

Action for Care Limited

The Lodge

Inspection report

Landing Lane
Hemingbrough
Selby
North Yorkshire
YO8 6RA

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The Lodge is a small residential home for people on the autistic spectrum, with learning and physical disabilities and sensory impairment. The service is registered to support eight people and at the time of our inspection there were six people living there.

The service is a large property in a residential area. It was renovated to ensure it could meet people's needs. It has seven bedrooms, each with an en-suite bathroom. There were several communal areas, the kitchen and dining room were open plan. There was a large secure garden to the rear.

The service had 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.

The staff team had an excellent understanding of people's complex needs. Their care was delivered by caring and highly attentive staff. During our observations, it was clear that people had developed trusting relationships with the staff who supported them and were relaxed and comfortable in their presence. There was a strong emphasis on the key principles of care such as compassion, inclusion, respect, dignity and enablement. People were treated with dignity and respect at all times by staff who understood the need to treat private and sensitive information confidentially.

The provider was involved in the day to day management of the service and had taken unprecedented steps to ensure consistency and continuity in people's care. People who used the service, their relatives and relevant healthcare professionals were extremely positive about the service and its management. They told us how the care and support they received had clear and lasting effects on their lives. The registered manager led by example by promoting an open and inclusive culture. They also fulfilled all of the regulatory requirements as required. The provider ensured inclusive ways of communicating with people had been developed, which meant feedback on the service could be gathered and acted upon. Quality assurance systems were effective and ensured compliance with CQC regulations and best practice guidelines.

People who used the service were supported by staff who had been recruited safely following the completion of appropriate checks. Assessments of people's care and support needs were undertaken regularly to ensure staff were deployed in suitable numbers. Staff had been trained to protect people from abuse and avoidable harm and knew what action to take if the suspected abuse had occurred. The provider had developed plans to deal with foreseeable emergencies, which included guidance to enable staff to evacuate people safely in an emergency. People received their medicines as prescribed and suitable arrangements were in place to manage medicines safely.

People who used the service received care and support from staff who had completed a range of training to ensure they had skills and abilities to support them effectively. Staff received effective levels of supervision,

appraisal and professional development. The principles of the Mental Capacity Act 2005 were followed within the service and staff were aware of how to gain consent from people. People ate a healthy and balanced diet of their choosing. When concerns with people's health and welfare were identified relevant professionals were contacted for their advice and guidance.

Pre-admission assessments were completed before people moved into the service and the information was used to develop a number of person centred care plans. As people's needs changed or developed their care plans were updated to reflect their needs and provide up to date guidance for staff. People were encouraged to take part in a wide range of activities and follow their hobbies and interests. We saw that people were also supported to take annual holidays. The provider had a complaints policy in place that was displayed within the service; records showed very few complaints had been received.

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 outstanding.	Outstanding ☆
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The provider had taken unprecedented action to ensure consistency and continuity in people's care. The service had developed inclusive ways of gaining people's views on the service and consistently received extremely positive feedback from all stakeholders. Staff told us the registered manager was approachable supportive and fostered and learning culture within the service. The provider carried out thorough checks to monitor the quality of the service, action plans were created and staff received feedback to ensure shortfalls were rectified in a timely way.	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 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.

This unannounced inspection took place on 11 August 2017 and was completed by an adult social care inspector.

Before this inspection, we reviewed the information we held about the service, such as notifications we had received from the provider. Notifications are when providers send us information about certain changes, events or incidents that occur. We also spoke with local authority commissioning and safeguarding teams to gain their views on the service.

We received a Provider Information Return (PIR) in the required timescale. 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.

During the inspection, we spoke to the three people who used the service. Some people communicated through non-verbal means. We observed interactions with people to establish how well they were supported and their relationships with the staff. We used the Short Observational Framework Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager and five members of staff. Following the inspection, we spoke with three people's relatives and five healthcare professionals to gain their views of the service.

