

Mr & Mrs P Graver

# Christmas Lodge

## Inspection report

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### Ratings

#### Overall rating for this service

Outstanding



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Outstanding



Is the service responsive?

Outstanding



Is the service well-led?

Good



### Overall summary

The inspection took place on 6 October 2015. It was unannounced. During our last inspection of the service in May 2013, the provider was compliant with all of the regulations we assessed.

Christmas Lodge provides care and personal support for up to 15 people. It does not provide nursing care. The service specialises in providing support for people who have enduring mental health difficulties. The home is situated near to York racecourse and is close to many shops and amenities.

The home 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 consistently spoke of the outstanding care delivered by staff. They told us that staff went above and beyond to ensure they received a person centred service. Staff maintained people's privacy and dignity ensuring that any care or discussions about their care were carried out in private. Interactions between staff and people were caring and respectful, with staff being consistently

# Summary of findings

patient, kind and compassionate. We observed the interactions between staff and people living at the home. It was clear that staff knew and understood the people they cared for. People's care remained the focus for staff and people knew that they mattered. It was evident that people were involved in all decisions regarding their care. Care records were detailed and person centred, and we saw people were involved in the development and review of their care records.

People were encouraged and supported to be as independent as possible. The home was innovative in the way it provided person centred care to people, for example getting people to determine what values they thought the staff should display or writing their own care records. It was clear that the support people received meant that they were supported to have an enriching and empowering lifestyle. We saw numerous examples of this during our visit. Examples included each person being supported or independently choosing their own meal, attending meaningful and fulfilling activities with the staffing allocated accordingly or the way in which people had made the home their own in terms of personalisation. The home was run in a way that people using the service remained the focus. It was evident that Christmas Lodge was 'Their home.'

People told us that their ideas and suggestions were responded to. Staff had a 'can do' approach and they really made the most of opportunities to support people in taking risks so that they could participate in things which were important to them. A range of social, leisure, occupational and educational activities were provided. People's interests were evident throughout the home. People were encouraged and supported to remain autonomous and the service was run in a way which encouraged and support people's individual aspirations and dreams.

People told us they felt safe; they told us they could approach staff if they had any problems or concerns. We saw that people were encouraged and supported to take risks and there were no restrictions on people's freedom.

People spoke positively about the staff who worked at the home. It was clear that staff knew and understood people's needs well. Staff went through a robust recruitment process before starting work. Staffing ratios were responsive to people's changing needs and

preferences which enabled people to lead busy and fulfilled lives. It was evident that staff knew the people they supported and went out of their way to provide a flexible and tailored service.

People received their medication as prescribed by their GP. They were encouraged and supported to manage their own medicines where possible. Regular reviews took place and staff received training and support so that medicines could be administered safely.

The home was clean, smelt fresh and was well decorated and maintained. People had personalised the environment to make it more homely. It was warm and welcoming.

Staff received induction, training and supervision which supported them to carry out their roles effectively. People spoke highly of the staff employed and we observed warm, caring and encouraging support throughout our visit.

People had care records in place which they had contributed to. People were supported to make their own decisions and when they were not able to do so, meetings were held to ensure that decisions were made in the person's best interests. If it was considered that people were being deprived of their liberty, the registered manager was clear that the correct authorisations must be applied for.

People spoke positively of the meals and we saw that specialist diets were catered for. People were able to choose what they wanted to eat and to be involved in the shopping and preparation of their meals where possible. People could access the kitchen at any time and were able to help themselves to meals, drinks and snacks.

People had access to a range of health care professionals and staff were able to support people with both their physical and emotional health needs. There were clear records of this within people's care files. Staff knew and understood the people they supported and were able to respond quickly to any changes in health. This was re-iterated by the health professionals who provided feedback on the service.

The home had appropriate adaptations to make it accessible to people living there. The registered manager and staff regularly reviewed the premises so that any required adaptations could be made.

# Summary of findings

People's views and opinions were sought and their ideas and suggestions were responded to. People living at the service were able to bring about change. Staff spent time with people both on a one to one basis and in group discussions so that individual aspirations could really be considered. People did not have any complaints but consistently said they would have no issue raising them if they did.

