

Mr & Mrs P Gilbert and Miss C Gilbert

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 carried out our inspection on 8th October 2015. The inspection was unannounced.

The service provides accommodation for up to 17 people living with a learning disability and similar disabilities. There were 14 people using the service at the time of our inspection.

The service has a registered manager. 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.

People felt safe at Hunters Lodge. Staff had a good understanding of the provider's procedures for keeping people safe, and were able to put the safeguarding procedures into practice when supporting people. Staff told us that they would firstly report any concerns to the managers. The managers had always referred concerns onto the relevant authorities.

Staffing levels were based on people's assessed dependencies and needs. Enough staff were on duty to ensure that people needs were met safely.

People received their medicines as prescribed. The provider had effective protocols for their safe management.

Summary of findings

Many of the staff were relatively new to the service. They had either completed or nearly completed their induction training which included training about important subjects such as supporting people safely and understanding their needs. The provider had a training plan that was aimed at ensuring staff received training that enabled them to support people. Staff felt supported through the delivery of the training program and individual support from the managers.

The registered manager and deputy manager had a good understanding of the relevance of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards to their work.

Staff supported people to have enough to eat and drink and to have a healthy balanced diet.

People were supported with their healthcare needs and were supported to access healthcare services when they needed them.

Relatives that we spoke with told us very positive things about the caring attitude of the staff.

Staff respected people's privacy and dignity, and were knowledgeable about ways to ensure that people's privacy and dignity were protected. Staff were keen to offer people a good service and committed to improving the quality of people's lives. They were knowledgeable about the people they cared for and knew how best to meet their needs.

People and their relatives were involved in the assessment of their needs and in the review of their care plans.

The provider had effective procedures for monitoring and assessing the quality of service that promoted continuous improvement. A major part of this was the annual survey of people using the service and relatives.

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.

Staff knew their responsibilities to keep people safe from harm.

There was enough staff to meet people's needs. Staff had the skills and experience to meet people's needs.

The provider has assessed risks associated with supporting people who used the service, and risks were managed appropriately.

Medicines were stored and administered safely.

Good



Is the service effective?

The service was effective.

People were supported to have enough to eat and drink and to have a healthy balanced diet.

Senior staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The provider had arrangements for other staff to have training on the legislation.

People had timely access to relevant health care support.

Good



Is the service caring?

The service was caring.

Staff were very knowledgeable about the needs and preferences of people who use the service.

Staff respected people's wishes and choices and promoted their privacy and dignity.

Relatives could visit without undue restrictions

Good



Is the service responsive?

The service was responsive.

Care was provided in a person centred manner.

People and their relatives were involved in planning their care and support.

People knew how to make a complaint if they were unhappy about something and were confident that this would be dealt with.

Good



Is the service well-led?

The service was well led.

People were enabled to contribute to service planning and to routinely share their experience.

Staff felt listened to.

The provider had quality monitoring systems in place to identify areas of improvement.

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 checked 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.

We inspected the service on 8 October 2015. The inspection was unannounced. The inspection team consisted of two inspectors.

Before our inspection visit, we reviewed information that we held about the provider. Information we reviewed included notifications sent to us by the provider. A notification tells us about important events which the service is required to tell us by law.

We spoke with four people who used the service, relatives of five people who use the service, six staff members, including the registered manager and deputy manager, and a health professional who visited the service. These include face to face conversations and telephone conversations. We looked at the care records of four people who used the service, information about training that staff have completed, people's medication records, two staff recruitment files and the provider's quality monitoring documentation.

We also observed care and support being provided by staff in the communal areas of the home. From our observations we could determine how staff interacted with people who use the service, and how people responded to the interactions. This was so that we could understand people's experiences.

Is the service safe?

Our findings

People told us they felt safe living at Hunter Lodge. A person told us, “I feel safe. I can’t fault the place, I like it.” Relatives of people using the service told us they felt people using the service were safe. A relative said, “They are safe. I trust the manager and staff.” Another relative told us, “It is safe because the staff have such a good understanding of the people.”

