Elizabeth Finn Homes Limited

The 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?	**Outstanding**

Overall summary

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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

The Lodge is a nursing home providing residential and nursing care for up to 46 people. It is a large Edwardian house with a grand entrance and staircase with additional purpose built facilities over four wings, including a four bedded bungalow attached to the home. On the day of our inspection 46 people were living at the home. The home has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

Summary of findings

On the day of our inspection there was a very calm, friendly and homely atmosphere. People appeared relaxed and happy and were going about their day, seeing visitors, relaxing in their rooms and joining in organised activities. People, their relatives and health care professionals all spoke highly about the care and support The Lodge provided. One person said, "The carers are outstanding. They are very sensitive and empathic. Care is very high quality". Other comments included, "The receptionist is wonderful, outstanding.", "Staff are dedicated and the carers are very good." and "I am very happy here, it's just lovely."

The environment encouraged people to be independent. There was lots of space and mobility aids such as handrails and available wheelchairs. The design and décor of the building was of a very high standard maintained by a maintenance team on site. People who were able moved feely around the building and its grounds as they chose. People were involved in decisions about proposed changes to further enhance their day to day lives.

Care records were comprehensive and written to a good standard using a computerised system. They contained detailed person centred information about how individuals wished to be supported. People's preferred method of communication was taken into account and respected. People's risks were well managed, monitored and regularly reviewed to help keep people safe. People had choice and control over their lives and were supported to take part in a varied range of activities both inside the home and outside in the community. Activities were meaningful and reflected people's interests and hobbies and were managed by a dedicated activity co-ordinator. People were also able to organise classes individually such as piano lessons and yoga.

Staff put people at the heart of their work, they exhibited a kind and compassionate attitude towards people. Staff spent time with people and were not focussed only on tasks. The service had an open door policy, relatives and friends were always welcomed and people were supported to maintain relationships with those who matter to them. For example, Christmas lunch bookings for family and friends offered a range of dedicated days so they could enjoy a Christmas meal at the home with their relative and friends. Staff were well supported through induction and ongoing training. Staff were encouraged to enhance their skills and professional development was promoted. A staff member said; "It is lovely here, I was lucky to get the job. It's so organised and we have meetings and are well supported. We know what to do". Another staff member said "We like to think we are 5 star with a homely feel."

Staff understood their role with regards the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Advice was sought to help safeguard people and respect their human rights. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated which records confirmed. People told us they felt safe.

People knew how to raise concerns and make complaints. People told us concerns raised had been dealt with promptly and satisfactorily. Any complaints made were thoroughly investigated and recorded in line with The Lodge's own policy. Learning from incidents had occurred and been used to drive improvements, for example a "swallowing diary" had enabled staff to make effective changes to how they assisted one person, taking account of their preferences and maintaining their independence.

Staff described the management as very supportive and approachable. Staff talked positively about their jobs. Comments included: "I think people are looked after absolutely fantastically", "I absolutely love it here, all the staff are lovely to work with and everyone gets on well together. It makes coming to work so enjoyable. We are one big happy family."

The service had a very open and transparent culture. The registered manager had set values that were respected and adhered to by all staff. All staff spoke of how they felt people were treated as individuals with respect and dignity. They said they were proud of the work they did. For example, staff were encouraged to come up with innovative ways to improve the quality of care people received and external training was sourced which focussed on person centred care. Staff felt listened to and felt able to discuss any issues with each other or the management team.

Summary of findings

People's opinions were sought and there were effective quality assurance systems in place that monitored people's satisfaction with the service. Timely audits were carried out and investigations following incidents and accidents were used to help make improvements and ensure positive progress was made in the delivery of care and support provided by the home. People were also involved in risk assessments and able to take reasonable risks and do things they wanted to do despite a level of risk being identified.

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?

Good

The service was safe. There were sufficient numbers of skilled and experienced staff to meet people's needs.

