

## Venus Healthcare Homes Ltd

## Toby 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?	Outstanding ☆

# Summary of findings

## Overall summary

This comprehensive inspection took place on 6 and 7 February 2018 and was announced. At the last comprehensive inspection in December 2015 the service was rated as Good.

Toby Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Toby Lodge accommodates 10 male adults in one building across four floors, with each person having their own bedroom with en-suite bathroom. There was also a communal living room/dining room, kitchen and access to a small courtyard. At the time of the inspection the care home was supporting 10 people who had a forensic history with mental health conditions and a learning disability.

There was a manager in post at the time of our inspection who was also a registered manager at another service managed by the provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives felt comfortable approaching the management team, who had a visible presence throughout the service. Staff felt valued and spoke positively of the open and honest working environment and the support they received from management, which led to a strong sense of teamwork across the whole team.

During a period of refurbishment at the home people had been supported to stay at a holiday home to minimise the negative impact it could have had on their day to day lives. People enjoyed the experience and staff spoke positively about the support from management during this period.

People's risks were managed safely and care records contained appropriate and detailed risk assessments and emergency plans. Staff had a good understanding of how to manage behaviours that challenged the service and worked closely with health and social care professionals for advice and guidance.

People and their relatives told us they felt safe using the service and staff had a good understanding of how to protect people from abuse. It was discussed regularly with people who used the service and all staff were confident that any concerns would be investigated and dealt with immediately.

People who required support with their medicines received them safely from staff who had completed training and been observed in the safe handling and administration of medicines. Staff completed appropriate records when they administered medicines and these were checked daily by staff to minimise medicines errors.

Staff had access to training to support them in meeting people's needs effectively. New staff shadowed more experienced staff before they started to carry out care tasks independently and received regular supervision from management. They told us they felt supported and were happy with their input during the supervision they received.

People received support to make choices about their food and drink and staff were aware of nutritional needs relating to people's culture, religion and medical needs.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The provider was aware when people had restrictions placed upon them and notified the local authority responsible for assessment and authorising applications. Best practice information was available in an easy read format to help explain the process to people who used the service.

People had regular access to healthcare services and staff were aware when people's health and medical appointments were due. Health and social care professionals confirmed they were always updated if people's health conditions changed or needed any further guidance and support.

People and their relatives told us staff were kind and compassionate and knew how to provide the care and support they required. We observed positive interactions between people and staff throughout the inspection and saw people felt comfortable in the presence of the whole staff team. We saw that staff treated people with respect and kindness, respected their privacy and promoted their dignity and independence.

People were supported to follow their interests and staff were proactive and encouraged them to take part in a range of activities to increase their health and well-being and reduce social isolation. People and their relatives were involved in planning how they were cared for and supported. Care records were person centred and developed to meet people's individual needs and discussed regularly during key work sessions.

The provider had an accessible complaints procedure in place which was regularly discussed with people and relatives knew they could speak with staff if they had any concerns. There were surveys in place and monthly residents meetings to allow people the opportunity to feedback about the care and support they received.

There were effective quality assurance systems in place to monitor the quality of the service provided and understand the experiences of people who used the service. The management team followed a daily, weekly, monthly and annual cycle of quality assurance activities and learning took place from the result of the 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Outstanding ☆

Aspects of the service were outstanding.

The service promoted an open and honest culture which created a positive working environment for people and staff. Staff spoke highly of the sense of teamwork and felt they were well supported to carry out their responsibilities.

The provider had supported people during a period of renovation and had worked closely with them to make sure it had minimal impact on their day to day life.

People and their relatives told us they were happy with the service, staff were approachable and the whole management team had an active presence throughout the service.

There were regular audits and meetings to monitor the quality of the service and identify any concerns. Any concerns identified were documented, discussed and acted upon.

# Toby 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 6 and 7 February 2018 and was announced. The provider was given 24 hours' notice because there had been some recent changes in management and we needed to be sure that the manager was available. We also needed to be sure that people living at the service would be available to speak with us and that the provider could give them notice, as not to cause any distress or disruption to their routines.

The inspection was carried out by one inspector. Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to the CQC and the previous inspection report. We also contacted the local authority commissioning team to support the planning of the inspection.