A health professional told us, “I have no concerns about the welfare of the people using this service”

As part of staff induction and on-going development, staff received safeguarding training about how to protect people from harm. Staff knew what to do if they had concerns about the welfare of people using the service. For example, they said that they would raise their concerns with their managers. Staff also told us that their managers took any concerns raised seriously, and that they acted on them promptly. Staff were aware of other agencies that they may contact if they had safeguarding concerns; these include the local authority adult safeguarding team and the Care Quality Commission. A staff member told us how they witnessed an incident of concern which involved another person who did not use the service. This staff member was proactive in raising their concerns with the local authority.

People using the service were supported to understand how they could keep safe when they were not at home. For example when they visited day centres or other places in the community they had ‘keep safe’ cards. Some people who use the service attended anti-hate crime and anti-bullying events at local schools to raise their awareness of safeguarding vulnerable people.

The provider has good positive risk tasking practices. For example, people’s care plans included assessments of risks associated with their care and support. These included information for care workers about how to support people safely and protect them from avoidable harm. Staff encouraged people to do things they enjoyed even where that carried a risk of physical harm. For example, people using the service were supported to go swimming and use gymnasiums. These meant that people were able to engage in activities that increased their independence and confidence.

The provider had suitable arrangements for the maintenance and safety of the premises.

The provider determined staffing levels based on people’s assessed dependencies and needs. Enough staff were on duty to ensure that people could participate in their chosen activities and attend healthcare appointments.

A relative told us, “The care is so good because they have the right quality of staff. They go out of the way to ensure that.”

At the time of our inspection, there were 13 staff employed to work at Hunters Lodge, and the provider was recruiting for additional support staff. Records we reviewed showed that the provider operated a safe recruitment process to ensure that staff employed had the right skills and experience, and as far as possible were suited to supporting the people who use the service. One way the provider sought to achieve this was to involve people using the service in the recruitment process. People were involved in recruitment interviews and asked job applicants questions about things that are important to them. People’s views about applicants were taken into account. The interview process included ratings about an applicant’s suitability to work with vulnerable people. The provider carried out all of the required pre-employment checks before a new worker was allowed to support people using the service.

People received their medicines as prescribed by their doctors. We found that the provider has safe protocols for managing and administering people’s medicines. Medicines, including controlled drugs were stored securely. This protected people from unsafe access and potential misuse of medicines. If people were prescribed medicines ‘as required’ staff had protocols to guide them on when and how to administer the medication. All care staff were trained in medicines management, and staff received additional training for people’s specific medication needs such as administering insulin. We looked at the medication administration records (MAR) charts, we saw that records were completed correctly and were up to date. We saw there was a photograph of each person to aid identification. This reduced the risk of medicines being given to the wrong person. The provider also ensured people’s medicines were administered safely by conducting audits, and by nurse competency assessments.

Is the service effective?

Our findings

People answered, “Yes” when we asked them if they enjoyed their meals. They said the same when asked if they liked the staff that support them. A relative told us, “The staff get training. There has been quite a change of staff. The new staff are still learning.”

At the time of our inspection, many of the staff were relatively new to the service. They had either completed or nearly completed their induction training which included training about important subjects such as supporting people safely and understanding their needs. Staff told us that their induction included completing mandatory training courses, and a period of shadowing the managers in care delivery. Shadowing is learning on the job training which involves working with a more experienced member of staff for a period after commencing the role. The provider had a training plan that was aimed at ensuring staff received training that enabled them to support people. In a staff survey completed in September 2015 staff commented that they valued their training. Comments included that staff received all the training they needed and that they had been trained to a high standard.

All of the relatives we spoke to were happy with the skills and abilities of the staff supporting their loved ones. A relative told us, “I always get positive comments from my relative about the staff.”

We observed staff interacting with a person using the service who displayed behaviour that may have challenged others. They spoke to the person gently, and were reassuring in their delivery of support to the person. People who lack capacity to make their own decisions regarding their wellbeing are protected by The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which exist to protect the rights of these people. These safeguards ensure that people who use services do not have their freedom restricted inappropriately. A person's

liberty should only be deprived when it is in their best interest and there is no other way to meet their needs properly. This must be done in a safe and correct way. The registered manager and deputy manager had a good understanding of the relevance of the MCA and DoLS to their work. Other care staff we spoke to had not had any training on the legislation at the time of our inspection, but this training was scheduled. The provider had applied for DoLS authorisation for each of the people using the service.