Risk had been identified and managed appropriately, supporting and respecting people's individual needs.

Equipment and all areas of the home were well maintained. The home was kept very clean and there were no offensive odours.

Staff in the home knew how to recognise and report abuse. Medicines were well managed and safely stored.

Is the service effective?

Good

The service was effective .People received outstanding care and support that met their needs.

Staff received on-going training to make sure they had the knowledge and skills to carry out their role effectively. The service worked in partnership with other organisations to make sure staff were trained to follow best practice. Staff were well supported with regular staff supervision and meetings.

Strong emphasis was placed on eating and drinking well. People were supported to maintain a healthy diet to significantly improve their well-being within a silver service dining experience available at times which suited them.

Is the service caring?

Good

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

People spoke highly of the staff and relationships were caring and supportive. Staff were knowledgeable about people's individual needs and preferences.

People were informed and actively involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive. Care records were personalised and met people's individual needs. Staff had an excellent understanding of how people wanted to be supported as individuals. The service involved people in individual care planning, risk assessments and how the home was run and respected diverse needs.

Activities were meaningful and were planned in line with people's interests and staff facilitated outings and links with the community.

There was a good system to receive and handle complaints or concerns.

Summary of findings

Is the service well-led?

The service was well-led. There was a sustained open culture. Management were approachable and defined by a clear structure and regular meetings.

Quality assurance systems drove improvements and raised standards of care.

The service had a clear vision to achieve outstanding practice, working towards a recognised quality accreditation and sourcing external training which focussed on person centred care.

Outstanding 

The Lodge

Detailed findings

Background to this inspection

This inspection was unannounced, which meant the provider and staff did not know we were visiting. At the last inspection on 14 October 2013, we did not identify any breaches of legal requirements.

The inspection was undertaken by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 also reviewed the information we held about the service, previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 10 people who used the service, four relatives, two visitors, the registered manager, a social engagement leader and eight members of staff.

The home had four units over two floors. We looked around the premises and observed how staff interacted with people throughout the day. We also looked at four records related to people's individual care needs, four staff recruitment files and records associated with the management of the service including quality audits.

Good

Is the service safe?

Our findings

People consistently told us they felt safe. One person said, "I feel very safe, my goods and chattels are not going to be stolen either." Another person said "I am delighted to be here."

A volunteer visitor said "I visit folk and give them individual time. I help at a sherry morning, they are 100% safe. I literally could not find fault [with their care] I have never seen anything but A1 care and never seen staff do anything untoward." Staff said "Residents are safe without a doubt." A visiting hairdresser said they were impressed with the safe access in and out of the building and how staff knew who had gone out as people signed in and out as they wished.

People were supported to take everyday risks. Where possible, people were encouraged to go out independently into the local community. Those who were able to mobilise independently were requested to sign out and could access the town when they wanted. One person had organised going to a local club supported by staff and another person managed their own newspaper delivery. New automatic entrance sliding doors were being installed to further enhance independence. One person continued to go out independently as they wished in their electric wheelchair despite some risks being identified by the home. The registered manager had ensured they had a laminated card with contact details of the home to make them feel as safe as possible.

People moved freely around the home and the secure gardens. People made their own choices about how and where they spent their time. One person told us, "I've been falling so I'm having a bigger room near to staff so I have more room and won't trip over things". Risk assessments were comprehensive, identifying risks and detailed clear actions taken to minimise risk. For example, one person who had fallen, had a "freezing chart" so staff could document when the person had difficulty moving and what responses worked best. Each person also had an environmental risk assessment relating to maintaining a safe environment such as the safe use of commodes, tilting tables and hospital-style beds and rails. Equipment and all areas of the home were well maintained. The home was kept very clean and there were no offensive odours.

Care plan evaluations were detailed showing staff were attentive to people's needs, recognising risk such as increased confusion due to infection and recognising one person was drowsy from new medication. One person wearing a lap belt said "They had been involved in the decision and felt safer with it in place when in their wheelchair."