During the inspection we were introduced and had general conversations with all 10 of the people using the service but spoke in more detail with seven of them. We also spoke with two health and social care professionals who were visiting the home and 11 members of staff. This included the healthcare director, the manager, the deputy manager, the quality assurance manager, five senior support workers and two support workers. We looked at five people's care records, five staff recruitment, training and supervision records and audits and records related to the management of the service. We also observed the care and support provided to people in the communal areas, including during mealtimes.

Following the inspection we spoke with two relatives and contacted one other health and social care professional who had worked with people using the service for their views but did not hear back from them.

## Is the service safe?

### Our findings

All of the people we spoke with confirmed that they were happy living in the home. Comments included, "I feel safe with the support I get", "I'm happy here" and "I'm very happy in Toby Lodge, all of the staff help me." All of the relatives we spoke with had no concerns about the safety of their family members. One relative said, "We are very reassured as we know they always have 24 hour support and we know he is well looked after." One health and social care professional told us that despite people's past forensic histories, risks were well managed and they were reassured with the care and support people received.

There were procedures in place to identify and manage risks associated with people's care. Before people started using the service a detailed assessment detailing their previous history and current needs was completed to assess their suitability to live in the home and to identify any potential risks to providing their care and support. Recommendations from health and social care professionals were also available so staff would be fully aware of the required support. Risk assessments and behaviour management plans had been completed and assessed risk factors that included mental and physical health conditions, self-neglect, aggressive behaviour and behaviour that challenged the service.

Assessments included detailed guidance and information for support workers about the level of support that was required and how to manage risks to people. Where a risk had been highlighted, there was information detailing what the triggers were, what the signs or behaviour from the person would be and what actions should be taken to reduce the risk, with appropriate de-escalation techniques discussed. For example, all of the records we reviewed had management plans in place to deal with behaviour that challenged the service. For one person we saw an anger management session had been held with staff, with easy read guidelines to help explain certain behaviours and strategies for coping with stress and anxiety. All of the staff we spoke with were knowledgeable about people's behaviours and how to support them safely. Comments included, "We work closely as a team, have regular meetings and are aware of what each person's triggers are and what to do to support them" and "As a team we are good at handling any issues and we all work together to make sure we work in a safe environment." We observed how staff supported one person on the second day of the inspection when they became distressed. Two members of staff were alert to this and responded calmly and appropriately to calm the situation before it escalated. We also saw that people who were at risk of absconding had a missing person's profile in place that was specific for each person. For example, one missing person's procedure was to call the police immediately, whereas another was after a certain amount of time.

The provider had safeguarding policies and procedures in place and staff were aware of the actions that needed to be taken if they had any concerns. Staff had a good understanding of their safeguarding responsibilities and understood how to recognise the signs of potential abuse. All of the staff we spoke with felt confident that any concerns raised would be dealt with immediately. One senior support worker said, "As a team we are all very transparent and no abuse is accepted. We always follow it up and if I speak with the manager, I know action will be taken and I've seen her follow things up." Safeguarding was also discussed with people at monthly key work sessions and residents meetings where easy read examples were available to help explain different kinds of abuse. We also observed it being reinforced during a house event

on the second day of the inspection, with staff making sure people knew what to do if they had any concerns.

The staff files that we looked through were consistent and showed that the provider had safe recruitment procedures in place. All Disclosure and Barring Service (DBS) checks for staff had been completed and were available in their files. The DBS helps employers make safer recruitment decisions and prevent unsuitable individuals from working in care services. There was evidence of photographic proof of identity, proof of address and two references. Interview assessments were also in place which showed that the provider had assessed the suitability of staff they employed and had previous experience of working in health and social care. We saw that only two new members of staff had been recruited since the last inspection in December 2015. The healthcare director said, "I believe this is why the service is so stable as the residents have a consistent staff team supporting them."

We saw that staffing levels throughout the service were sufficient to meet people's needs. We looked at a period of four weeks of rotas and saw there were consistently six to seven staff working throughout the day, with the support from the manager and healthcare director. There was always four waking night staff from 8pm to 8am and the management team were on call with an out of hours system in place. One senior support worker said, "Even though it can be challenging at night, the support is good and we also get regular calls and visits to check that everything is alright." We also saw times when extra support was provided with direct one to one support, or two to one in the community for one person.