People living at Christmas Lodge spoke highly of the registered manager and staff. The support from senior management was also said to be consistently good. There was a warm friendly atmosphere and staff spoke of a positive culture. People were encouraged and supported to express their views. There were good links with the local community.

# 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.

People told us they felt safe and were encouraged to take risks. Staff were clear about safeguarding policies and procedures and the action required if they thought someone was at risk.

People spoke positively with regards to the staff and staff confirmed that they went through a robust recruitment process before they commenced employment.

Medication was safely administered and people were encouraged to self-medicate where possible.

The home was clean and smelt pleasant.

Good



### Is the service effective?

The service was effective.

Staff received induction, training and supervision to support them in their roles.

The registered provider understood the requirements of the Deprivation of Liberty Safeguards (DoLS) and people were able to share their views and consent to any care or treatment.

Specialist diets were catered for and we saw that staff and people living at the home had done lots of research to support good nutrition.

Good



### Is the service caring?

The service was caring.

People consistently told us that staff went above and beyond to provide outstanding care.

People told us that they knew they mattered and this was evident throughout our visit. Staff went to exceptional lengths to provide person centred care.

Privacy and dignity was consistently maintained and staff were respectful when providing care and support to people. People were encouraged to be independent and to live the life they wanted.

Outstanding



### Is the service responsive?

The service was responsive.

People told us that the service was outstanding in the way it provided a tailored service which was regularly reviewed so that it remained responsive to their needs.

We saw people were involved in planning their care and care records were detailed and person centred. People were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

Outstanding



# Summary of findings

A range of social, leisure, occupational and educational activities were provided which were very much based on individual choices.

People's views and opinions were sought and their ideas and suggestions were responded to.

People did not have any complaints but consistently told us they could talk to staff if they did.

## Is the service well-led?

The service was well led.

People living at Christmas Lodge spoke highly of the management team.

There was a warm friendly atmosphere and staff spoke of a positive culture.

The registered manager promoted strong values and a person centred culture which was supported by a committed staff group.

The service worked effectively in partnership with other organisations and forged positive links with the community to improve the lives of people with mental health problems.

Records were detailed and reflected how people's needs should be met. Some of the quality records were being reviewed so that all aspects of service delivery were monitored.

**Good**



# Christmas 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 6 October 2015 and was unannounced.

The inspection team consisted of one adult social care inspector and a professional advisor who had specialist experience of mental health services. We were also supported by 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. Our expert had personal experience of both mental health and learning disability services. Our expert by experience was supported during the inspection by a staff member from their support agency.

Prior to our visit we looked at information we held about the service which included notifications. Notifications are information the registered provider is required to send to us to inform us of significant events. We received a provider information return (PIR) for this inspection. 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 sought feedback from the local authority safeguarding and commissioning team at City of York Council, who did not raise any concerns regarding the service.

During the visit we talked in detail with seven people living at the service, one visitor, six staff and the registered manager. We also received feedback from an approved mental health professional (AMHP).

We looked at three people's care records, people's medication records, four staff recruitment and training files, maintenance files and a selection of records used to monitor service quality, which included meeting minutes and audits which had been completed. We also carried out a tour of the service.

# Is the service safe?

## Our findings

People consistently told us that they felt safe living at Christmas Lodge. We spoke to one person who had a visitor present. They said “I am as safe as one can be. In times when I am not well, I come home and I am safe.” This was also confirmed by their visitor. They told us of a previous example where a staff member had been verbally abusive. They told us that they had told the owners which resulted in the staff member being dismissed. They said “I felt the outcome was the correct one and I felt safe.” We spoke with another person who told us that they felt safe living at Christmas Lodge and said they had been there a long time.

