N. Notaro Homes Limited

The Lodge

Inspection report

Portway
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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

This inspection took place on 10 January 2019 and was announced. We gave the service 24 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

The Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Lodge is situated near Langport in the grounds of Immacolata House, another care home run by the organisation. The home can accommodate up to three people living with a learning disability. People living in the Lodge can also access the facilities at Immacolata House.

The service has been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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Why the service is rated Good.

People received care and support that was safe. The provider had a robust recruitment programme which meant all new staff were checked to ensure they were suitable to work with vulnerable people. All staff had received training in safeguarding vulnerable people. People's medicines were managed safely and within current guidelines.

Risk assessments were in place to identify any risk to people and staff understood the actions to take to ensure people were safe. There were sufficient staff to support people with their daily living and activities.

People received effective care and support. Staff had a clear understanding of people's needs and received training relevant to their role and the needs of people living in the home. People enjoyed a healthy balanced and nutritious diet based on their preferences and health needs.

People received care from staff who were kind and caring. Staff respected people's privacy and dignity always. People were supported to express an opinion about the care provided and contribute to any changes.

People received responsive care and support which was personalised to their individual needs and wishes. There was clear guidance for staff on how to communicate with people and how to know when a person was not happy or distressed. People were supported to access health care services and to see healthcare professionals when necessary.

People were supported by a team that was well led. The registered manager demonstrated an open and positive approach to learning and development.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and complaints and learnt from issues raised.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

The 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.

This inspection took place on 10 January 2019 and was announced. We gave the service 24 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and looked at other information we held about the service before the inspection visit.

During this inspection we spoke with one person living in the home and two members of staff including the registered manager and the deputy manager. The person we spoke with had limited verbal communication, however they were able to communicate using short phrases and body language. We spent a short time observing care practices in the communal area of the person's flat.

We looked at a number of records relating to individual care and the running of the home. These included one care and support plan, two staff personnel files, training and supervision records. We also looked at minutes of meetings held at the home and the organisations policies and procedures.

Good

Is the service safe?

Our findings

People continued to receive care that was safe. We observed safe practices during the inspection and the person living in the home indicated that they felt safe with the staff who supported them.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people.

The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm. Records showed staff had received training in how to recognise and report abuse.

Risks were assessed and actions were taken to mitigate the risks. These included the actions staff should take to promote people's safety and ensure their needs were met. The care plan included risks related to nutrition, hydration and choking. Risk assessments were reviewed with the person. Even though they had limited communication they were involved when care plan reviews were carried out and if the person's needs changed.

When people had been identified as having behaviours which could challenge themselves or others there were directions for staff to follow. These helped to reduce people's anxiety and reduce the likelihood of them becoming distressed.

People were supported by enough staff to meet their needs. The registered manager explained how one person received one to one care during the day and two to one support when they went out. Rotas showed there were sufficient staff to provide the one to one time and the service was also supported by their sister home in the same grounds. Staffing levels enabled the person to have an active life outside of the home.

Systems were in place to ensure people received their medicines safely. All staff received medicine administration training and were assessed as competent before they could administer people's medicines. Records showed medicines had been reviewed with the GP and changes made to meet people's needs more effectively.

Staff were aware of the importance of minimising people's risk of infection when providing care and support. Staff received regular training and were supplied with personal protective equipment such as gloves and aprons.

Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was recorded to establish patterns and monitor if changes to practice needed to be made.

Good

Is the service effective?

Our findings

People continued to receive effective care and support from staff who had the skills and knowledge to meet their needs. The person gave a thumb up sign and sang when we asked if the staff were, "Good."

The person's care and support plan was personalised to them. The plan set out the person's needs and how they would be met. They also showed how risks would be minimised. A Staff member told us how they still involved the person when they wrote their care plan or daily updates.

The person had a hospital and health passport which clearly indicated their needs so they could be communicated to other health care professionals. The deputy manager explained how they were in the process of updating the passport. Regular health care checks were arranged and if a person required support when in hospital a member of their staff team would be available to stay with them to minimise the risk of them becoming distressed.

Changing needs were monitored to make sure health needs were responded to promptly. Staff supported the person to see health care professionals according to their care plan. This meant they were supported to attend regular health checks. Records showed staff assisted the person to attend specialist appointments such as the dentist and optician, as well as age and gender related health screening.

Staff were supported to deliver care and support in line with best practice guidance. All staff supporting the person had attended training in learning disabilities. The registered manager and deputy manager had recently completed a cause on Autism awareness. This meant staff could provide appropriate and person-centred support according to individual needs.

People were supported by a consistent staff team who understood their needs. This meant people could build meaningful relationships with staff they knew and trusted.

People were supported by staff who had access to a range of training to meet their needs. The provider had a full training programme which staff confirmed they attended. The deputy manager explained how the staff team had all recently attended training updates for the providers mandatory training. The registered manager said they would be able to access specific training as they assessed the needs for people moving into the home in the future.

Staff were supported by the registered manager and deputy manager through regular supervision and an annual appraisal. Records showed staff were given the opportunity to discuss working practices, what went well and what did not go well and explore ways of improving the service they provided.

The person living in the home required assistance with food preparation. Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals in relation to these. People's food preferences were recorded and records showed they were offered a healthy, balanced and varied diet. The deputy manager explained how they had developed pictures of the

meals provided and offered the person a picture choice each day so they were involved in menu planning. The person helped with the grocery shop and their preferences were bought so they could decide what they wanted to eat daily.

The service was split into three self-contained flats/units. The flats were a blank canvas for people to add to or decorate as they moved in. The premises were warm, comfortable and accessible, with the person's art work and words of their favourite songs displayed. The persons flat was minimally furnished and provided a "low stimulus" environment which met their specific needs.

