

Iceni Care Limited

# Diana Lodge

## Inspection report

7 Diana Way  
Caister On Sea  
Great Yarmouth  
Norfolk  
NR30 5TP

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23 August 2017

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 23 August 2017. It was an announced visit, as we gave the provider notice 48 hours before the inspection. Diana Lodge provided temporary respite accommodation for up to three persons with learning disabilities who require support with personal care. There were two people staying at Diana Lodge when we inspected.

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. There were two registered managers in post within the organisation who oversaw the services. They were also the owners of the company. During the inspection we met with the residential services manager who was responsible for the everyday running of the home, and we liaised with a registered manager the next day.

The service was safe and staff understood their responsibilities to protect people from harm or abuse and had received relevant safeguarding training. Staff were confident in reporting incidents and accidents should they occur. People were safely supported to take their medicines as prescribed.

There were effective processes in place to assess, review and mitigate risks to individuals. Assessments had taken place regarding people's individual risks and clear guidance was in place for staff to follow in order to reduce risk. Recruitment processes were in place to ensure that staff employed in the service were deemed suitable for the role.

Staff had received training in areas specific to the people they were supporting and they gained people's consent before providing care. Staff were able to explain how they promoted choice, and supported people with making some decisions. The home complied with the requirements of the Mental Capacity Act 2005 (MCA).

Staff supported people to access healthcare services. People were encouraged to eat a healthy balanced diet and be involved with making meals and drinks.

People's privacy and dignity were promoted and they had strong relationships with staff who listened to them. People were encouraged to be as independent as possible and make their own choices. People were engaged in a number of varied activities and events.

Staff had a thorough knowledge about the people they supported and understood how to meet their needs. People planned their care with staff, families and healthcare professionals, and their preferences were met.

The management team worked closely with the staff team and had good oversight of the service. People and their families were encouraged to give their views on the service.

There were many systems in place to monitor the quality of the service and these were used to identify any concerns so that action could be taken if needed.

## 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.

Staff were knowledgeable about safeguarding and knew how to keep people safe and report concerns.

There were enough staff to meet people's needs and they were recruited safely.

People were safely supported to take medicines if they required this.

### Is the service effective?

Good ●

The service was effective.

Staff received training relevant to their role, and were knowledgeable about supporting people to make decisions. They asked for consent before delivering support.

People were supported to follow a healthy balanced diet, and special diets where needed.

Staff supported people to access healthcare services if they needed.

### Is the service caring?

Good ●

The service was caring.

Staff built trusting relationships with people and supported them in a compassionate way.

Staff respected people's privacy, dignity and choice and promoted independence.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to participate in a wide range of outings, activities and hobbies of their choosing.

Care and support needs were assessed and planned with people and their families.

People knew who to go to if they had any concerns.

**Is the service well-led?**

The service was well-led.

There was good leadership in place and systems to monitor the service. People were asked for their feedback.

The staff team worked well together and were supported by management.

**Good** ●

# Diana 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 23 August 2017 and was announced. Diana Lodge is a small respite service where people are normally out during the day so we wanted to be sure someone would be available to speak with us. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Prior to the inspection, the provider also 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. Before the inspection, we also obtained feedback from the local authority.

During the inspection, we spoke with one relative of a person who used the service, and five staff including a registered manager, the residential services manager, a team leader and two support workers.

We reviewed care records and risk assessments for one person who lived at the home and discussed administration of people's medicines (MARs). We reviewed a sample of other risk assessments, quality assurance records, training records and health and safety records.

## Is the service safe?

### Our findings

Staff knew how to protect people from harm and report concerns, and they were aware of specific risks to individuals. Staff received safeguarding training and knew what potential concerns to look out for, and how to report them. People's care records contained individual risk assessments which included information about people's behaviour, individual health conditions, going out in the community, personal care, medicines support and activities. The risk assessments contained information about different levels of risk, for example, how staff should safely support someone in going out in the community. The assessments contained sufficient guidance for staff on how to mitigate risks. The relative we spoke with said they felt their family member was safe there, and explained that there were specific care plans and guidance around a health condition their family member had.

There were risk assessments in place for the building and environment. Heating, water and electrical equipment had been tested. We found that equipment for detecting, preventing and extinguishing fires was tested regularly and that staff had training and carried out drills in this area. We saw that personal evacuation plans were available for each individual staying at Diana Lodge.

The relative we spoke with told us there were enough staff to meet people's needs. Staff told us there were always enough staff. The staff used other members of the wider organisation to cover shifts if they needed to, due to any absence. There was an on-call system, where the two registered managers made themselves available for 24 hours a day on alternate weeks. This was so staff could call if they required any support, or for extra support due to a sudden absence. All of the staff we spoke with told us that this was effective, and the on-call manager always answered the phone and supported appropriately.