We spoke with staff about keeping people safe. Staff had received mandatory safeguarding training as well as City of York safeguarding training and were aware of what to do if they had any concerns. They were clear about the procedure to follow and said they would contact the safeguarding team if there were any issues. Staff had read policies and procedures and reported that any changes were communicated to them through the staff meeting and communication book. Staff were aware of what whistleblowing was and told us they would utilise this policy if they felt it was necessary and if something was going on in the home that they found unacceptable.

There were no restrictions on people's freedom. They were free to come and go as they wished and had choices on how they wanted to spend their day.

Easy read information regarding discrimination, equality, human rights, power of attorney and advocacy was available in the office. A poster signposting people to this was available.

We looked at the way in which risks were managed. People were supported to be as independent as possible and risk assessments were in place to minimise risks to people. We saw risk assessments for the environment which included personal emergency evacuation plans (PEEPs); these are documents which advise of the support people need in the event of an evacuation taking place. Fire evacuations were completed regularly so that staff and people living at the home knew what action to take if the alarms sounded.

The home carried out a range of other maintenance checks which included water temperatures, nurse call, legionella and checks to monitor the safety of the premises. We saw evidence of these checks during our visit. We also looked at

maintenance certificates for the premises which included the electrical wiring certificate, gas safety certificate and portable appliance checks. These were up to date and helped to ensure the safety of the premises.

People told us they were supported to take risks and said that these were discussed with staff. One person told us that “Their days of taking risks were over”; they then went on to say that they would like to go up in a hot air balloon and they said that if they found the courage, they knew staff would be right behind them and would help make it happen.

People told us that they were able to go out alone. One person told us that they had asked for more support due to increased levels of anxiety. They told us that staff had responded immediately and that this had been added to their care plan.

People living in the home reported that staff would respond to them quickly if needed and reported not “Being left around waiting.” A visitor we spoke with said they had no concerns about the home. They felt their friend was well looked after by staff who cared. They said their friend was supported to do as they wished but said their mental health was supported when it needed to be. Both the visitor and the majority of people who lived within the service felt there were adequate numbers of staff on duty at all times.

Staff working within Christmas Lodge told us that there were adequate numbers of staff to meet people's needs and told us if there were any shortages the registered manager would step in or shifts would be covered by staff from another home in the group. One person said “The team (staff) are like family to me. There were three care staff and a domestic assistant working on the day of our visit.

We looked at the recruitment files for four staff employed at the service. We saw that application forms were completed, interviews held and that two employment references and Disclosure and Barring Service (DBS) first checks had been obtained before people started to work at the service. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. This information helped to ensure that only people considered suitable to work with vulnerable people had been employed.

## Is the service safe?

Medication was only given by support staff who had completed medication training. This involved E learning and a full induction to the medication system by a competent staff member.

Medications were dispensed in a communal area which might have meant that individual discussions could be overheard. This was discussed with the registered manager who told us that people generally chose to sit in communal areas during the medication round. They told us that medication would be offered to people in private, however some people declined.

People who lived within the service reported getting their medication in a timely and efficient manner. There was a clear pathway to self-administration if this was identified as a need for a service user. We reviewed three medication administration record (MAR) sheets and saw that medication had been administered and recorded appropriately. There were no controlled drugs currently prescribed to people and staff appeared to have a good

understanding of the process of storing and stock checking medication. Controlled drugs (CD's) are medicines which are controlled under the Misuse of Drugs legislation. Medication was stored and disposed of appropriately.

One person said "The doctor had knocked off all my medication"; they went on to say they only had creams now. They said staff supported them with creams and were trained to do it, but also said that they did the bits they could reach and staff would help with the rest. This demonstrated that people's medication was kept under review and that people were supported to self-manage their medication where possible.

We found that the service was clean and smelt pleasant. People living within the home felt the home was clean, well decorated and any maintenance issues were picked up quickly and rectified. Clinical waste was stored safely and staff reported adequate supplies of personal protective equipment (PPE) and knowledge around the use of PPE.