There were systems in place to ensure that people were protected from the risk of harm or abuse. People told us they felt able to report any concerns but they had not needed to. The home's welcome pack included local safeguarding and independent advocacy service contacts. The home had an up to date safeguarding policy. Records showed all staff were up to date with their safeguarding training. Staff were confident they knew how to recognise signs of possible abuse. Staff felt any reported signs of suspected abuse would be taken seriously and investigated thoroughly. One staff member told us, "I would tell the manager. I visit people in their rooms a lot. Hence I would have plenty of opportunity to detect abuse." Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately. One example, confirmed that the appropriate external agency had been informed and correct procedures were followed which had included disciplinary action.

People said there were enough staff to meet their needs. One person said "They had time to sit with me when I was sick". Staff were allocated to each unit with two registered general nurses on duty during the day and one at night. The registered manager said they were able to increase staff numbers depending on people's assessed need using a dependency tool. For example, agency cover had recently been used to cover twilight shifts when there was staff sickness and when people required end of life care and more support. Care and support was given in a timely manner, any call bells were answered promptly. Staff told us there were always enough staff on duty to support people. Comments included, "It can be busy but there are always enough staff and we could say if we felt we needed agency" and "The best thing is it's so organised, we all know what's going on and what to do. I'm very happy". Staff rotas showed that staffing levels were consistent and completed until the New Year so staff knew what shifts they were doing. We heard staff telling people they would see them on Christmas Day and chatting with people about Christmas arrangements.

Good

Is the service safe?

Staff recruitment records showed appropriate checks were undertaken before staff began working at the home. The home recruited locally with the company human resources department completing the paperwork. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. Staff files contained evidence to show, where necessary, staff belonged to the relevant professional body. For example, one file relating to a qualified registered nurse, contained confirmation of their registration with the Nursing and Midwifery Council (NMC). The provider had a system that flagged up when professional staffs registration was due. They checked with the relevant professional body that the staff member had the skills and qualifications necessary to perform and carry out safe professional practice. All staff undertook initial probation periods and files contained probation review interviews. Permanent posts were not offered unless a good standard of competency was met. For example, one staff member was given extra support with managing records and another person was not offered a permanent post as they were not deemed suitable. In the past people living at the home had been involved in staff interviews but at present people had not wanted to be involved. Therefore people could be confident appropriate staff were appointed to meet their needs safely.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Nurses were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. We looked at four medicines administration records (MAR) and all had been correctly completed. Medicines were locked away as appropriate and where refrigeration was required temperatures had been logged. Staff were knowledgeable about people's individual's needs related to medicines. For example, staff noted when people's flu vaccines were due and one person's was correctly delayed as they were on temporary medication which could not be given with the vaccine. Safe systems were also in place in relation to medication which relied on regular blood test results before the appropriate doses were given. No-one at the home currently had covert medication (medication which is disguised and given in a person's best interests when they are unable to make that decision). The home were aware of the best practice decision making procedures should this be required.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. One person said, "My health needs are met, they even arrange a taxi to take me to appointments" and "It's as good as you are going to get, near to the mark." Staff told us about people's needs in detail and one staff member said "I had a few interviews at different homes but this was the best. They look after people as individuals in lovely surroundings and we are well supported and trained."

Staff received an induction programme and ongoing training support. This gave them the skills to carry out their duties and responsibilities. A new member of staff told us, "There was a good induction so I know what to do". Newly appointed staff shadowed other experienced members of staff until they and the registered manager felt they were competent in their role. There was a probation period with a probation review interview. Contracts were not continued if staff were not suitable. One staff member had discussed concerns with the registered manager about a new staff member and this had been taken seriously.

A training matrix showed all staff were up to date with training which was planned and continued throughout employment to aid development and enhance staff skills. The home had a well- equipped training room on site and staff said they could always ask for any additional training in relevant topics. For example, the registered manager said there was a large budget for training as it was felt to be very important. Therefore staff had been able to do additional training in Parkinsons disease care, continence care and diabetes in more depth using external trainers in each field.