We looked at four person's care file including their medication records. We also looked at a selection of records used in the management of the service. These included staff rotas, staff recruitment and training records, quality assurance audit checks, accident and incident records, maintenance checks, surveys and minutes of meetings with people and staff.

Is the service safe?

Our findings

At the last inspection of the service, we found people were protected from abuse and avoidable harm by staff who knew how to keep people safe. Appropriate plans had been created to ensure restraint was only used when other strategies had been exhausted. Staff had been trained to use physical interventions safely and all episodes of restraint were reviewed and evaluated as required. Known risks were recorded and action had been taken to reduce the possibility of their occurrence. People received their medicines as prescribed. Medicines were ordered and stored safely.

At this inspection, we found people continued to be safeguarded from abuse and avoidable harm. During discussions staff were knowledgeable about the different types of abuse that may occur and told us they would not hesitate to report any abuse or poor care they became aware of. A member of staff said, "I have never witnessed anything like that whilst I have worked here but if anything did happen I would make sure the person was safe and report what I had seen to my manager immediately."

Appropriate action had been taken to mitigate known risks. Risk assessments had been created to ensure staff were aware of the actions they were required to take to keep people safe. Personal emergency evacuation plans were in place that included detailed guidance of people's abilities and the support they would require in an emergency.

Physical interventions were used within the service when required and as a last resort. We saw that they were appropriately planned for and agreed as in people's best interest. Any interventions used were carried out by staff who had completed specialist training and followed by an internal review as well as a de-briefing session. This helped to ensure they were only used to maintain the safety of the person and other people who used the service following the use of other less invasive methods.

Staff were recruited safely. We reviewed three staff files and saw that before prospective staff commenced working at the service relevant checks were completed. This helped to ensure they did not pose a risk to vulnerable people. Staff were deployed in suitable numbers to meet people's needs. The registered manager told us, "We have a small staff team. We do use bank staff but they have worked with us for at least a couple of years now. The service users know and recognise them and that's very important."

People were administered their medicines by trained staff. Staff completed medicines rounds in pairs which helped to prevent errors occurring. Medication Administration Records were completed accurately without omission. Protocols had been developed to ensure people received PRN [as required] medicines consistently and safely. Medicines were stored safely in locked cabinets in people's rooms.

Is the service effective?

Our findings

At the last inspection of the service, we found people were supported by staff who had completed a range of training to equip them with the skills and abilities to deliver effective care and support. The principles of the Mental Capacity Act and other legislation were adhered to. Staff knew the different ways to gain consent from people and ensured people received the support they required when important decisions needed to be made. People received effective levels of support from relevant professionals to ensure the healthcare need were met. People were encouraged to eat a healthy balanced diet and maintain their general health. .

At this inspection, we found people continued to be supported effectively by trained staff who understood their needs. Records showed staff had completed a number of training courses to ensure they had the skills to support people effectively. A member of staff we spoke with said, "[Name of the registered manager] is brilliant, we are supported to do any training we want. We have done some really good training and we all try and share our knowledge with each other. There are no ego's it's all about giving people the best support possible."

People who used the service had differing levels of communication but it was clear staff were aware of how to gain consent from people. A member of staff told us, "It's different for everyone; some people can just say what they want and what they don't but we communicate with other people in different ways. One person has a story board [A story board uses different pictures arranged in to a sequence which supports the understanding of people who may have a learning disability] and we use that to show them what we need to do, or what activities we can do.

When specific decisions needed to be made, the principles of the Mental Capacity Act (MCA) were followed. The 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, 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection, five people had DoLS in place. The registered manager explained, "We have worked really closely with the DoLS team, they have been heavily involved and given us so much support."

People were supported to maintain a balanced diet. We saw people were involved in decisions about what they ate and in the preparation of meals. A house menu was produced on a weekly basis which catered for people's choices and individual needs. When concerns with people's dietary intake or weight were identified dietary specialists were contacted. The registered manager told us, "One person needed to lose some weight and we helped them to make healthier choices but also developed an activities plan that meant they

were getting a lot of exercise without thinking they were. If we said do you want to go the gym we know the answer would have been no, so we did more of the activities that we knew they enjoyed like swimming and horse-riding."

