# Quality Lifestyle Ltd

# 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? | Good |

## Overall summary

The inspection took place on 16, 25 and 28 September 2015 and was unannounced.

The Lodge provides care and accommodation for up to four people. On the day of the inspection four people lived within the home. The Lodge provides care for people who have a learning disability and may also have physical disabilities. Three people received one to one support and one person received two to one support from staff, and needed to be supervised whenever they went out.

The service had a registered manager in post. 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. During the inspection the registered manager was on

# Summary of findings

leave so the service co-ordinator supported the inspection process. The registered manager was absent for the majority of the inspection. The service coordinator assisted us throughout the inspection process.

During the inspection people and staff were relaxed. There was a calm and pleasant atmosphere.

People told us they felt safe. 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. The manager had sought and acted on advice where they thought people's freedom was being restricted.

Care records were focused on giving people control. Staff responded quickly to people's change in needs. People and those who mattered to them were involved in identifying their needs and how they would like to be supported. People's preferences were sought and respected. People's life histories, disabilities and abilities were taken into account, communicated and recorded. Staff provided consistent personalised care, treatment and support.

People's risks were managed well and monitored. The service had an ethos to ensure people lived life to their full potential and staff were not afraid to take positive risk to enrich a person's wellbeing.

People were promoted to live full and active lives and were supported to go out and use local services and facilities. People had an abundance of opportunities to maintain social contact within the community. Activities were meaningful and reflected people's interests and individual hobbies. Relative's told us their loved ones enjoyed a variety of activities and the staff always looked for new things for people to try.

People were supported to maintain a healthy balanced diet. Advice was sought so that people with complex needs in their eating and drinking were supported effectively.

People had their medicines managed safely. People were supported to maintain good health through regular access to health and social care professionals, such as behavioural advisors, nurses who specialised in epilepsy and speech and language therapists.

Staff received a comprehensive induction programme. There were sufficient staff to meet people's needs. Staff were trained and had the correct skills to carry out their roles effectively. The service followed safe recruitment practices to help ensure staff were suitable to carry out their role.

Staff were encouraged to be involved and help drive continuous improvements. This helped ensure positive progress was made in the delivery of care and support provided by the service.

Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs. Comments included, "I love my job" and "What makes my job so great is that we work around the people, this whole perspective is such a good thing, it's all about what they want and we work hard to make sure they get what they want. I love it".

People knew how to raise concerns and make complaints. Relatives who had raised concerns confirmed they had been dealt with promptly and satisfactorily. One relative commented, "I only had to mention something once and it was sorted straight away. I haven't had to raise it again".

People's relatives and health and social care professional's opinions were sought and there were effective quality assurance systems in place. 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 service.

# 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. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

People were protected by staff who managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept.

**Is the service effective?**

Good

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People were protected by staff who had received training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

Staff had good communication skills which enabled them to provide effective care and support.

People were supported to maintain a healthy balanced diet.

**Is the service caring?**

Good

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

People were supported by staff who showed kindness and compassion. Positive caring relationships had been formed between people and staff.

Staff knew people well and took prompt action to relieve people's distress.

**Is the service responsive?**

Good

The service was responsive. Care records were personalised and so met people's individual needs. Staff knew how people wanted to be supported.

Care planning was focused on a person's whole life. Activities were meaningful and were planned in line with people's interests.

People were encouraged to maintain hobbies and interests. Staff understood the importance of companionship and social contact.

**Is the service well-led?**

Good

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

Staff were motivated to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care.

# Summary of findings

People were placed at the heart of the service. The service had a clear vision of continuously striving to improve.

# 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 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 unannounced inspection took place on 16, 25 and 28 September 2015 and was undertaken by one 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 also reviewed information we held about the service. This included 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 four relatives, the service co-ordinator and five members of staff. We also spoke with two health and social care professionals, a speech and language therapist and a behavioural advisor, who had supported people within the service.

Three of the people who lived at The Lodge had very limited verbal communication and so were unable to tell us their views of the service. The other person did not wish to speak with us. We spent time in the communal parts of the home observing how people spent their day as well as observing the care and support being provided by the staff team.