# Is the service effective?

## Our findings

We looked at induction, training and supervision records for staff. We were shown a copy of the staff training matrix. We saw that training was provided in first aid, health and safety, fire and food hygiene. All new staff were enrolled on the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working. We were told by the registered manager that additional training in challenging behaviour, diabetes, epilepsy and percutaneous endoscopic gastrostomy (PEG) had also been provided by the district nurse. All staff had access to the online recovery training which supported staff in looking at different and innovative ways to support people on their journey to recovery. Training helped to ensure that staffs knowledge and skills were kept up to date.

Staff spoke about not being counted on the rota and having an induction pack and undertaking mandatory training prior to working unsupervised during their first month of employment. They told us that their training supported them in their roles. The registered manager had introduced monthly reflections for staff so that they could reflect on things that had gone well or that they had found difficult. Staff felt this was positive. People living at the home said that staff were “Excellent” and “Very thorough.”

It was evident that people who lived within Christmas Lodge had been assessed in relation to mental capacity and appropriate plans and documentation were in place. Staff members we spoke with had a good understanding of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). It was noted that staff sought people’s consent before entering their rooms and when assisting people with medication. We saw examples where people had read and signed their agreement to their care plan.

The Care Quality Commission monitors the operation of the DoLS. DoLS are part of the MCA and are designed to ensure that the human rights of people who may lack capacity to make decisions are protected. The registered manager told us that no-one who lived at Christmas Lodge had a DoLS in place. Staff had a good understanding of the MCA and steps to take if they felt someone was suddenly unable to consent due to fluctuating capacity.

People told us that they had never seen restraint being used. One person said “A gentle caring approach is used when someone is upset.”

People had keys or keypads to doors to their personal space and could choose whether they wanted to leave them open or not. One person had to walk through another person’s bedroom to access their bedroom and although not ideal both people told us they were happy with this arrangement and were consenting to it.

There was clear information regarding how people should be supported if they had behaviour which challenged others. For example; we saw in one person’s care file ‘Staff explain if my behaviour is unacceptable.’ The service had a no restraint policy and staff we spoke with were clear of diversion and distraction techniques. Staff had good understanding of the sort of mental health issues that people living within Christmas Lodge may suffer from and appeared able to support service users with challenging behaviour by offering chats, support, ‘time out’ or referral to mental health review if needed. Staff were aware of relapse indicators and what management support was needed.

One person told us how they had assisted in researching food allergens and gluten free recipes as some people were on a gluten free diet. They told us how much they had enjoyed doing this. They said “The cook is fantastic.” They also said “I can bring in food that I fancy and can use the kitchen.”

Food looked fresh and appetising. During the inspection it was clear that individual meals were made for each client at their request. People were encouraged to follow particular diets either for health or well-being (if they suffered from coeliac disease or for weight loss). The kitchen was accessible at any point of the day and staff were available to support people with making snacks. One staff member told us “It’s their home - they can have food and drinks whenever they like.” Relatives and visitors also commented on the excellent quality of food and said when they had eaten with their relative food was “Of a very high quality.”

We saw that a large menu board was displayed in the dining area which listed foods which should be avoided when on a gluten free diet. We spoke with one person who said “We have lots of discussions about menus, there is always a choice. I make my own lunch.” We observed

## Is the service effective?

people choosing what they wanted for lunch and saw that some people made their own meal whilst others told staff what they would like. Individual choices and preferences were very much catered for.

One person told us they were on a Monoamine Oxidase Inhibitors (MAOIs) diet which meant that they had to avoid food high in tyramine. This was monitored by staff.

People living at Christmas Lodge had a say in how they wanted the home to look. One person told us they had decorated the lounge with their own ornaments and the staff actively encouraged and supported them to do this. They took great pride in this and it made them feel useful and happy. One person said “I have chosen the décor in my room. The public spaces in the home are chosen by the owners but residents are consulted about this.”

People told us that they could see health care professionals as needed. We saw from people’s notes that regular physical health checks took place. People had detailed information regarding their past and current medical needs recorded within their care file. People told us they could see a GP when needed. One person said “If I need a health appointment I would ask staff and they would make it for me.” People had hospital passports in place in case they needed to be admitted to hospital. These provided staff with key information about the individual and their health if they are admitted to hospital.