The provider's recruitment policies contributed to promoting people's safety. The residential services manager told us about the checks that were made before staff were recruited, such as Disclosure and Barring Services (DBS) checks and references. This showed that an appropriate approach had been taken to maintain a high standard of care and that only people deemed suitable were working at the service.

People were given their medicines in a safe manner using a comprehensive system administered by staff that were trained to do so. Medicines were stored securely and at the correct temperature. Care staff explained to us that people brought in the medicines they required for the amount of time they were staying at Diana Lodge. They said these were always required to have the label from the pharmacy on the box, so that the required information could be transferred onto a MAR. They then signed for the medicines that were given for the period of time they were there. They did not currently have any high risk medicines or PRN medicines for people staying at Diana Lodge.

The information within people's care records included people's photographs, and any allergies people had. There was a safe system for people taking medicines with them when they went away from the service, and checking them back in. The team leader told us they were considering best ways of auditing the medicines procedures over a period of time, as this was difficult because people were there for a short period of time and brought their own medicines in with them. They told us the systems in place included staff checking the

labels on the boxes and the MARs throughout the time they spent there, and called their manager if they found any problems. One staff member confirmed they called the on-call manager on one occasion when they were unsure about a medicine, and this was resolved quickly.



## Is the service effective?

### Our findings

Staff received comprehensive training and induction. One staff member told us about their inductions and said it included shadowing more experienced staff and a period of training. Staff received regular supervisions. These meetings gave staff an opportunity to discuss their role and any concerns or training requirements they may have. Staff told us they felt supported at work and could call the on-call manager at any time.

The training staff received included specialist training such as epilepsy and record keeping. One member of staff said, "The trainers are brilliant." They said they had a training day every three months which was classroom based around a different subject. They said these days were fun and effective, and involved a lot of discussion around the areas they were learning about. Some staff had received training around autism, and training which included safe ways of supporting people with behaviours which others could find challenging. One staff member told us about training they had received which had helped them learn how to discuss certain subjects with people they were supporting, such as sexual relationships. Staff had also received mandatory training within the organisation which included manual handling, first aid, food hygiene and equality and diversity. We looked at records that confirmed training had been carried out or was organised to be completed. Staff were supported by the provider to undertake further qualifications such as the care certificate to develop their skills for their roles.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible. One member of staff explained how they supported people to make decisions by communicating options and discussing them with people. There were comprehensive plans in place which guided staff on how to support people to make their own decisions when needed. The residential services manager confirmed that if someone's mental capacity was deemed to be more complex, appropriate health professionals such as the person's social worker would be involved in carrying out an assessment. Staff told us they always asked for consent before delivering support to people. There were no concerns around people's mental capacity who were currently staying at Diana Lodge, however staff explained how they would address any potential questions over people's capacity.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called 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. There were no applications for DoLS at this time, as staff were able to support people in a way that did not deprive them of their liberty.

Staff supported people to manage their money when they required this. The team leader told us they had organised training to be completed this year in safely and appropriately managing people's money.

People were supported to make their own meals, and that they could choose what they ate throughout the week and went shopping with staff for this when they arrived. The relative we spoke with explained that their family member followed a special diet, and staff supported them with this. Staff supported people to eat the appropriate foods and make informed decisions about their meals. People were able to make their own drinks throughout the day when they wanted, or were supported to have drinks if needed.

People were supported with access to additional healthcare services if they needed this. We saw in the care records we checked that there were records of other professionals involved in people's care and contact details.

## Is the service caring?

### Our findings

The relative we spoke with explained how much their family member enjoyed visiting Diana Lodge, saying, "[Relative] has already packed their bags for next time as soon as we get home!" Staff told us they had built good relationships with people, and the majority of people who stayed at Diana Lodge came from the day service, where staff also worked. This meant they had got to know people well prior to coming to stay at Diana Lodge. They also demonstrated to us examples of how they got to know people when they had not come from the day centre. This included inviting them to Diana Lodge prior to their respite stay, to have a chat and meet the staff, and tell them about their support needs. Staff told us that they shared an ethos of supporting people to achieve what they wanted, and live how they wanted.

Staff told us how they adapted their communication to support people in a way they preferred, and this included for one person, using a handheld computer device, and using signs for another person. This supported people to understand information and make their own choices. The staff adapted their communication with people to enable them to understand information and to express their views and be involved in planning their care.