We looked at all four records related to people's individual care needs and all records related to the administration of medicines. We viewed four staff recruitment files, training records for all staff and records associated with the management of the service including quality audits.

Good

# Is the service safe?

## Our findings

People had communication and language difficulties associated with their learning disability. Because of this we were unable to have conversations with them about their experiences. We relied mainly on our observations of care and our discussions with people's relatives, health and social care professionals and staff to form our judgements.

People's relatives told us they felt their family members were safe. Comments included, "I feel confident […] is safe. He has one to one support, so I have no worries there", "Yes overall […] is kept safe" and "[…] is safe and she feels safe, they have the right equipment and the staff are good which helps us feel that way; no concerns".

People's freedom of movement within the home was at times restricted. The service co-ordinator stated that due to the behaviours of one person, people did at times have their freedom restricted to keep them safe. A relative commented, "The situation is far from ideal, I couldn't go in the home until the way was cleared for me, just how restricted people are is more than evident". We spoke with the registered manager about these concerns and looked at records to see how these behaviours and restrictions were being managed. The service had identified the risks and had management plans and procedures in place to minimise the level of restriction on people's freedom, which had been followed by staff. For example, staff would plan outdoor activities at different times for people, which maximised freedom of movement for those left within the home. The registered manager had held meetings with various health and social care professionals, and had worked closely alongside Plymouth City Council to respond to the concerns raised. They continually monitored the situation, and had plans in place to help ensure people were protected and had their freedom respected.

Equipment was installed in the premises to enable people to maintain control and independence. The service co-ordinator talked us through ways the service had supported people to protect their freedom and had managed risk appropriately. For example, one person with mobility needs could not independently use the stairs to access the first floor of the property. A stair lift was deemed as being too unsafe by heath care professionals. As a result the service had a lift installed, so the person could independently; access any communal area of the home they wished. The person's relative said, "A lift was put in the home to help […] keep her independence, this was very important for her".

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff comments included, "I would report anything straight away and would definitely be supported" and "Anything regarding safeguarding is treated very seriously, as it should be". Staff had all received safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

People were supported by suitable staff. Robust recruitment practices were in place and records showed checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. One staff member said, "All my checks came back before I was even allowed to start working".

The service co-ordinator confirmed they had adequate staff to meet people's current needs. They commented that agency staff would only be used as a very last resort as it was important for people to be supported by staff they knew well. Staff were not rushed. Staff confirmed they felt there was a good mix of staff with the right experience and skills to meet people's needs. One staff member commented, "There is always somebody to ask if you are unsure of anything, everyone is so helpful and you learn from the experience of others". We observed staff acted quickly to support people when they needed assistance or required company. For example, we observed one person gesture for a member of staff to join them in their room. The staff member responded instantly, sat with the person and created a picture together.

People had documentation in place that helped ensure risks associated with people's care and support were managed appropriately. Arrangements were in place to continually review and monitor accidents and incidents. Up to date environmental risk assessments, fire safety records and maintenance certificates evidenced the premises was managed to help maintain people's safety. People's needs were met in an emergency such as a fire, because they had

Good

# Is the service safe?

personal emergency evacuation plans in place. These plans helped to ensure people's individual needs were known to staff and to the fire service, so they could be supported in the correct way.

Staff were knowledgeable about people who had behaviour that may challenge others. Care records, where appropriate, contained risk assessments regarding people's behaviour that may put themselves or others at risk. Specialist advice was sought from behavioural advisors. This enabled staff to receive personalised guidance to best meet an individual's need and help keep people safe. The information was then discussed at team meetings and reviewed to consider if there were common triggers, and noted positive action that had been successful in de-escalating a situation, to allow learning to take place. A behavioural advisor confirmed the staff team always followed the advice given, made appropriate and timely referrals and provided good communication around identified risks.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were trained and confirmed they understood the importance of safe administration and management of medicines. Medicines were locked away as appropriate and where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs related to medicines. For example, one person was prescribed medicine 'as required' to help with their bowel movements. The person was unable to vocalise when they were in need of this medicine. Staff completed bowel charts and used the information obtained from evaluating the records, plus their in-depth knowledge of the individual to make a judgement on whether that person would benefit from having their medicine administered or not.