Research was used to promote best practice. The service had also been involved in a research pilot with the ambulance service and GPs looking at ways of working closer together. For example, they looked at developing generic forms to share information between services so that all staff knew people's needs and preferences relating to acute care. This was a five year programme with regular external multidisciplinary meetings. For example, one relative confirmed that the staff had listened to their mother's wishes when they had become unwell and subsequent care had reflected those wishes and the GP had worked closely with the home.

Some training had been linked to organisations that provided sector specific training. For example, 11 staff attended a "Ladder to the Moon" coaching day. This is a course which explores creativity and innovation. The registered manager said staff came back "brimming with ideas". The registered manager had written a mission statement for staff focussing on transparency, innovation, creativity and sustainability of outstanding practice. The group were meeting regularly to share ideas and information had been shared with staff who did not attend. Social engagement and high levels of staff engagement with people was key to this training and the social engagement leader had researched and revised different documentation to ensure those people who could be socially isolated had their needs met. This included how people were feeling and all staff were involved in recording and monitoring wellbeing in this way.

Training had also been booked for the organisations registered managers on the "6Cs" course, which was to enhance "back to basics" in care in response to a recent report about national healthcare provision. The management plan for the year included proposals to provide electronic devices for staff so they could easily access research and encourage learning.

Supervision was up to date for all staff or booked. Open discussion provided staff the opportunity to account for their performance, highlight areas where support was needed and encourage ideas on how the service could improve. The registered manager described one situation that occurred when a new member of staff struggled to satisfactorily complete their probationary period. They said; "Their care was very good but they struggled with paperwork so we identified what the problems were and provided training and support".

People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). The MCA is a law about making decisions and what to do when people cannot make decisions for themselves. DoLS is for people who lack the capacity to make decisions for themselves and provides protection to make sure their safety is protected. The registered manager was up to date with the recent changes to the law regarding DoLS and had a good knowledge of their responsibilities under the legislation.

People told us the food was very good. There was a Hotel Services department responsible for all food and drink.

Good

Is the service effective?

They had recently reached the final for a national catering award. The service offered a silver service with an open dining time for lunch between 12 and 2pm so people could enter the restaurant anytime within the two hours. However, people were able to access a meal at any time or have a meal put back for them if they went out. People could pre-order meals or call from personal telephones in their rooms. Tables could be reserved if people liked to sit together or have a meal with their family or they could choose to eat in other areas of the home. Dates had been made available to offer Christmas meals with family and friends. The menu was varied and offered clear alternative choices and included information required about possible allergens as stated in recent legislation. Fresh fruit and produce was sourced where able. The new chef told us "It's lovely here, I'm also learning as a chef, which is unusual for a care home." A dietary list in the kitchen ensured people were given the correct type of meal such as soft, diabetic or pureed. A kitchen communication book was regularly updated by care staff. These meals were presented attractively and "dignity" china plates, drinking aids and specialist cutlery were available for people who needed specialist equipment. The Head of Hotel Services said the home tried not to make things look clinical. One person and their family had been very involved in choosing and trying out different types of eating and drinking aids sourced by staff.

Alcohol was offered from a drinks trolley at every meal. We spent time with people having a sherry morning with a volunteer. The Head of Hotel Services had aspirations for "the housekeeping staff to run the dining room and afternoon tea to be provided when residents want it" rather than having a trolley service as now. A person- centred approach was evident. Staff engaged with people during meals and there was a calm relaxed and sociable atmosphereCare records highlighted where risks with eating and drinking had been identified. For example, one person's record evidenced when staff sought advice and liaised with a speech and language therapist (SALT). An assessment had identified a potential coughing risk. A diary had been commenced and showed which foods and times the problem occurred. Actions had been taken such as thickening some fluids and staff knew if the person had requested some fluids not to be thickened. This had been regularly reviewed to ensure it met the person's assessed need. Records showed that, since the original assessment, the person's risk of coughing had been decreased after trying various specialist equipment. Other people also received specialist equipment as advised by the SALT team.