The service had a digital software system which was an innovative mobile solution for evidencing care interactions and care planning for social care. Each member of staff had their own mobile device where they were able to access all records and information for each person using the service. When care was given the details were uploaded to the device so all staff, managers and even relatives, with permission, could see what care and support had taken place. We saw that hourly checks at night were in place and staff used the software to scan a barcode to confirm that a check on a person had been made. A member of staff said, "We do it to make sure that people are safe."

We checked how people's medicines were received, stored and administered, including controlled drugs and could see there were safe systems in place. Staff had received training in medicines and had a competency assessment before being able to support people with their medicines. One support worker said, "Having a refresher on medicines has been really good. Even with controlled drugs, I feel very confident managing this with the training and support I've had." People's medicines were kept in a locked cabinet in the staff office which was only accessible by staff. Two members of staff checked and signed in medicines from the local pharmacy. People were supported to take their medicines and there was guidance in place for staff to follow. We observed people being supported with their medicines on the second day of the inspection and saw that both members of staff who were responsible that morning followed the provider's policies and procedures to ensure medicines were received safely. One person said, "I come down and they help me with my medicines. I bring water and they help me, it's good."

Each person had a medicines profile in place, with their photo, allergy status and a list of their medicines. We looked at a sample of seven medicine administration record (MAR) charts during the inspection and saw that they had all been completed correctly with no gaps. MAR charts were checked daily by staff involved in medicines administration with weekly and monthly medicines audits completed to check that medicines were being managed safely. We saw that staff also recorded on the software when medicines were administered and reminders had also been set up. The manager said, "We enter it on the system and also record on the MAR sheet and double check to reduce any errors and make sure nothing is missed."

There were procedures in place for the reporting of any accidents and incidents. We saw that when an incident occurred it was recorded on the system and followed up, with evidence of what action had been taken. We saw incidents were discussed at team meetings and supervisions for reflective practice and to learn from the event. We also saw that due to an incident that had occurred with managing medicines, new systems had been discussed to ensure the double checking of all medicines to minimise any errors. All of the staff spoke positively about the new system and said that it was working well.

Infection control procedures were also observed to have been followed as we saw staff wearing personal protective equipment such as disposable gloves when people were being supported with their medicines. A cleaning rota was in place and people were supported to clean their bedrooms. Five people showed us their rooms and we saw that they were clean and tidy.

## Is the service effective?

### Our findings

People told us they were happy with the care they received from staff. One person told us that since they had moved in they thought their mental health had improved. They added, "[Staff member] is helpful with this and I talk to them about it." One relative said, "It's good that the staff know how to support them and manage any changes in their mood." A health and social care professional confirmed this and felt that staff knew people and were able to manage their behaviours, which had a positive impact on the service and reduced the number of incidents that occurred.

Staff understood the main principles of the Mental Capacity Act 2005 (MCA). 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 that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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). The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

We discussed the requirements of the MCA with the manager and staff team and they demonstrated a good understanding of the process to follow where it was thought that people did not have the mental capacity required to make certain decisions. We saw records that showed team building meetings had discussed the key principles of the MCA and the need for best interests meetings to take place if they had concerns. People's care records covered people's decision making abilities which included an overview of the MCA principles and support needed to make decisions. One senior support worker said, "We put them at the centre of their care. We give them as much choice as possible to show that they are in control of their life." For people who were under constant supervision and not free to leave the building for their own safety, the appropriate DoLS applications had been submitted to the authorising body. Easy read guidance was in place so staff could help explain to people what it meant and why they would need an authorisation.

The service assessed people's needs and choices so that care and support was delivered in line with current legislation to achieve effective outcomes. The manager had worked closely with health and social care professionals and had easy read guidance in place from the Department of Health in relation to best practice with the MCA and DoLS. They had also taken guidance from the Care Quality Commission (CQC) 'Good and Outstanding Guide', which highlighted best practice across the key areas that are inspected and levels of support that staff should receive.

The two new staff members who had been recruited since the last inspection had completed an induction training programme. An induction checklist was in place and covered the job role and responsibilities, the provider's values and objectives, becoming familiar with the building, being introduced to people and staff and a range of policies and procedures. One member of staff said, "It included a range of shadowing and learning about the needs of people. I had a good insight into this, their diagnosis and how to support them."