We saw that the adaptation and design of the premises was suitable for those who lived there. The registered provider told us that they had installed hand rails and new flooring to make the kitchen more accessible. Additional plans were in place to fit a new boiler, a new bathroom and for ramps to be fitted to enable easier access for people.



# Is the service caring?

## Our findings

Christmas Lodge was homely and people were totally at ease with staff and their surroundings. People consistently described the staff as 'Going out of their way' and 'Above the call of duty' when describing how they were cared for. Visitors also reiterated this. Other comments included "This is the best home by far I have been to and I have been to a lot" and "The staff and the home are brilliant. Staff go out of their way to support me." People further exemplified this by telling us about times when their anxiety levels may be increased and said that staffing was increased to support more one to one time until they felt better.

We found a homely, warm and friendly atmosphere. All of the people we spoke with during our visit were consistently positive about the care and support people received. We spoke with a visitor who told us that Christmas Lodge had "A good reputation for offering consistently good care." They told us this had been the case for many years and added that staff were "Caring and professional." Another person said "The staff team are like family because of the relationships which have been built up over a number of years."

We spoke with a health professional who said "The service and care provided to my clients has been exemplary. My clients past and present have only positive things to say about the home and staff support."

Staff were highly motivated to offer care that was kind and compassionate. We observed real camaraderie amongst the staff and those living at Christmas Lodge. People living at the home and their relatives described how staff members had gone the extra mile to accommodate their family member's wishes and aspirations. We spoke with one person and their two relatives who were visiting. They told us that it had been a fairly recent move and everything possible had been done to make it happen smoothly. They told us that the directors, managers and staff had made "What was a very difficult and stressful time for the family made easy by their professionalism and dedication." They went on to tell us that during transition staff had made an immense effort to get to know them, holding lots of short visits and said staff even went on to hold a wedding anniversary tea party for them before they had moved in. This had a great impact on the family and was an example of the caring and compassionate approach given by staff.

Another person told us they had recently celebrated their 60th birthday. They told us how special the staff and owners had made them feel by throwing a party on the day. Another person told us of the support staff gave them with their anxiety, stating "The staff definitely help me."

All of the people living at Christmas Lodge were able to verbally communicate their needs and preferences. Staff ensured that people were able to express their views and feelings either on a one to one basis or in a group so that they knew and understood things from their perspective. There were suggestion boxes if people wanted to make anonymous suggestions and a 'compliments and niggles' book. We could see that any action taken in response to people's suggestion was also recorded. One person had wanted to go on a jet ski. Staff had supported them in doing so. There was clear evidence that people's dreams and aspirations were considered alongside their day to day care needs. It was commendable that staff supported people to manage risks in such a way that their personal aspirations could still be met.

The registered provider had purchased a laptop for people to use so that they could access the internet. People were encouraged to be involved with on-line shopping tasks. Again demonstrating that their choices were being taken into consideration.

Staff and the people who lived at Christmas Lodge clearly knew each other well. We observed warm, caring, kind interactions throughout our visit. Staff spent time in communal areas chatting with people. One person said "They look after me well here." People received care and support from staff who knew and understood their histories, their likes and dislikes, their preferences, needs, hopes and goals. It was clear that people living at the service remained at the forefront of everything that happened, and people told us they knew that they mattered.

It was clear from discussions that staff had an excellent understanding of the people they looked after and were able to identify early indications that they may be becoming unwell and may need to be assessed by their psychiatrist. Staff were aware of the process of how to do this. People were supported to express their views. The registered provider told us within the PIR which they had submitted in June 2015 that "All aspects of care are decided with the person and the 'my story' and 'my dream' work enables us to have a good understanding of the



## Is the service caring?

background, principles and values that a person has, enabling us to work with them in a person centred way.” People told us that they could talk to staff if they were feeling unwell and it was clear from staff discussions that staff were clearly able to identify when someone may require additional support. People were treated with empathy and staffing levels were increased and decreased based on the level of support people required at the time.