Good

Is the service caring?

Our findings

People were consistently positive about the care they received. Comments included, "In a heartbeat I have a home. I am extremely lucky", "Staff are dedicated and the squad are very good" and "People are treated with dignity and respect" and "The care is very high quality. Staff know you as an individual." One visitor said "Staff are very helpful to me and when dealing with residents are courteous, kind and appear to have good relationships with residents." The service recognised that moving into a care home could be traumatic for some people and ensured people were welcomed with a welcome pack, fresh flowers and a small gift. The registered manager said it was important to help families feel at home too. Families were communicated with as appropriate and outcomes recorded. For example, one family had a communication board in the person's room so they knew how care was progressing as the person often forgot. The registered manager was also purchasing two more electronic devices to enable people to Skype and email friends and relatives. The home regularly offered a comfortable bedroom for relatives and friends to stay should they wish to be close to their loved one when they needed extra support. One person said, "They have been very good with my daughters, kindly and understanding and they are very welcome any time." Relatives were able to have the keypad code to enable them to sign in and out as they wished.

The staff were working towards the Gold Standard Framework for providing co-ordinated care for people with a palliative condition. This included syringe driver training and knowledge of end of life medication. The registered manager said the aim was for people continue to have a planned, co-ordinated end of life and drive improvements.

We observed staff interacting with people in a caring manner throughout the inspection. For example, we saw staff spending time chatting to people. One person said "They are very good at modesty and dignity." Bedroom doors were painted to look like front doors with a door knocker and engaged signs were in use during care delivery, meetings and when people did not want to be disturbed. One relative said when they visited and heard care being carried out within the room they could hear staff talking to their relative behind the door in a "caring, compassionate and respectful way." Another person said "When I was very sick the carers stayed with me and stroked my hand for comfort." Staff acknowledged people in the corridors and stopped to chat or guide them to where they wanted to go. One person told us how staff had organised their TV provision quickly and really cared about ensuring it was done in a timely way.

Each room was beautifully presented full of people's personal belongings. People were able to furnish and keep their rooms as they wished. There was a housekeeping service including four domestics led by a housekeeper. The laundry was immaculate with each person's items carefully laundered and replaced neatly in people's rooms. All areas smelt clean and specialist neutralisers were placed discreetly in corridors so that people would not become embarrassed about unpleasant odours. One person said "They care about our things, the cleanliness is very good. Sheets are changed twice a week and towels daily. It's exceptionally good here, like a home from home." One visitor said "I visit many homes in the area and this is one of the most comfortable and inviting homes. The amenities and décor is very upmarket".

Staff had good knowledge of the people they cared for. They were able to tell us about individuals likes and dislikes, which matched what people told us and what was recorded in individuals care records. One person felt like joining in social events on rare occasions and staff recognised when to encourage them and when to spend time with them in their room as their mood fluctuated. Care records detailed how people wanted to be involved in their care. For example, one person preferred their relative to take the lead. One person said, "My wishes are respected such as not wishing to go into hospital and having a Living Will." Another relative described the care as "exemplary", delivered by staff who cared deeply and treated them as a member of the family. They went on to describe the improvements in their mother's health since living at the home due to staff who knew her and were familiar with her ways. They particularly praised the staff and the registered manager for supporting them and helping to relieve anxiety through "reassurance, explanation and guidance."

One staff member told us, "Relatives address me by my first name, it's nice. I say if you have any problems or worries the last thing we want is for you to leave feeling sad, please tell us. I have to be approachable and appreciate what their needs are. This is their home they have to be treated with dignity." Another staff member said, "I will go out of my way to help, we give them a five star service." Care records

Good

Is the service caring?

focussed on what people could do to remain as independent as possible. For example, how far they could propel unaided in their wheelchair, if they could use their bed controls and also how they would like support with family issues or financial matters. The registered manager described how they had discreetly assisted someone organise regular outings so the person would not be embarrassed that their memory was not as good as it had been.