People only received care with their consent. The person living in the home was able to communicate whether they agreed to daily activities and we observed the person effectively direct what they wanted to do with their day.

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.

Records showed staff were aware of the need to assess people's capacity to make specific decisions. Where appropriate they had involved family and professional representatives to ensure decisions made were in the person's best interests.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). These had been completed for the person living in the home because they were monitored closely by staff and unable to leave the premises alone. Records showed the registered manager had liaised with the local authority to find out the progress for the application.

Good

Is the service caring?

Our findings

People continued to be supported by kind caring staff in a way that respected their dignity and privacy. The person had a very good rapport with staff and during the inspection we saw their face "lit up" when a specific member of staff supporting them walked into the room. When we asked if the staff member looked after them well they smiled, kissed the staff member on the cheek and started to sing.

We observed kind and caring interactions with the person during the inspection. There was a happy and cheerful atmosphere with staff joining in when the person wanted to sing and laugh. Staff spoke respectfully to the person and showed a good awareness of their individual needs and preferences. The person was relaxed and cheerful in the presence of staff. There was a strong rapport with staff which could be seen when the person was singing and laughing with them.

There were ways for people to express their views about their care. The person was unable to comment fully on their care and support but staff looked at ways they could still be involved. They used pictures of daily living activities and a whiteboard which showed what they were doing at the time and what they would be doing later. The person had input into the activities they took part in daily.

The deputy manager explained how they had observed the person using signs to communicate. This skill had not been communicated to the service when they had carried out the initial assessment. The deputy manager had discussed this with the learning disabilities community team and had arranged training for staff to support future communication.

People were encouraged to do what they could for themselves. The person did not take part in food preparation due to their risk assessment. However, they took part in household chores such as keeping their flat tidy and doing their laundry.

We observed how staff supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care.

Staff spoke warmly and respectfully about the person they supported. They were careful not to make any comments about the person of a personal nature in front of them unless they were involved in the conversation. Staff understood the need to respect people's confidentiality and to develop trusting relationships. Records were securely stored to protect people's personal information.

Good

Is the service responsive?

Our findings

People continued to receive care and support which was personalised to their needs and abilities.

The person's care plan included clear information about the support they required to meet both their physical and emotional needs. They also included information about what was important to the person and their likes and dislikes. Staff were knowledgeable about the person's preferences and could explain how they supported them in line with their care plan. One staff member explained how they had used marching and singing a marching song to distract the person when they displayed behaviours that could challenge. Marching and singing was identified in their care plan as something they liked to do.

As well as clear plans for personal care and keeping safe there was detailed information about how the person communicated and how staff could recognise body language. We observed staff demonstrating and understanding what the person was communicating on the day of the inspection.

Information was shared with people and where relevant the information was made available in formats which met their communication needs in line with the Accessible Information Standard. For example, the person understood and looked at pictures to help them make daily decisions so their daily activities were displayed in a picture format on their whiteboard.

The person participated in a range of activities to meet their individual needs. Records showed the person joined in with a variety of activities such as, local community events, trips out, visiting the small holding on the grounds of the sister home and joining in activities provided by the sister home. The person was supported to maintain contact with their family and friends. The service provided accommodation for relatives when they wished to visit and stop over. The person's family member had spent Christmas with them at the service.

People with religious and cultural differences were respected by staff. The person had built up a relationship with the local church and vicar and staff supported them to go to church when they wanted to. The registered manager was also aware of how they could access community links for future people with other religions or cultural needs.

There was a concerns, complaints and compliments procedure in place. This detailed how people could make a complaint or raise a concern and how this would be responded to. People and their relatives had access to the policy. The policy was also available in an easy read format with pictures to support how people could raise a complaint if they needed to.

The service was not supporting anyone who was receiving end of life care at the time of our inspection. However, the registered manager knew who to involve in the local community if the support was needed. They also had the facilities at the sister home to fall back on for advice and support.

Good

Is the service well-led?

Our findings

The service continued to be well led. There was an established management team with clear roles and responsibilities.

The registered manager promoted the values of the organisation by ensuring a person-centred approach to care and support and respecting people's right to be involved in their day to day life. Throughout the inspection we observed the person making decisions and being involved in their care and support.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had links with other resources and organisations in the community to support people's preferences and meet their needs. The service had built links with the Somerset Learning Disabilities Team and received regular information from the local Learning Disabilities Mortality Review (LeDeR) Programme. This is, "The first national programme of its kind aimed at making improvements to the lives of people with learning disabilities."

The service was well run. Staff at all levels were aware of their role and responsibilities. An on-call system was available so all staff could contact a manager at any time of the day or night for advice and support. A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter. The service had a strong relationship with its sister home in the same grounds where staff could seek support and advice.

Staff spoke positively about the registered manager. Staff personnel records showed they received regular contact with the registered manager as well as one to one supervision meetings with the deputy manager. Supervisions were an opportunity for staff to take time out to discuss their role within the organisation and highlight any training or development needs.

To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

Where possible people could be involved in the recruitment of new staff, however this was an area for development when more people moved into the home.

People and their families could comment on the service provided. The person living in the home could not fully express their views verbally but staff knew them well enough to know what they were feeling by their behaviour and could support them to voice their views. Their family member was involved in regular meetings when their views and opinions were recorded.

There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged.

The registered manager demonstrated an open and positive approach to learning and development. The management team kept their skills and knowledge up to date, through research and training, and through manager meetings within the organisation when they could share what went well and what they did about things that did not go so well.