Good

# Is the service effective?

## Our findings

Because of people's communication difficulties we were unable to have discussions with them. We therefore relied on our observations of care and our conversations with people's relatives, health and social care professionals and staff to understand people's experiences.

Relatives felt their loved ones were supported by staff who effectively met their needs. Comments included, "All staff are good and I believe them to be well trained", "Staff do change a lot, but the new ones soon get to know […] and support […] well" and "Staff are absolutely well trained". A health care professional told us they thought staff were aware of people's needs and so were quick to identify when there was a change. They made prompt and appropriate referrals to help ensure they provided effective care and support.

Staff confirmed they received a thorough induction programme and on-going training to develop their knowledge and skills. They told us this gave them confidence in their role and helped enable them to follow best practice and effectively meet people's needs. Newly appointed staff completed the new care certificate recommended following the 'Cavendish Review'. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers receive in social care settings. They also shadowed other experienced members of staff until they and the management felt they were competent in their role. The service co-ordinator confirmed observations on staff performance across all 15 standards took place over an initial twelve week period as agreed by the Department of Health, before staff were awarded their certificate. They added that senior members of staff had also completed the care certificate themselves. This gave them a better perspective of what new members of staff would need to achieve and enabled them to better support those going through the process. Staff comments included, "I'm currently going through the care certificate, the training and support I get is fantastic" and "Training is really good, it's face to face which I find better and it's made fun which helps maintain focus and I think it is a better way of learning. I've been really impressed".

Staff were supported to achieve nationally recognised qualifications. They sourced support from and had established links with an external agency that provided funding on behalf of their staff. This enabled staff to take part in training designed to help them improve their knowledge and help provide a higher level of care to people. It also helped staff to develop a clear understanding of their specific role and responsibilities and have their achievements acknowledged. Staff confirmed they had been supported by the management to increase their skills and obtain qualifications. Staff told us this gave them motivation to learn and continually improve. Comments included; "I am here on an apprentice scheme, I'm doing my level 2 diploma and getting all the support I need", "I'm doing my level 3 and love it here" and "When I finish my care certificate, it has already been discussed with me about progressing to my level 2. I'm really looking forward to it I love learning and encouraged to keep pushing myself which I love".

Staff received effective support through supervision and appraisals. Supervision was up to date for all staff. The service co-ordinator commented that supervision was a two way process, used as an important resource to support, motivate and develop staff and drive improvements. Open conversation provided staff the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve. Staff were asked questions which related to how people were supported to receive safe, effective and responsive care and the answers given led to discussions on where developments could be made. Staff confirmed they felt motivated to always strive to better themselves. Comments included, "Supervision helps me monitor my progress, make improvements to my practice and set targets for what I want to achieve" and "The managements aim is to progress you and encourage you to always improve your knowledge, so we can provide the best possible support to people".

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care records showed where DoLS applications had been made and evidenced the correct processes had been followed. Health

Good

# Is the service effective?

and social care professionals and family had appropriately been involved in the decision. Where decisions and authorisation had been granted this was clearly recorded to inform staff. This enabled staff to adhere to the person's legal status and helped protect their rights.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Daily notes evidenced where consent had been sought and choice had been given. A staff member commented that a lot of decisions were made in people's best interests, based on informed judgements from staff that knew people really well and obtaining information from people's families. For example, staff would gauge a person's response to an outdoor activity and then would chose other similar activities if their response was positive. A member of staff said, "People can use objects of reference, like one person will get their shoes if they want to go out. However, deciding where to go can be more difficult, so we think of places based on what we know about them and what they like and record our observations and look for good responses".

Staff told us, and care records evidenced, it was common practice to make referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. Detailed notes evidenced when a health care professional's advice had been obtained regarding specific guidance about delivery of specialised care. For example, a behavioural advisor had been contacted promptly when staff noted a change in a person's needs. Other relatives commented, "The home are on top of everything with regards his medical needs" and "In relation to health needs, the staff pick up on things quickly, get the right person in to help and always keep us involved". A behavioural advisor told us, staff made appropriate referrals promptly when they noted change.