People said it was nice to know what staff were around and that there was always help. People knew who their "key worker" was in general. The key worker system gave people a named staff contact, although they could speak to any staff member at any time. For example, one key worker had discovered during individual discussion that someone was not happy with one aspect of their care plan relating to supplements for weight loss. Alternatives and had been sourced with family input so that the person was happy with the outcome.

The PIR informed us and the registered manager confirmed that where appropriate people were supported to access advocates. Advocates are used to speak on people's behalf to make sure decisions about care, treatment and support were made in a person's best interests. For example, independent advocate details were given to everyone on admission.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care records contained detailed information about people's health and social care needs. They reflected how each person wished to receive their care and support. Records were organised, gave guidance to staff on how best to support people with person centred care and were regularly reviewed to respond to people's changing needs. All staff had access to care records and could make entries in one place. Staff said this was very useful and everything was so organised. Care plans were working documents and computerised.

Individual needs were regularly assessed so that care was planned to provide people with the support they needed, but ensured people still had elements of control and independence. Care plans focussed on person centred details and what people could do. For example, records showed details such as ensuring people gave consent to try decaffeinated coffee as suggested by a health professional. Other details included, informing staff if someone did not want thickener in certain drinks and reminding staff to be discreet when prompting someone who was a private person with personal hygiene, were included. One plan said "Remember this person is an intelligent person and likes to talk". Appropriate activities had been sourced for this person. Night time routines were personalised detailing how to place pillows, slings and what equipment people used to maintain continence. Daily records showed these things were happening.

Staff were responsive and identified changes in need. For example, one person had chosen to try honey as a sugar alternative and another person had changing moods which staff recognised and then acted appropriately. Weight loss was clearly monitored and various actions tried to encourage weight gain. Where there were areas of difficulty in decision making this was recorded and discreetly managed. Health information was shared with appropriate health professionals. For example, records stated that a dentist had been informed that one person's gum was sore and there was a hygiene and oral care plan. The hotel services staff were also aware when preparing food that required a softer consistency for them.

There were lots of meaningful comments within daily records which reflected needs identified within the care plan. For example, test results were recorded and acted upon, wound evaluation was clear and showed progress and health professional involvement and medication was regularly reviewed in relation to its effectiveness and side effects. The service pro-actively sought to minimise skin pressure area damage using a wide range of equipment whilst ensuring rooms remained homely and not clinical. The registered manager said it was important that people's surroundings helped to make them feel good. All bathrooms had recently been refurbished in a style that was practical but of a high standard of comfort.

People were supported to follow their interests and take part in social activities. Care records included people's interests and preferences. A social engagement leader and assistant ran events every day, sometimes assisted by regular volunteers. People were able to discuss ideas within resident meetings or one to one with staff. These were listened to and included in the weekly calendar displayed for people to see. For example, a sherry morning was scheduled. The volunteer assisting said "Oh yes, they are very well cared for here". The activities included easy listening sessions, music recitals, "Pets as Therapy" visits, quiz and drinks, pampering, trips out to the museum and local area, creative reading and exercise classes. The social engagement lead told us how they made activities tailored to people's tastes. People were also able to organise their own events or regular classes. For example, a music appreciation group had been split into two to reflect people's preferences and one person had private lessons within the home. A recent resident's meeting had resulted in the home running different activities suggested by the group such as board games and particular trips. The social engagement leader also had their lunch with people, which they said helped to build real relationships and get to know people better. Attention was also paid to people who preferred not to join in group events. Daily notes showed how staff spent time with people in their rooms, playing chess, chatting and watching TV. One person said, "The carers are very loving and caring. I could do practically anything I ask for." The newsletter pointed out TV programmes that may be of particular interest for people or topical and stated which staff member would be running which event. Staff kept popping into people's rooms to remind them when events were on or see if they were okay.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. The home had their own bus that was used every week, for example,