Some people used the ‘Recovery Star.’ The recovery star is a care planning tool which acts in a visual way to support and measure change. The recovery star maps change across 10 domains. Examples include work, identity and self-esteem and responsibilities. Each of the 10 domains corresponds with the stages on the ladder of change providing a visual aid to track a person’s progress from mental ill health to recovery. The registered manager told us within the PIR that they had funded private recovery focused training for their employees to gain a good understanding of the recovery ethos and approach that can be tailored to the individual, as well as employing outside agencies who are Psychosocial intervention (PSI) trained to provide specialist input with certain people. This training supported staff to possess a positive attitude, up to date knowledge and a wide range of skills to help people improve the quality of their lives.

One person told us about their key worker who they said they trusted, although they told us they felt confident in talking to all of the staff. They said they were given time to talk through their problems and confirmed that although sometimes they had to wait for the opportunity to talk (for example, if the staff member was busy carrying out other tasks) they understood and said it was never a long wait so that they did not lose their train of thought. This was particularly important to the individual. They also said that private space was always found so that they could talk without interruptions. This helped them to feel valued.

We were told about one person who had an advocate. An advocate is someone who can help people to access information and services, be involved in decisions, explore choices and options, promote rights and speak about issues that matter to them. One of the people we spoke with said that they may also be interested in having an advocate and the registered manager immediately agreed to arrange this for them. One person said “I used to have an advocate. Staff would support me if I needed another.” This

encouraged people to remain autonomous. It demonstrated that staff were pro-active in supporting people so that their views and opinions were consistently heard.

The provider told us within the PIR that they had created a ‘residents charter’ which helped to set out the values and expectations for staff. We saw a copy of this displayed. This contained information such as ‘residents are given the opportunity to fulfil their potential, residents have good living conditions and residents are treated with respect and involved in their care.’ These values were practiced by staff during their everyday working routines. Staff were highly motivated and told us that service users were the focus of everything they did. A staff member told us “This is the best home I’ve worked in. It’s all about service users having choices.” Another staff member said “I invited all the residents to my wedding anniversary - they are like family.”

People unanimously told us that they were treated with dignity and respect. One person said; “I have never had any problems with staff. I am addressed politely and respected.” A relative said “All staff are polite, friendly and courteous.” We observed this throughout our visit. All interactions between staff and people were caring and respectful, with staff being consistently patient, kind and compassionate. One person said “I like to look smart and presentable, staff support me.”

The service provided outstanding care and support to people to enable them to live fulfilled and meaningful lives. Staff were skilled at ensuring people were safe whilst encouraging them to stretch their potential and achieve as much independence as possible. We saw that one person had taken over the responsibility for writing their own daily records. They told us they kept a detailed log of what they had done and this made them feel valued. Another person told us; “I am supported to do as I please and I do. I enjoy my life here” and “I can do as little or as much as I want.” We saw care records included information regarding people’s independence. We saw entries such as “My independence is very important. I go out independently.”

We saw from care records that people’s wishes for end of life were recorded within their care plan. Two people had ‘Do not attempt Cardiopulmonary resuscitation’ (DNACPR) orders in place.

The registered provider told us within their PIR that they kept up to date with guidance, practice and research. They



## Is the service caring?

said; 'We keep abreast of happenings in the sector, such as changes to National Institute for Health and Clinical Excellence (NICE) guidelines, CQC and local authority regulations, and regular contact with health care professionals. Mandatory and refresher training is completed by our staff team, as well as additional training in mental health practices, facilitated by our internal Training Co-Ordinator. Regular management meetings

ensure frequent discussions on the service and good practice. Feedback from staff, residents and residents family through questionnaires, all helps us to keep up to date with good practice. We recognise innovation and develop our own good practice based on experiences of our staff.' This was re-iterated by the staff we spoke with during our visit who told us that they strived to provide the best care to people.