People were protected from the risk of poor nutrition and dehydration by staff who regularly monitored and reviewed people's needs. Care records detailed dietary preferences and where and how people wished to enjoy their meals. For example, one person liked to eat alone in their room with the door almost fully closed. We observed this was respected. Another person could only eat certain types of food due to an allergy. So the person did not feel different to anyone else living in the house, staff would buy alternative food products which matched what others were eating so where possible people had the same meal. "A relative said, "[…] likes to feel the same as others, sometimes if she sees her food is different she won't eat it. Staff try to find food that will match what others have so she doesn't feel like the odd one out, and then she enjoys the food. We try to do the same when […] is at home with us".

People were relaxed during lunch and were able to eat at their own pace. Staff sat with people and ate their lunch with them, including people in the conversations they had. People were encouraged to be as independent as possible with staff assisting only when support was needed. Staff checked people had everything they required and when asked, fetched whatever people needed. For example, one person requested sauce with their meal, the staff member promptly fulfilled the request, ensuring they asked the person exactly where they would like the sauce placed on their plate.

Care records highlighted where risks with eating and drinking had been identified. For example, one person's record evidenced an assessment had identified a potential choking risk. Staff sought advice and liaised with a speech and language therapist (SLT). Staff had been advised to maintain the person's independence with eating, but to help minimise the risk, the person was to be observed from distance whilst eating by staff with first aid training. We observed staff adhered to this advice and the person in question independently ate their meal whilst staff sat close by. A SLT confirmed, staff followed recommendations well, shared information and showed good awareness of people's needs.

Good

# Is the service caring?

## Our findings

People's families felt positive about the caring nature of the staff. Comments included, "Staff are absolutely caring", "Staff are caring I see lots of ways they show they care" and "staff certainly care for […], and […] went out on a limb for him and was very very caring".

We observed kind and friendly interactions between people and staff. For example, we saw one person enjoyed playing a board game with a staff member. Another person liked building blocks in the summer house in the garden, and we saw staff laughing and joking with people in the lounge.

Staff showed concern for people's wellbeing in a meaningful way. We saw staff interacted with people in a caring, supportive manner and took practical action to relieve people's distress. For example, one person showed signs of distress when they returned from an outdoor activity. Staff promptly assisted the person. They knew instantly what action to take to help ensure the person felt comforted. Staff supported each other and carried out known practices that had been evidenced to provide a positive outcome for the person. Within a short space of time the person was settled and rested in their bedroom. A staff member talked us through various different methods used to help reduce signs of distress. For example, one person enjoyed listening to music that reflected the person's known likes, and helped create stimuli that had a pacifying and calming impact on their behaviour.

Staff knew the people they cared for. They were able to tell us about individual likes and dislikes, which matched what we observed and what was recorded in people's care records. For example, one person's record noted their joy at using a swing located in the garden. Staff told us exactly what significance this had to their wellbeing. Records showed that an incident had recently occurred during which the swing had broken whilst the person was enjoying using it. The service co-ordinator explained that due to the importance this person placed on the swing it was imperative the swing was fixed immediately and arrangements had been put in place for this to happen. In the meantime staff had taken the person to a local park following the incident so the person could continue to use a swing, and supported the person until they decided they wanted to stop. A relative said, "The swing is so important to […] he loves it, he has always loved it".

People were supported to express their views. Staff knew people's individual communication needs, and were skilled at responding to people no matter how complex the person's needs were. Three of the people living in The Lodge had very limited verbal communication. The service co-ordinator explained that staff had developed unique ways of communicating with each person they supported. The service had worked in conjunction with community learning disability speech and Language therapists (SLT), and had devised communication passports for each person. These contained in depth personalised information and guidance for staff on how they could best communicate with each individual to enable them to have a voice.