People were supported to have enough to eat and drink and to have a healthy balanced diet. Relatives told us that the meals provided at Hunters Lodge were good. A relative told us, “[my relative] is supported to have the right foods.” People had choices of meals. They made their choices of evening meals the day before so that staff could begin preparing meals in time for when people returned home from activities. People were able to have an alternative if they changed their mind about what they wanted. Staff had knowledge of people's specific dietary requirements, and their preferences. People who were able to, were supported to be involved in preparing their own meals. The provider had an ‘all staff team’ approach to meeting people's hydration and nutrition needs. Non care staff were also trained to have skills to support people to have enough to drink and eat. Staff had completed training on food hygiene. Staff received additional training to meet specific needs of people who required extra support to meet their nutritional needs.

People were supported to maintain their general health because they have access to healthcare professionals when required. This included professionals such as dentist, GP, chiropodist, community nurses etc. The provider operates a diary system that ensured appointments were not missed. A relative told us, “my relative is taken to appointments when they need.” A health professional who visits the service told us “care is pretty good. Hunters Lodge follows instructions from other disciplines”.

Is the service caring?

Our findings

All relatives that we spoke to told us their family members were cared for very well by staff. One relative told us, “It’s comforting to know that my relative is in such a caring environment.” They explained that staff “have an instinctive empathy with people who use the service.” Another whose relative recently lived at Hunters Lodge told us, “They did their best for my relative while he was there.”

We observed staff support a person using the service in an attentive manner, ensuring that support was measured to the pace of the individual and was not task orientated. Staff were cheerful, and reassuring in their interactions with people who use the service. We observed that there was a relaxed atmosphere in the service especially in the evening when people returned from their activities. People had their evening meal, and some people were sitting in the lounge watching television. A relative told us, “It feels family orientated. They did their best to settle [my relative].”

Staff that we spoke to were very knowledgeable about the people who use the service. They knew their needs and preferences, and had the skills to support these needs. We observed that staff listened to people, made eye contact when communicating with people and did not appear rushed when providing support. A relative told us how the registered manager had taken steps to reduce a person’s anxiety about a healthcare appointment. They said, “The manager did this the day before and did it so well that the next day my relative was not scared.” The relative added, “They [staff] go out of their way to do that.”

Staff were passionate about their job. One staff member told us “it is fantastic, I am not just saying this because of the Care Quality Commission”. The Care Co-ordinator spoke passionately about how they support people to overcome the challenges that people with a learning disability faced when accessing acute health services.

We observed a staff handover session that occurred in between shifts. Staff shared information about people’s care and welfare. This meant that staff provided a seamless support and people received a continuity of care irrespective of which staff was supporting them.

Staff respected the privacy and dignity of people who use the service. Staff gave examples of ways they ensured that people’s privacy and dignity was promoted during care delivery. One staff told us, “We use a system where we put a sign on the door when providing personal care support so that there are no interruptions”. Another staff told us, “I will knock and ask people if it is okay for me to clean their room.” If people initially refused, staff will wait for a convenient time, and will go on to clean belongings and room discreetly.

At the time of our inspection, the provider was in the process of reviewing and updating people’s care plans. We looked at a completed care plan, and could see that people and their relatives had been involved in the development of the care plans. Relatives spoke with confidence when they told us they were involved in decisions about the care and support of their people using the service. One said, “Oh yes, I’m involved and listened to.”

The provider arranged for people to access independent advocacy services when they needed them. People using the service had easy to read information about advocacy services.

The provider stored information about people securely. Only people who had authority to access people’s information had access to people’s care plans and other relevant information.

Relatives told us they were able to visit Hunters Lodge without undue restrictions.

Is the service responsive?

Our findings

People we spoke to were only able to give limited responses to our questions about how they were cared for and about their activities. They told us or gestured they were well cared for and that they enjoyed activities they participated in. A relative told us, “The care my relative gets is centred on them”.