Good

Is the service responsive?

for a trip Christmas shopping and a visit to a stately home. In addition, school girls from the local school opposite the home visited regularly to chat to people living at the home. The registered manager had organised for some people who would like and benefit to have visits from "befrienders", people from a volunteer group who had time to sit and chat with people at the home in addition to staff. One person told us how they had organised going to a local club which staff were discreet in reminding them and another managed their own newspaper delivery. A "Friends of the Lodge" committee had been in place since 1969 and ran a wide range of fundraising events with the outcomes included in the homes newsletter. Family and friends were able to visit at any time. One relative said, "I have been made welcome. They have got to know me and offer tea and cake."

The provider had a policy and procedure in place for dealing with any complaints. This was made available to people, their friends and their families. The policy was placed in each individual's welcome pack and clearly displayed in several areas around the home. People knew who to contact if they needed to raise a concern or make a complaint. People who had raised concerns, confirmed the issues were dealt with to their satisfaction without delay.

The home had not received any written formal complaints in the last 12 months. However, informal concerns had been dealt with seriously. For example, some people had raised concerns about call bell response times. The service had looked into each concern, monitored call bell times electronically, explained the results with people and solved any issues in a timely way. The registered manager told us, they used monthly audits to monitor concerns and complaints. Appropriate action was then taken to improve their service and raise standards of care.

Outstanding ☆

Is the service well-led?

Our findings

The registered manager, the clinical care manager and heads of care took an active role within the running of the home and had a good knowledge of the staff and the people who used the service. For example, when people were assessed before moving to the home, thought was also given to the needs of people already living at the home. There were clear lines of responsibility and accountability within the management structure. For example, each department had a head and the registered manager met with them as a group every Monday. Topics discussed included ensuring family and friends were able to book Christmas meals at the home and also people were able to book certain spaces around the home for private parties. Staff were attentive to individual needs such as ensuring peoples' pictures were hung and TVs were working.

People, friends and family and staff all described the management of the home to be approachable, open and supportive. People told us; "The management do an excellent job." There were regular resident and relative meetings which were recorded. People said "They do respond to comments like the food" and another person said they had raised food waste and this had been addressed with improvements in re-cycling. A volunteer said "We always feel included and valued" and staff said, "No one sticks to their job description meaning we all are one big team. We work together" and "I absolutely love it here. I have everything I need to hand to do the job." One relative credited the "high standard of care" to the home's leadership describing how the registered manager was "very in touch with her team and people living at the home". They found the registered manager to be "kind, caring and compassionate."

The PIR said The Lodge operated an open door style of management, each meeting was recorded with action plans and actions completed. The registered manager said the open style of leadership was not just confined to the home but shared through the company and it was important that people saw they were listened to so that issues could be dealt with quickly. The location of the office made it easy for people living at the home, visitors and staff to speak with the registered manager and clinical care manager. We observed people and staff approaching the registered manager throughout the day to ask questions or chat and have tea. There was a commitment to listening to people's views and making changes to the service in accordance with their comments and suggestions. One person said, "My mattress was uncomfortable, I told the staff and it was no trouble to replace it".

The PIR stated the provider asked people living at the home, people's relatives and professionals to complete a satisfaction survey. There was one for permanent residents and a more focussed one for those on respite/short stay. The feedback from the last survey was generally positive and action had been taken as a result of the comments received. For example, the only issue raised from the last survey was one person's laundry had gone missing which was dealt with. The results were sent to the provider's headquarters for further audit and were displayed for people living in the home to see the outcomes.