Staff treated people with dignity and respect and supported them to maintain their privacy and

independence. Staff spoke to people in a polite, patient and caring manner and took notice of their views and feelings. When people needed support staff assisted them in a discrete and respectful manner. For example, staff told us how they would assist a person to get safely to the toilet but would respectfully stand outside of a door left slightly a jar. This gave the person privacy with immediate support on hand should they require it. Relative comments included, "Staff have the right balance between safety and respecting […]'s privacy. They try really hard" and "Privacy and dignity is certainly respected by staff. Each person having their own large en-suite helps with this". Staff told us, "Treating people with dignity and respect is paramount, we set a high bar and don't fall below it" and "We take privacy and dignity very seriously, we take it to the eighth degree, we are really big on that".

Staff respected people's confidentiality. Staff treated personal information in confidence and did not discuss people's personal matters in front of others. Confidential information was kept securely in the office.

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time. One relative said, "We are absolutely made to feel welcome every time visit". Another commented, "We are always welcomed, we would always call if we were going to visit unexpectedly, but I know we wouldn't need to, it would purely be out of courtesy".

Good

# Is the service responsive?

## Our findings

Care records contained detailed information about people's health and social care needs. They were written from the person's perspective and 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 personalised care and were reviewed to respond to people's change in needs.

People and their families where appropriate were involved in planning their own care and making decisions about how their needs were met. Staff were skilled in supporting people to do this and assessing people's needs. Staff told us how they discussed ideas about what would make a positive difference in people's daily lives and support their needs. They confirmed they would where possible involve people or those who matter to them within the decision, and consult with health and social care professionals. For example, one person had recently been measured for a new helmet designed to help minimise the risk of a head injury, should they fall. Staff held discussions with the person's family, and they expressed concerns regarding the fitting of the new helmet, feeling the previous helmet offered more support. Staff took time to listen to the issues raised by the family and liaised with the local orthotic department where the fitting had taken place. Advice was given to revert back to the previous helmet and an appointment had been made for the person to be reassessed to ensure the new helmet was suitable and met the person's needs.

The service co-ordinator explained how one of the values of the service was finding positives from every interaction with people and celebrating success. They said, "We see everything as a no failure exercise and treat everything as a positive experience. For example, making toast, we support people to be independent, if the first two or four pieces get burnt then it doesn't matter, we simply get more bread out and try again and then celebrate the achievement of trying". They went onto explain how staff completed sheets that recorded positive thoughts each day on what a person had achieved or enjoyed, so it always left staff focussed on what worked well. A behavioural advisor stated staff knew people really well, were focused on positives achieved by people, and were proactive in meeting people's needs, advocating what some might see as riskier activities to increase the variety offered to people.

People were supported to maintain relationships with those who mattered to them. People where possible, went home for weekends with their families. Relative comments included, "Staff always keep me informed with how […] is and always make sure […] is ready and has everything she needs when we come to pick her up for the weekend". The service co-ordinator understood the importance of people maintaining close contact with their loved ones, and told us; one of the values of the service was to work closely alongside families. The service co-ordinator explained how they were researching ways social media could be utilised to help people to keep in touch with their families and friends, including those who lived in other parts of the country. For example, staff were currently looking into how the use of Skype could benefit people.

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. Care records highlighted the importance of maintaining a community presence and social inclusion. Daily diaries evidenced where people had been supported to carry out personalised activities that reflected their hobbies and interests. This included swimming, cycling, horse riding, coastal walks and ice skating. Staff confirmed people led really active social lives. Relative comments included, "Staff take […] out every day, he likes walking and does sailing in the summer. Staff are very flexible around when they do this centred on how […] feels" and "Staff know all of […]'s foibles and what she likes, they arrange things for her to do that match her interests, like karaoke which she really enjoys".

The service had a policy and procedure in place for dealing with any concerns or complaints. This was produced in an easy read format and kept in the entrance to the service. People and those who matter to them knew who to contact if they needed to raise a concern or make a complaint. Relatives, who had raised concerns, had their issues dealt with straight away. Comments included; "Staff listen to the concerns I have and get things sorted" and "Problems absolutely get sorted the minute I raise anything". A health care professional commented they had never had any concerns or reason to complain but felt staff would act appropriately if they did. The service co-ordinator confirmed they had received no written complaints.