Staff had to complete a mandatory training programme within the first six weeks of starting and was refreshed annually. There were 13 mandatory training modules which included medicines, safeguarding, fire safety, health and safety, MCA and DoLS and first aid awareness. A training matrix was in place which covered all modules and identified when training had been completed. Staff also received training which was specific to people's individual needs and we saw that specialist training had been carried out in dealing with challenging behaviour. One member of staff had also been able to share ideas of previous training experience in behaviour that challenged with the staff team. Staff spoke positively about the training and comments included, "I found it very useful to help support people's behaviours and understand possible triggers."

We saw records that showed staff had regular supervision and an annual appraisal system was in place. We looked at a sample of records of supervision sessions which showed staff were able to discuss key areas of their employment which included their performance, teamwork, communication, training and people's current health and behaviours. Staff told us that issues that were discussed were always followed up. One senior support worker said, "It gives us lots of opportunities to raise issues and ideas."

People were supported and involved in the planning of their mealtimes and we saw records that demonstrated staff encouraged people to lead a healthy lifestyle and have a balanced diet. People's dietary needs and preferences were respected and catered for, and were recorded in their care plans. One person with diabetes had information in their care plan and guidance for recommended foods. We also saw that a group session had been arranged to discuss the importance of healthy eating and to encourage and educate people about healthier choices. We saw it had also been discussed during key work sessions. People spoke positively about the support they received and comments included, "The food is good here. I get involved and can help out. I help out with the shopping list", "We sit and eat together like a family. I also get food from my [family member]" and "They help me with my food and the food is good."

Staff told us and records confirmed that they worked closely with a range of health and social care professionals to ensure people received effective care and support. For example, we saw that a referral had been made to a person's psychiatrist when they displayed behaviour that challenged the service. We saw that advice had been sought and staff were aware of the advice that had been provided. Health and social care professionals told us that staff would always get in touch if they had any concerns and had confidence that the staff team would be able to meet people's needs. We saw correspondence for another person that their consultant psychiatrist felt their mental health had improved considerably since their last review.

Staff said they supported people to manage their mental health and well-being and would always discuss matters across the staff team if they had any concerns about a person's healthcare needs. Where staff had raised concerns about people's health we saw healthcare appointments had been booked and people were escorted to attend. This information was also documented and we saw correspondence showing that people had been supported to attend a range of healthcare appointments, for example with their GP, community nurse or psychiatrist. One person said, "I go and see my doctor every month to see how I'm getting on and the staff take me, we have a nice walk there." Staff told us that they were aware of people's appointments as they recorded them in the system and they received an alert. One support worker said, "We support them to their CPA meetings and make sure all appointments are highlighted in the system." The care programme approach (CPA) is the system used to organise people's community mental health services, involving people, their friends and relatives if applicable, and health and social care professionals. These meetings assess and review the needs of people to check they are being met. We also saw people's care plans had an easy read health action plan. This is a document which highlights people's healthcare needs with information relating to their health, behaviour and medicines.

## Is the service caring?

### Our findings

People we spoke with told us they were happy living in the home and we saw they were relaxed in the staffs' company. Comments included, "They're good staff and they make me feel happy", "The staff are friendly and I'm happy with them and all my housemates" and "I feel comfortable talking to the staff." Relatives spoke positively about the caring nature of the home and attitude of the staff. One relative said, "They know [family member] and look after them well. They get good care." Another relative said, "Staff have worked well and helped them to settle in and make it feel like their home." A health and social care professional commented positively on the service and felt when they visited people they were happy and had good relationships with the staff.

Throughout the inspection we observed positive interactions between people using the service and staff. Staff were observed to be interested in the needs of people and spoke with them in a calm and compassionate way. We saw that staff communicated differently with each person depending on their personality and knew the best way to encourage them with their care and support to get positive responses. During mealtimes and day to day engagement throughout the service, we saw people were very relaxed and comfortable with staff and were given the opportunity to express their wishes. One support worker said, "People are happy sitting with us and we try and have meals together to continue to build on relationships."