# Is the service responsive?

## Our findings

We saw and were told of lots of examples where the care delivered was responsive to people's needs. People consistently told us that, when they raised ideas or suggestions to staff, they were supported so that this could happen. For example, one person had asked to go paragliding when on holiday. Despite the dangers staff looked at the risks involved and supported the person in doing this, which they gained immense satisfaction from. Another person loved gardening; the senior management team had supported them by arranging an allotment which the individual now ran. They grew flowers and vegetables which were given to each of the homes; in addition the management had arranged for them to carry out gardening tasks at each of the homes in the group. Something the individual was very proud of. This supported the individual in feeling valued and had enriched their quality of life.

People told us that they were involved in discussions regarding their care. One person said "I have a care plan which is discussed with me." We saw that care records had been signed by people living at the home. We spoke with one relative who told us that they had been involved and consulted in their relative's care plan. They told us that they had received many phone calls where clarification was sought by staff to a very fine detail, all of which had enabled their relative to settle more easily.

An assessment of needs was completed on admission to the home which clearly stated; likes and dislikes, how people would prefer to be treated and goals and objectives for the future. We saw evidence of good quality care plans and risk assessments which clearly highlighted differing risks and needs and we saw evidence that regular reviews took place with the person and their key worker.

We looked at the care records for three people living at the service. Care plans contained both pictorial and written information. They included 'care alerts' which contained important information that staff needed to be aware of. There were sections which included information about significant others, nutrition, communication, personal care, mental health, emotional support and end of life wishes. In addition, there was a section for staff knowledge and attitude, where the person could say what qualities they

wanted staff to have. We saw entries which included "Staff to be non-judgemental, have a person centred approach, prompt independence, dignity and respect. Provide a good motivated care team."

We looked at another care record and saw that the person had stipulated that the skills, knowledge and attitude required by staff were as follows; caring, compassionate, practical, lyrical, good at listening, supportive, honest and respectful. This demonstrated that people were involved in making decisions and choices regarding their care. People were involved in their own care plan reviews and had a say about any changes they wanted implemented. One person wrote their own daily notes, which worked as a diary for them to recall their day. However there was no recorded evidence of a review by staff to indicate this was an accurate representation of their day. We discussed this during our visit and the registered manager said that, as the person gained a lot of satisfaction and wellbeing from writing their own notes, staff would just sign them each day to reflect that they were an accurate record.

People told us they had formal 'one to one' meetings at least once a month and also time to discuss issues with staff as they came up and as they needed to. They said that their views and opinions were listened to and that they could make choices about their life.

People spoke of the type of activities they had taken part in out in the community. One person told us they enjoyed art and another told us of their adventures on buses and trains. They told us "Shopping, trips out, anything you fancy" and "I do what I want here." Staff reported there was always an increase of staff to support people going on trips or days out. On the day of the inspection we saw people playing dominos, baking, watching television and socialising together. There was a large white board displayed with lots of activities on offer. Comments included "There are lots of games and activities on offer." Another person had struggled with motivation; one to one hours had been agreed so that the person could focus on activities of their choice for example going out on bike rides. Staff were imaginative and creative in accessing social opportunities which each person enjoyed.

This was further evidenced by the variety of activities that people were out doing in the community during our inspection. Some people attended the recovery groups at the hut; (a local drop in centre used jointly with other services in the area, and set up by management across the





## Is the service responsive?

organisation). Others went out for a local walk or into town shopping and one person told us they had been gardening at the allotment. There were a range of support groups and activities available. We saw that information regarding people's social needs was recorded in their care plans. People's interests were catered for. We saw that one person was interested in aeroplanes and they had decorated their room with pictures and models and had attended an air show with support from staff.

People were supported to attend college and work placements. One person volunteered for 'Healthwatch', which is the independent consumer champion in health and social care, working to gather and represent the views of people who use health and social care services. Others attended various placements or courses.

People told us about a range of holidays they had participated in. Meetings were held to discuss where people wanted to go. This included a trip to Spain, where some people had tried paragliding. Where people wanted to take part in more risky activities, the staff worked hard to find ways to minimise risks so that people benefited from a fulfilled and enriched lifestyle. Some people were waiting to go on a trip to Disneyland in Paris. They told us how much they were looking forward to this and told us they had been involved in the planning and discussions of what they wanted to achieve from their trip.