Good

# Is the service well-led?

## Our findings

The management took an active role within the running of the service and had good knowledge of the staff and the people who lived at The Lodge. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People's relatives, health and social care professionals and staff all described the management of the home to be approachable, open and supportive. Comments included, "The management are open and approachable they do the best by […]", "The place is run like a well-oiled machine, very organised and easy to approach" and "I love my job because of the management and how well the place is run".

The service co-ordinator told us staff were encouraged and challenged to find new and creative ways to enhance the service they provided. Staff told us they felt empowered to have a voice and share their opinions and ideas they had. Staff talked us through ideas they had raised that had been implemented in practice with success. For example, due to advances in technology one person who enjoyed watching films, now had them all stored on a media storage device. Staff recognised this no longer gave them visual prompts in the form of the films DVD cases to enable them to communicate to staff their choice of film they wished to watch. Staff downloaded a picture of each films cover, and put them all together to form a folder. The person could now look through the folder and point to the picture of the film to make their preference known.

The service provider told us the ethos of their service was to ensure people lived life to their full potential and staff were not afraid to take positive risk to enrich a person's wellbeing. The service spoke with relatives and sought feedback on ideas that might enhance people's choices and skills. For example, discussions had taken place with one person's relatives around introducing cycling as a new activity they may enjoy. It was all agreed this would benefit the person greatly and staff had begun to carry out bike rides within their local community. The relative told us, "We have discussions about new things, something different we can try, like […] going on bike rides. It was difficult, but the staff will keep trying"

Staff meetings were regularly held to provide a forum for open communication. Staff told us they were asked to form the agenda for the meeting with items they wished to be discussed, and were encouraged and supported to question practice. For example, one staff member raised concerns regarding a person's behaviour. They questioned if the behaviour displayed was only done so in their company, or if other care staff had noticed the same change. They said, "Communication on concerns we have helps create a bigger picture. It helps us understand if it is something we can manage in house and change practice or if we need to seek professional advice. Team meetings provide a really good opportunity to all get involved". If proposals made could not be implemented in practice, staff confirmed constructive feedback was provided on the reason why.

Information following incidents and accidents were used to aid learning and drive quality across the service. Daily handovers, supervision and meetings were used to reflect on standard practice and challenge current procedures. For example, one staff member through discussion during supervision came up with a new communication tool they felt may help a persons whose behaviour had recently changed. They said, "It was to introduce simple yes/no cards that the person could point to in order to make their choice known, it was agreed to be trialled and had some success at first. They are still in use but the person's behaviour has changed again so we are looking at other ideas".

The home worked in partnership with key organisations to support care provision. The registered manager and the service co-ordinator had recently attended a dignity in care forum, and had joined the Outstanding Managers Network on Facebook, where they shared ideas regarding best practice and looked at changes in social care law. Health and social care professionals who had involvement with the home confirmed to us, communication was good. They told us the service worked in partnership with them, followed advice and provided good support.

Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, "I love it here, all the staff are so positive. It's a fantastic place to work, it's all about the people, I really have no negatives", "I love it here, I wish I could move in and live here", "An amazing place to work, I love my job" and "It's

Good

# Is the service well-led?

lovely working here, my confidence is built more each day, so supportive". The service encouraged staff to provide quality care and support. The service signed staff to a computer database called 'BREATHE' that they could access at home and at work. This system included a section called 'KUDOS'. Staff could go on at any time and give praise to colleagues regarding work they had done well. One staff member said, "KUDOS is really good, some of our work can be very hard and challenge us. It's nice to get comments on how well you have done, it feels good and makes you feel inspired to do even better in the future".

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Local Plymouth County Council had recently conducted a quality assurance check at The Lodge. Where recommendations to improve practice had been suggested, they had been actioned. For example, there was a recommendation to update and date the picture displayed on each person's medicine administration record. We saw this had been actioned within the time frame they had set. The service also recruited an outside agency to independently assess the quality of their service. The agency came into the service and carried out mock inspections against one of the five key questions, as set out in the Care Quality Commission's new inspection methodology. A report was produced and the findings discussed with staff. Success was celebrated and areas where further improvements could be made were highlighted, to help ensure people received high quality care.