We saw that people's birthdays were celebrated with everybody, including all members of staff. On the second day of the inspection, it was one person's birthday and the night staff had decorated the communal living room with banners and balloons and had planned a surprise party for the day. We were invited to join in and saw people enjoying themselves, with people dancing with staff and each other. One person, who was interested in music, put on a special dance performance which everybody enjoyed. Staff encouraged people to get involved and still included them in the party if they were less willing to actively participate. The relaxed and caring nature of the whole staff team created a warm atmosphere and people felt at ease. One relative said, "No matter what, the staff are always positive."

Staff knew the people they were supporting and were able to give information about people's personal histories, likes and dislikes, specific routines and activities and what was important to them. Staff were able to spend time with people during key work sessions, supporting them with household tasks or during activities or the plans for the day. Comments from staff included, "I've known [person] for five years and know how they like to be supported. We've been able to build a relationship with people by building their confidence so they can trust us" and "By spending valuable time with people, we've built a trusting relationship." We saw throughout the inspection that one person could easily become distressed and agitated. Staff were always patient with them and helped explain the situation to reassure them. We noticed that all the staff, including the manager and healthcare director responded with the same approach and understood how to manage their needs. One relative told us that even though their family member had displayed challenging behaviour towards members of staff, staff members involved had always been extremely understanding and had been positive in working with them to understand their behaviour.

Records showed that people were encouraged to be involved in their own care and had regular key work

sessions and meetings with their support worker to discuss the support they received. Relatives we spoke with confirmed they were involved in making decisions about the care their family members received and were always invited to any scheduled meetings. One relative said, "I'm involved and work closely with them updating the care plan." People were encouraged to be independent and we saw people were supported with their daily living skills, including household tasks and activity schedules. One person said, "I get to help with the cleaning and I help with the shopping list." Another person said, "I like to tidy my room and iron my shirts." People were also supported to access advocacy services. Advocates are trained professionals who support, enable and empower people to speak up. This meant that where people did not have the capacity to express their choices and wishes or found it difficult to do so, they had access to independent support to assist them.

We saw that staff had a good understanding of the need to ensure they respected people's privacy and dignity. We observed staff knocking on people's doors and announcing their presence during our visits to people's rooms. People were asked if they were happy to speak with us and if they were happy for us to come in and see their room. We arrived at 7:30am on the second day of the inspection to observe the morning handover and saw that people were given plenty of time to answer their doors when staff carried out the morning check. We saw staff discussed this with people during key work sessions. We saw a recent key work session for one person in January 2018 highlighted that they liked living at the home and enjoyed spending time in their room as staff always respected their privacy. During a staff handover we observed that staff spoke about people in a dignified and respectful manner, especially when they were talking about sensitive issues or incidents. One person said, "They do always talk to me nicely." A health and social care professional also commented that even when there was a lot going on in the home, they felt staff had the ability to respect people's privacy.

## Is the service responsive?

### Our findings

People expressed that they were happy with their care and support and we saw that they were encouraged to participate in activities they were interested in and supported to maintain relationships with their family. Comments included, "I get to see my [relative] weekly and they take me out. I do like going out and staff always take me" and "There are lots of activities and I have plans throughout the week. Staff help me and I get to choose what I like." One relative said, "I'm happy with what they get to do and help with socialising and activities." Relatives spoke positively about the service and felt they were always fully involved. One relative said, "I get calls from them and am always updated." One health and social care professional felt that staff were responsive to people's needs and would always get in touch if they had any concerns. They highlighted they were pleased with how the service had created a personalised visual aid for one person to help them reduce smoking.

People's needs were assessed before they moved in and we saw that people had a trial period of stay before moving in permanently to see how they managed in the home. One relative told us that as the transfer placement happened at short notice, the provider came to visit them at their home to do an assessment and it had been managed well. They added, "[Name], the former manager bless her, came to visit and was really lovely." Detailed assessment reports were in place which included information for staff on previous placements and behaviours and what support was needed.

Detailed care plans were in place which covered areas such as people's mental health, personal care, nutritional needs, relationships, activities and interests, medicines and communication. They also highlighted specific environments that people might not feel comfortable or safe in. Care plans were outcome focussed which highlighted an area of need and what the aims and steps were to achieve them. Person centred support plans were accessible to staff through a digital device and as information was entered at the point of care, we could see the most up to date information about people. For example, staff recorded what people had eaten for breakfast or what they had scheduled in for the day. We saw one person had been supported to a healthcare appointment and this information had been updated into their records. Alerts were set up to make sure important tasks and events were not missed and if people's health care needs changed this could be updated immediately and all staff would have access to see what action had been taken. With permission, people's relatives could access the software and see what care and support had taken place. One support worker said, "With this software, it's quicker to record what we've done and more effective, meaning we can spend more time with people."