People told us that through the resident meeting their views and opinions were listened to and they could implement change. An example of this was an individual who wanted to decorate the lounge with their own ornaments. This was discussed and agreed by both the staff and others living at the home. Another person told us how they loved gardening and wanted a job doing this. The senior management team had supported them by arranging an allotment which the individual now ran and in

addition the staff had arranged for them to carry out gardening tasks at each of the homes in the group. Something the individual was very proud of. This supported the individual in feeling valued and had enriched their quality of life.

People were supported to maintain relationships with family and friends. We observed this throughout our visit. Comments included "My sister comes to visit me here" and "I go and visit my family each month."

People reported having a good relationship with staff and "Feeling looked after." If there were any problems, people living within the home felt these were quickly and efficiently dealt with. One person said "The staff know what they are doing and help me every day." People said that they could approach staff if they had a concern or if they had any issues on their mind and they would be taken seriously and listened to.

People living in Christmas Lodge told us that they would go to the registered manager if they had a concern and if still not happy, would go to the owner. One person said; "I could definitely tell someone if I had a concern or complaint." We saw that there was a complaints procedure available. Staff and people who lived within the service knew who the registered manager and deputy manager were and reported finding them "Approachable and kind people." One person who lived at the home told us of a concern they raised with the registered manager that was dealt with promptly and efficiently. The person informed us that they only "Had to mention it once" and it was dealt with to their satisfaction.

People consistently told us that they did not have any concerns but could raise any issues with any member of staff.

# Is the service well-led?

## Our findings

The home had a registered manager and people spoke highly of the management across the organisation. People consistently told us that they felt 'listened to' and said that the registered manager and staff responded to their requests.

The registered manager told us that the directors visited the home every week. They told us they received regular supervision and felt well supported by senior management across the organisation. The registered manager also told us that they worked shifts on the floor if they were short staffed and, to allow this to happen, the directors would support with any paperwork which needed to be completed.

Staff and people who lived within the service knew who the registered manager and deputy manager were and reported finding them 'approachable and kind people.' Staff were motivated and understood their roles.

Staff told us they attended regular staff meetings and said their views were listened to. They told us that they could make suggestions for change. We looked at staff meeting minutes; the last copy was dated July 2015. We saw that 'residents' meetings were also held and these had taken place in April 2015 and December 2014. One person told us that they did not attend meetings, they were clear that this was their choice. Staff consistently told us that they received good support.

We spoke with an approved mental health professional (AMHP) who told us that staff and management worked professionally with themselves and with colleagues. The registered manager and staff also spoke of positive working relationships with other key agencies.

The atmosphere in Christmas Lodge appeared warm and friendly. Staff told us that there was a positive culture where people at the home remained at the heart of everything they did. We saw numerous examples during

our visit of person centred care. It was evident that staff really listened and responded to people's requests. Christmas Lodge had a clear set of values and people told us they felt involved and respected and said that their views and opinions were listened to. People living at the home were encouraged to discuss what was important to them and the values that they thought staff caring for them should have. We saw that people living at Christmas Lodge had recently complimented the food provided and the staff who worked at the home.

We saw that management checks were completed to maintain the safety of the premises. In addition, some audits were completed; for example, on medication practices or health and safety. There was clear evidence to demonstrate that when checks had been completed any identified actions were recorded and these were followed up to ensure they had been completed.

The registered manager might benefit from reviewing their auditing procedures so that all aspects of service delivery could be monitored. We shared this with the registered manager during our visit. They agreed to review the quality systems in place.

We spoke with the staff and asked how they kept up to date with best practice and research. They told us that there were magazine subscriptions, information books and information files.

Records were generally well maintained and we saw that they were in both pictorial and written formats to make them more accessible to people who lived at the home.

The service had good links with the local community. People were able to go out independently and with support from staff.

We saw that notifications were submitted to the Care Quality Commission as required. These are forms which enable the registered manager to tell us about certain events, changes or incidents.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.