The service published a monthly newsletter "Lodgical Chronicle" which informed people about news, events, birthdays, activities and photographs of recent trips out. It concluded saying "Please contact us if you have any constructive suggestions for activities, films, places to visit or music choices for music appreciation sessions." We saw suggestions had been acted upon. For example, there were now two music appreciation groups, one focussing on more serious classical music.

Staff consistently told us they felt well supported and informed. The provider, Elizabeth Finn home's vision stated in their brochure was "to create exceptional care for the individual in convivial surroundings and in the company of like-minded people." Staff understood the aims of the company and we saw this mission statement being put into practice during our inspection. For example, the social engagement leader had researched various ways of monitoring people's engagement and activities and devised their own form which included how people were feeling. The registered manager said this was working well and the leaders could ensure they engaged with people who could be more socially isolated within the home. This practice was also shared with care staff so that loneliness within the home could be understood and addressed for people.

Staff felt listened to and felt able to discuss any issues with each other or the management team. Staff were praised for their work and also through long service awards, bonuses and supported with constructive criticism. Staff understood the pathway for raising concerns with their line manager or

Outstanding ☆

Is the service well-led?

the registered manager. Staff were confident concerns they raised would be addressed. There were regular staff meetings and events. Staff told us they were encouraged and supported to question practice. If suggestions made could not be implemented, staff confirmed constructive feedback was provided. For example, one staff member had felt able to comment on the work of a colleague in a positive way and for the benefit of people living at the home.

The registered manager felt well supported by Elizabeth Finn Ltd. The registered manager met with managers from the provider's other homes regularly to share experiences and learning as did each head of department. Regular audits completed by the registered manager, heads of department and the provider helped to monitor the quality of the service and identify the need for improvements. The provider conducted audits as well as the home's in-house audits. For example, the comprehensive health and safety audit had recently been done and staff were informed that the auditor would be available to discuss any questions. For example, the maintenance department had discussed various issues. Actions were detailed such as ensuring equipment was working to satisfactory standards or new ordered. An audit required an 80% pass rate and a timescale for any actions deemed as "critical control points."

A human resources audit had also been completed. The comments by the auditor stated "all information was well organised and easily found. Administration in the home is efficient and resident welfare is always the prime consideration in the decision making process." It continued that this was communicated at all times to the staff.

A regular catering audit was detailed over ten pages and noted how well staff had worked despite some issues and focussed on the delivery to people living at the home. The catering department had provided a new salad bar, carvery lunches and various new items such as a sweet trolley. A detailed housekeeping audit had been completed with actions being communicated to relevant people such as reminders for care staff to re-mark some laundry and improving the dusting of door protectors. Food hygiene and environmental health certificates were five star and excellent. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations and regularly contacted us to inform us of any incidents or for advice as to whether they needed to notify us.

The registered manager and clinical care manager also conducted audits around falls, skin integrity, care planning and medication. These showed clear formats for ensuring a good standard of care and monitoring with appropriate actions taken in a timely way. For example, medication errors were dealt with promptly and ways were sought to minimise future risk.

The service kept up to date with best practice by subscribing to relevant journals and attending the local Provider Engagement Network. This is a local group that aims to provide a forum through which two-way information can be shared about best practice, innovative ways of working and current issues affecting the market. For example, new legislation changes had already been put into practice within the catering department. This department was in the final of the Best Employers in Hospitality Award 2014. The service was implementing new personalised "end of life" care plans with the local GP group to ensure more "joined up" care with other health professionals and taking into account people's wishes.

The home worked in partnership with key organisations to support care provision. For example, a health professional said, "The registered manager absolutely recognised the sensitivities and challenges of the process and worked with us to achieve moves that were as least disruptive as possible to people and their families.I felt that The Lodge were working as part of the whole team to ensure a good transfer to the new home, welcoming both service user and the family. This was born out by feedback from family". The regular GP and practice had been conducting weekly "rounds" at the service for over 20 years. They also had nothing but positive feedback about their relationship and quality of the service delivered by registered manager and staff team at The Lodge.