Records showed people who used the service had their healthcare needs met by a range of healthcare professionals. We saw input and advice from professionals recorded in people's care plans. Professionals we spoke with were complimentary about the service and the care provided to people. A community learning disability nurse told us that they were always contacted in a timely way when staff had noticed changes in people condition or general presentation.

Is the service caring?

Our findings

At the last inspection of the service, we found people were supported by kind and attentive staff. People were encouraged to be as independent as possible and were treated with dignity and compassion in all aspects of their lives. Staff knew the people they were supporting and respected their wishes and choices. People were fully involved with decisions about their care and the development of their care plans.

At this inspection, we found people continued to receive a very high level of person centred care. Staff supported people and enabled them to make choices in their daily lives. People were treated with dignity and respect at all times. People told us they were happy living at the service. The service's rating continues to be outstanding.

People who used the service had complex needs and could not always tell us about their experiences. However, we spoke with three people who used the service and they told us, "All the staff are really nice", "I like it here, the staff are really good to me" and "I would miss everyone if I had to leave."

A relative we spoke with said, "I think it is an outstanding service. I admire all of the staff. They have a fantastic relationship with [name of the person who used the service]. The care they give has really helped [them] to bloom and blossom. [The person] is happy and lives a normal life; that is all we have ever wanted." Another relative told us, "With true sincerity I can tell you this is [the person's] forever home. They [the provider] have the same values as we do and have made a profound difference in [the person's] life."

A community learning disability nurse informed us, "I have worked with the manager and the staff for around three years. I am extremely impressed with the, friendliness and warmth of The Lodge. I find the care they provide to the residents outstanding and their innovative approach towards resolving any problems and issues for the residents go above and beyond expectations." They also praised the staff's ability to enable people to develop their confidence and self-worth. They said, "A person who is well known to the consultant psychiatrist and myself; a patient for a number of years due to their behaviours of concern and extreme anxiety has been discharged to our team. This is because of their innovative and consistent approach to their care [from The Lodge], this person has become less anxious, more sociable and has a more positive self-image. It is lovely to see the continued progress they are making."

Throughout the inspection, we heard and observed staff treating people in a caring way. Staff spent time talking to people, actively listening to their thoughts and concerns. It was clear staff knew the people they were supporting and were able to provide re-assurance in a thoughtful and sensitive way. People were treated with dignity and respect at all times. They were spoken to and supported in a way which showed staff respected their right to be an individual and make choices in their daily lives. For example, we heard staff offering reassurance and explanations regarding planned holidays, pets and weight loss.

Staff were aware of the people's lifestyle choices and individual wishes in regards to how they expressed their beliefs, faith and sexuality. People were supported to make safer choices and staff showed empathy with their feelings. We witnessed one member of staff talking to a person about the same subject on more

than one occasion. The member of staff's approach remained consistent; they were patient, attentive and understanding to the person's concerns. This enabled the person to discuss their feelings and make informed decisions after considering the available options.

Advocacy services were used to help people make choices and ensure they had independent support when required. The registered manager told us, "[Name of a person who used the service] has capacity in lots of aspects of their life but we felt they needed support in a particular area so engaged with an advocate." The advocate commented, "I visit The Lodge approximately every 6 weeks. The residents who I work with have all built strong relationships with the staff members and I often see them laughing and smiling together. The manager encourages my visits and utilises my knowledge, they always have time for me during my visits and will answer questions and take time to discuss in depth issues surrounding advocacy that affect the residents."

People's care plans contained important dates such as their family member's birthdays. We saw that people were encouraged to send cards and maintain contact with important people on their lives. A relative we spoke with said, "They [the staff] have taught [name of the person] some wonderful things, when we end a phone call [the person] says [they] love me. I'm sure they have taught [the person] that but it is lovely to hear and it warms my heart."