People were able to discuss their feelings and talk about the care and support they received during regular key work sessions. For example, one person's key work session in January 2018 discussed their healthcare appointments, recent behaviour, activities that they wanted to do, what had been going well and not so well. It highlighted how to speak with staff when they were low in mood and how this could affect their behaviour. Relatives and health and social care professionals spoke positively about the improvements they had seen in people's health and well-being.

Staff supported people to follow their interests, maintain relationships and take part in activities of their

choosing. Four people told us that they had discussed enjoying the cinema and we saw that this had become a weekly event. One person said, "A group of us go to the cinema every week, I love it." People had activity timetables and staff told us how they had been responsible for researching new activities and spending time during key work sessions finding out what people wanted to do, which people confirmed with us. One person told us about a local walking club they had been supported to attend and we saw this had been planned on the second day of the inspection. Another person's records showed that they had been encouraged to attend an art therapy class and we saw they were also supported to this during the inspection. Two people were also supported to attend a local college. One person said, "I go to the local gym with staff twice a week and I feel healthy. I also like art and do drawings." We saw that all staff had an awareness of people's needs and activity routines and discussed them as a team to make sure people had opportunities to access the local community and participate in events they enjoyed.

There was evidence that the provider listened to people's preferences with regard to how they wanted staff to support them with their cultural or religious needs, with information that staff needed to be aware of. One person told us they were supported to visit the mosque on a weekly basis and visited their family to have dinner with them. Staff were aware of the importance of this as they were able to have food that met their cultural needs. For another person, their care records highlighted the importance of culturally specific food in their diet.

The provider was aware of their responsibilities in meeting the Accessible Information Standard (AIS). The AIS applies to people who have information or communication needs relating to a disability, impairment or sensory loss. It covers the needs of people who are blind, deaf, deafblind and/or who have a learning disability. It also includes people who have aphasia, autism or a mental health condition which affects their ability to communicate. This information was recorded in people's care records and when people started using the service they were given an easy read service user handbook which provided important information about the home, the care they would receive and how they would be supported. We also saw a range of easy read documents available to people, including pictorial cards to help them complete a satisfaction questionnaire.

People and their relatives said they felt comfortable if they had to raise a concern. One relative told us that some issues that had been raised had been fully resolved and spoke positively about the good working relationship they had with the whole of the staff team. On the second day of the inspection we observed an activity which involved nine of the 10 people using the service. The healthcare director organised a weekly quiz but also used it as an opportunity to discuss house rules and encouraged people to talk with staff if they had any concerns. When asked, everybody said they knew who to speak to and were comfortable talking to staff. There was an accessible easy read complaints procedure in place which we saw was also discussed with people during key work sessions. The provider's complaints procedure aimed to resolve all formal complaints within 28 days but any less formal issues raised with staff were encouraged to be resolved immediately. The quality assurance manager said, "It is important to show as much transparency as possible with how we deal with any incidents or complaints that happen."

The service also gave people the opportunity to discuss any issues during monthly residents meetings. We reviewed records from the last five meetings and saw topics discussed related to people's plans for 2018, activities, safety, house rules, safeguarding and food choices, including a group session to discuss diet and nutrition.

At the time of the inspection we were told that nobody was receiving end of life care. We did see that the subject of death and dying had been discussed with one person and had recorded what their wishes would be when they were at this stage of their life.

## Is the service well-led?

### Our findings

At the time of our inspection there was a manager in place who had worked for the provider for over five years and was already registered with the Care Quality Commission (CQC) as a registered manager at another service. She was in the process of completing their application to be the registered manager across two services. She was present on both days and assisted with the inspection, along with the healthcare director, deputy manager and staff team. The healthcare director said, "We brought in a deputy manager to support the team. The manager has helped out here over the years and already had a relationship with the residents so it was not a big change for them."