People’s care plans were individualised and focused on their individual needs. People and their relatives were involved in care planning. For example some sections of some people’s plans were with their relatives for their input. The provider supported people with additional communication needs to express their choices about their care and support. A staff member told us, “I will use pictures and hand gestures to support a service user to make choices”. We found that some care plans contained sparse information on people’s life history. Information on people’s history enable staff to respond better to the needs and preferences of people. We did not consider this had impacted on people’s care, as staff were very knowledgeable about people’s needs. However, the registered manager agreed that the plan could be improved by including more information about people’s life history and arranged to commence work on that.

We observed that the provider has good practices to ensure that people did not feel socially isolated. For example, when we arrived at the service we noted that Hunters Lodge had no sign of being a residential care home. We talked about this with the deputy manager who explained, “I wouldn’t have a sign on my house, why should people living here have one on their house?” Relatives we spoke with shared this view and believed that it made a contribution to people feeling they lived ‘at home’ rather than an identified ‘institution’. This contributed to people being comfortable at Hunters Lodge.

People were supported to maintain their interests and hobbies. Every person using the service was supported to take part in activities that were meaningful to them. They attended day centres and other venues in the community where they maintained and developed skills. People using the service participated in a wide range of activities some of which required very detailed planning to make them happen, for example holidays some of which included trips abroad. We saw people’s holiday pictures in the provider’s recent newsletter, and this contained information about upcoming holidays. People who wanted were supported to follow their faith. Some people who use the service often visited and spent time with their relatives in their family home.

Relatives told us they were able to make their views known or raise concerns at any time and were confident they would be listened to. A relative said, “I have raised concerns and I was listened to. I and my relative can discuss anything with the manager and deputy manager.”

People using the service had access to an easy to read version of the provider’s complaints procedure. Relatives told us they knew how to make a complaint if they needed to and that they were confident their complaint would be taken seriously. A relative told us, “I know the complaints procedure, but I have never used it. I have no concerns whatsoever.”

The provider completed a recent annual survey at the end of September 2015. People using the service and their relatives were asked for their views through the survey. People’s responses showed that they were pleased with the quality of care and support they experienced. Most people rated the care as excellent and others rated it as good.

The provider took account of people’s feedback. For example, a courtyard that people used was being redesigned to include a sensory area and a fountain was to be installed. Information about this was also included in the provider’s recent newsletter.

Is the service well-led?

Our findings

All the staff we spoke to told us they were confident to approach the registered manager and deputy manager about any issue. Staff told us any issues raised were dealt with promptly. Staff told us they felt very much supported by managers. Staff meetings were held regularly, and staff had opportunity to bring their views about the service. Staff clearly understood the aims and objectives of the service. One member of staff told us that the culture was best described as 'person based' and 'choice'.

The registered manager and deputy manager supported staff to meet the standards they expected of them. This was through observation, mentoring and training. The registered manager regularly observed how staff supported people and asked people whether they felt they were getting the care and support they wanted.

People using the service were involved in developing the service. Some people took an active part in the provider's recruitment procedures. They attended 'residents' meetings and participated in annual surveys through which they made suggestions and proposals about improving the service. Their views were acted on. For example the provider is in the process of fitting a sensory area in response to people's feedback.

The registered manager was visible at all times. We observed that the registered manager was 'hands on' in supporting the people who use the service.

A health professional who visits the service told us, "The managers are on the ball". Relatives made comments that included, "They [management] kept on top of everything" and "The service is well managed."

The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission. The provider notified the Care Quality Commission of relevant events at the service. They carried out thorough investigations of incidents that staff reported using the provider's incident reporting procedures. They provided feedback to staff about the outcomes of their investigations.

The provider had effective procedures for monitoring and assessing the quality of service. A major part of this was the annual survey of people using the service and relatives. This included questions that the answers to enable the provider to make an informed view of what people thought about the service. There were also surveys for staff and health professionals who were involved in providing care to people using the service. The survey results were positive and actions were taken to address areas that staff thought could be improved. Other monitoring activity included audits of medications, safety of premises and observations of staff care practice.