One staff member told us that people who came to stay for respite often felt comfortable to speak with staff about any problems they had, and staff supported them to overcome these. For example, with one person staff told us about, they had problems expressing themselves and staff had suggested ways on communicating their emotions with their family. They felt that people felt comfortable to approach them if they had any worries, and talked to them regularly.

Staff explained how people often came to Diana Lodge for a holiday so they wanted to make it as pleasant as possible for people. One staff member told us, "It's such a relaxed atmosphere, it's really fun!" We saw that the service was very homely and had a relaxed feel. They told us the most important thing at Diana Lodge was, "Seeing the [people] have a good time."

Staff told us they always carried out personal care behind closed doors and promoted privacy by knocking on people's doors if they were in their room. Staff supported people to maintain their independence and go out in the community. Staff told us that people chose how to spend their time, for example to go to bed, have a bath or go out when they liked. The relative we spoke with also reflected this.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their individual needs. The relative we spoke with said, "[Staff] always do what [relative] wants to do." The care records contained people's preferences, views, likes, dislikes and hobbies. The care records included referrals and letters from other healthcare professionals involved in people's care.

Staff demonstrated to us that they knew people's needs well. They explained that people's care needs were thoroughly assessed prior to their respite stay, to ensure they could meet people's needs. One staff member told us, "We always have time to sit down with the care plan, and we're always in the know from the manager." They also told us they knew most people from the organisation's day centre, so they knew about their needs. We saw that the care records guided staff on how to support people with their individual health conditions, their daily lives and their emotional wellbeing. The team leader explained how they had recently made changes to one person's plan around supporting them to decide what activities to do. We saw that where people had specific health requirements, guidance for staff on how to meet associated needs was in the care plans. Where appropriate, family members were also involved and staff liaised with them to discuss people's care.

There was a car available for the service which staff used for taking people out. We saw that people were involved with many activities put on by a local organisation, which included quiz nights, karaoke nights and various events. People chose what they wanted to do as they were often coming to Diana Lodge for a holiday. Staff were able to meet each person's preferences because everyone who came to stay at Diana Lodge received one to one support.

The service had not received any recent formal complaints. The relative we spoke with assured us that they knew who to go to if they had any concerns. Staff felt that if they had any concerns they would go to the manager and that they would be resolved. One staff member told us that people fed back any concerns. They said, "If anyone has any concerns it's addressed straight away." Staff worked closely with people and encouraged them to give their views on the service and tell them if they needed anything.

## Is the service well-led?

### Our findings

There was good leadership in place. The current registered managers had developed the service themselves, and had good oversight of how the service was run. They worked closely with the residential services manager and kept in constant contact with the staff team. They also told us they visited each service regularly to check the audits that had taken place and ensure they were confident in these. They said, "We made the service and grew it ourselves, so it's important that we know what goes on, so it's running how we want it to run." They went on to add that they had utmost confidence in their staff team. There was an open culture, and staff were encouraged to discuss any concerns. All of the staff we spoke with said that the staff team was highly supportive and they worked well together. The staff we spoke with said they found their work rewarding. They also told us that people returned regularly to Diana Lodge as it provided a holiday opportunity for people to have fun, meet new people and try new things. People were able to do what they wanted with appropriate support for short periods of time.

Staff told us they had team meetings every month which were useful for discussing any concerns and developments, and they felt listened to. The registered manager we spoke with explained that they attended these meetings at times when there were any specific concerns to be discussed and addressed, so that they could remain involved in the staff team. The residential services manager told us they felt well-supported by the registered managers.

There were quality assurance systems in place which monitored the service and identified any concerns and led to improvements where needed. We checked some audits relating to the monitoring of the service, such as infection control and health and safety. We discussed other audits such as medicines audits with the team leader, and they told us that they were looking at better ways of overseeing this because of difficulties associated with people staying for such short stays, and bringing their own medicines. This made it more difficult to audit the administration of medicines. One registered manager told us they visited the home regularly to check audits and spot check medicines administration and ensure they were carried out appropriately.

The organisation kept links within the local community in order to provide additional support to people, and this included a local youth group and the organisations' day centre. This meant that people from the day centre often used Diana Lodge for respite and were familiar with the staff there. The residential services manager also attended three monthly meetings with infection control champions, so they could gather any information which may lead to improvements in this area.

The relative we spoke with said they were asked for feedback on the service through a survey. We saw that there was positive feedback on surveys that had been returned to the organisation.

We discussed notifiable events with the residential services manager and found they were knowledgeable as to what these were. The registered manager we spoke with also assured us that any areas where staff were unsure, were escalated to them appropriately. During our inspection, we found that the information the organisation had given us within their PIR was accurate.

