, making every day count for people."
- The service worked to enable people to achieve their desired outcomes. This was done through engagement, positive risk taking, strategies for people to manage and progressive planning. A relative said, "[The registered manager] is just amazing and over the years I have entered staff and nominated them for their outstanding work in local awards."

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

- The registered manager and staff were clear on their individual roles and responsibilities. The diverse range of staff skills were utilised for the benefit of people. For example, in cooking, arts and crafts and sport.
- Governance systems were operated to regular monitor, assess and improve the service. Audits were completed in medicines, health and safety and infection control. Actions were monitored and reviewed.
- Notifications were submitted as required. A notification is information about an event or person which the service is required to submit to CQC. Notifications help CQC to monitor services we regulate.

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

- The registered manager understood fully the duty of candour legislation. The service was open, honest and reflective when something had gone wrong.
- A relative said, "I get a phone call from staff every week to update me and they consult me on important decisions. They are very good with communication."

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

- People, relatives and staff were asked to give their feedback and opinions about the service through questionnaires. These were accessibly designed for people. Actions were taken with the information gained. A staff had commented, "Staff are passionate for their jobs roles and have a fabulous leadership team and manager." Some staff comments reflected they did not always feel recognised by the provider.
- Communication systems were in place for staff, such as handovers and a message book. Regular staff meetings occurred. Staff told us they were involved and contributed to these meetings. A staff member said, "We look at what is not working." Meeting minutes demonstrated actions were reviewed to ensure completion and information was shared with staff about safeguarding, risks to people and complaints.

#### Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with families. A relative said, "The communication between me and [The registered manager] and the staff is good. I get an email update every Sunday and generally they always contact me if there are any important discussions to be had."
- The registered manager and staff supported people at appointments and liaised with external professionals. For example, we saw where the registered manager had ensured health professionals had knowledge and understanding of people.
- Staff and relatives told us the change of provider had been a smooth process. A relative said, "It has always been very well run. The new owners have maintained the standards."