During the inspection, staff confirmed they understood their responsibilities to treat private and sensitive information confidentially. Training records showed staff had completed a care and confidentiality course and all paper and electronic information was stored and handled appropriately.

Is the service responsive?

Our findings

At the last inspection of the service, we found people received support which was personalised and responsive to their needs. Care plans had been developed to enable staff to meet people's needs in line with their preferences. Information was available in different formats which helped to make it accessible to the people who used the service. People were encouraged to take part in a range of activities of their choosing and were supported to take annual holidays. Complaints were acknowledged, investigated and responded to appropriately. .

At this inspection, we found people continued to receive care and support that was responsive to their needs. Sections of people's care plans had been created in an easy read format which helped to make it accessible to people who used the service. Care plans had been written in a person centred way and included information about what people can do independently, what they need support with and what staff needed to do for them.

Care plans had been developed for all aspects of people's lives and included long and short term goals. When possible, people had contributed to the development of their care plans and signed to show their agreement with its content. The registered manager explained, "We try and involve people in everything we can. For example, when we are developing a plan for personal care we would ask the person what they want to achieve, what skills they have, what they need our help with and then we would capture that in a care plan."

We saw that reviews were held regularly to ensure people's care was reflective of the current needs. A member of staff told us, "We review and update people's care plans regularly. I take pride in that because I do think we do a really good job of supporting people. They develop new skills and achieve new things all the time."

People were supported to follow their interests, take part in work opportunities and live active lives. We saw that 'activity planners' were created with people to enable them to choose what activities they wanted to take part. People were encouraged to learn life skills and develop their independence by looking after pets and completing voluntary work at local charities and at the church. A person who used the service told us, "I work at the charity. I test their games" Records showed people were also supported to take annual holidays. The registered manager had liaised with people's families and encouraged them to develop life history documents. This included where they had lived and grown up, important events in their lives and family information. Staff told us that being able to read such insightful information helped them to gain a better understanding of the people they were supporting and in turn deliver a high level of person centred care. A relative we spoke with said, "They all [the staff and registered manager] just soak up information. I was so happy to be able to provide further information about [name of the person who used the service]. It was like, finally a home that understands [they] are a person who has had problems, knock backs and all sorts of other things. To care for [name of the person who used the service] you have to know [them]."

The service had worked to develop links with the local community. The registered manager told us that when the service opened their position in the community was questioned. However, a member of staff

explained, "They [the people who used the service] are all well known in the area now, [name of a person who used the service] goes to the church. We use the shops and the cafes, the hairdresser, the community have really accepted us." We saw that service had organised a charity fundraiser at the home which had been attended by a large number of the local community and raised a lot of money for the charity. A social care manager told us, "The Lodge have won over the local residents of Hemingbrough, who initially opposed the building. They now join in on the annual fun days."

We reviewed the complaints received by the service and saw they had been responded to appropriately, in line with the provider's policy. Complaints information was displayed within the service in a suitable format that made it accessible to the people who used the service.

Is the service well-led?

Our findings

At the last inspection of the service, we found the service was well-led. The registered manager was aware of and fulfilled their obligations to report notifiable incidents to the Care Quality Commission. The provider operated effective governance systems which helped to ensure shortfalls were highlighted in a timely way. When issues were identified the registered manager and provider took appropriate action to improve the quality of the service.

At this inspection, we found the service had good management and leadership. Staff told us the registered manager was approachable, understanding and inspiring. One member of staff said, "The manager puts people at the centre of everything we do. [They] go out of their way to help all of the service users and all of us as well." Another member of staff commented, "Our manager is one of a kind, this is a one of kind job and a one of a kind company. It's an amazing place to work, seeing people develop and change and grow is just so rewarding and I feel lucky to be a part of it."

Relatives we spoke with praised the registered manager and the service, their comments included, "The quality of care they all receive is outstanding. The manager is fantastic; [they] do an amazing job", "The manager promotes learning, [they] lead by example, [they] love to learn and share their knowledge" and "There is a profound difference in [name of the person who used the service] and that is because of the culture in that home. I am raving on about it but honestly, it's because it is that good."

A community learning disability nurse said, "I believe it [the service] is exceptional due to the care and commitment of both the manager and operations manager who both provide excellent management and support to the residents, their families and staff." A consultant psychologist stated, "I can confirm that from my perspective they have always provided excellent care and present themselves as a well-managed and very capable team. The service can cope with stressful situations and communicates and works with family and professionals to ensure people get the most out of life."

The provider was actively involved in the management of the service and their actions led to people being able to remain in the service. Records showed a person who used the service displayed behaviours that challenged the service and others had been involved in a number of incidents. The registered manager told us that a multi-disciplinary meeting was held due to the situation becoming unmanageable. They said, "We looked at what was happening in our home and what had happened in previous homes. They [the person who displayed the behaviours that challenged] had targeted high functioning people who were often loud and had been aggressive in loud busy environments."

Following the meeting and further feedback from relevant professionals, the provider made the decision to build an extension to the home to provide more suitable accommodation to the person.

A community learning disability nurse told us, "The person in their care who historically, whenever [they] presented with severe behaviours of concern their placement broke down and moved to another placement, this has occurred several times over the past few years. With the development and innovative

approach of building and providing a bedroom and place of safety was an extremely positive outcome for them."

The provider strived to develop inclusive ways of communicating with people who used the service and enabled people to communicate effectively by developing staff's knowledge and skills. A relative we spoke with said, "Living with a learning disability is only one part of the problem, not being able to communicate is a whole other issue. They [the service] have someone who knows BSL (British Sign Language) and now my [name of the person who used the service] is a completely different person." The provider had funded the member of staff to complete a train the trainer BSL course and the member of staff had begun to share their skills with the rest of the staff team to ensure the person's views could be understood. The registered manager explained, "[Name of the person who used the service] had been taught BSL but because they had not used it they had lost a lot of their skills. Their communication is so much better now they use it with [name of the member of staff]." A member of staff said, "We are all learning [BSL], some of the service users are as well because they want to be able to communicate with [name of the person]."

The provider ensured staff delivered high quality care by developing their knowledge and skills. Staff understood their roles and responsibilities because they had completed specialist training that gave them insight in to people's experiences. This included sensory training delivered by an occupational therapist. The registered manager explained, "It was very practical and it highlighted how people must feel in everyday situations. They staff were blindfolded and had big gloves to wear and we realised how difficult everyday tasks can be and how some people must feel."

People who used the service, relatives and relevant professionals were asked to provide feedback on the service through questionnaires. We reviewed the most recently completed questionnaires and saw that the service consistently received positive and complimentary responses. When people had made suggestions about how the service could improve their feedback was recorded on to an action plan and implemented where possible. For example, the improvement of internet access in the service.

Staff understood the values and ethos of the provider. A member of staff told us, "I wanted to work in the industry because of personal experiences; I wanted to make a difference. I knew this place [the service] was for me because they always do the best they can for people, we strive to be different, to be better."

We saw that staff meetings were held regularly and used as a forum for staff to discuss people's care, their thoughts and ideas about improving the service and specific topics that were relevant to the service. The registered manager told us and staff confirmed they were expected to prepare presentations and deliver information to the group which aided their learning. The registered manager told us that service user meetings were held on an individual basis so people did not have to speak in front of their peers. A senior member of staff told us group meetings were to be introduced because people's confidence had grown.

The provider had developed effective quality assurance systems that covered all aspects of the service. This included monthly audits of medicines, accidents and incidents, health and safety, care plans, complaints, the Mental Capacity Act and Deprivation of Liberty Safeguards. Records showed that an area manager visited the service regularly and completed checks on the audits and their findings. This helped to ensure appropriate action was taken when shortfalls were identified.

We saw that the registered manager also completed mock CQC inspections to ensure compliance was maintained at all times. The registered manager told us, "I have just completed the responsive section and realised some of our service users families didn't have a copy of the complaints policy. I sent it out to everyone so they all know how to complain if they ever have the need to do so."