We saw the provider had invested heavily in the service and at the time of the inspection the home was near the end stage of a major refurbishment that had started in the beginning of September 2017. Each person had a new en-suite wet room built in, along with two extra bedrooms and a staff shower room. Space had been used to create quiet rooms where people could relax or meet with friends, family and health and social care professionals, including one that was planned to be a small library and a computer room. People spoke positively about their new bathrooms and four people were happy to show them to us. One person said, "I've got a new bathroom and I really like it." A relative said, "The building work that has been done is fantastic."

During the refurbishment the provider worked closely with people and they were given the opportunity to stay in a holiday home along the Kent coast to minimise any disruption to their daily lives. People we spoke with told us that it had been a great experience. Comments included, "I had a great time and can't wait to go back again in the summer", "The house we stayed in was good and we also went on trips to Dover and Canterbury" and "I was happy. We went to the beach and had fish and chips on the beach." A healthcare professional told us that they felt it had been managed well to minimise the impact on people's mental health. They highlighted that social stories had been used to help explain the reason for the move but staff also supported people back to London regularly so it also did not disrupt their usual activities or routines. Staff spoke positively about how they had been supported during this period and we saw it had been discussed in group supervisions about how it would be managed and to make sure it would not have a negative impact on people. Comments from staff included, "Management were very supportive and always came down to check how we were getting on" and "It was exciting for the residents and their satisfaction was our priority. We took them out every day and made sure they had a lot of support."

People using the service and their relatives spoke positively about the management of the service and were comfortable talking with the management team. We saw the whole staff team had a good relationship with people who used the service and also helped to support them in their day to day lives. One person said, "I speak with [manager], she's good and helps me out. I feel comfortable talking to her. This place is ten out of ten." Another person said, "I'm glad we have a manager, I can talk to her." One relative said, "The communication I have with staff is second to none, it's great. They are always able to talk if ever there was an issue and we are working well together."

Health and social care professionals spoke positively about the management of the service and felt staff

were aware of people's warning signs of offending behaviour and worked hard to reduce recidivism. Recidivism means going back to previous behaviour, especially criminal behaviour. They felt the service had worked well in managing a range of challenging and complex needs and behaviours and were dedicated to improving people's health and wellbeing. We saw that the local authority had funded one person's placement for nine months whilst they were in hospital because they felt it was the only service that would be able to manage their needs. We saw correspondence from a health and social care professional that acknowledged this person was doing very well at Toby Lodge and wanted to thank the staff for their hard work and that their care and support had prevented them from going back to hospital. One support worker said, "It's very satisfying to hear the compliments from healthcare professionals when they say it's one of the best places they've ever seen, which really means a lot."

Staff told us they were well supported by the management team and had many positive comments about working at the service. Comments from staff included, "The manager has been brilliant. She listens to us and openly speaks with us. But all management are very open with us and listen to us", "I've learnt a lot of knowledge purely from the support I've received from the manager and healthcare director", "The staff team work together well, we know the residents and try to make it good for them. It's great working here" and "They listen to us and follow up on our feedback, which is excellent and makes a big difference." We also received a number of positive comments about how the appointment of the manager after the sad passing of the previous manager had helped the service. One member of staff said, "She knows the residents as she's been coming here for years but we also know her and already had a good relationship."

The whole staff team were aware of their responsibilities and were motivated to provide the best support to people and work together as a team. Staff praised the open and honest environment and felt it had helped people to manage their mental health. Positive comments included, "The teamwork is wonderful. Whatever I ask of them they do. Staff have been so supportive", "Improvements in the residents mental health is the key thing that motivates us. When the doctor says it is the best they have seen them for 25 years, it is fantastic", "The teamwork is excellent and we all support each other, respect each other and have a great sense of togetherness. It is so important to stick together as a team" and "If the staff team get on, it ricochets onto the clients and they feel the positive vibes from us and pick up on the sense of teamwork we have and that we are there to support them." The quality assurance manager told us that when they had first started they had been able to shadow the care staff to be able to get to know people and get a feel for how the service worked.

We saw that the provider had managed a sensitive event that had occurred at the service very well. The long serving registered manager had sadly passed away in June 2017. We saw it had been discussed with the whole staff team in a meeting about the best way to inform people of the sad news. They had also sought advice and guidance from health and social care professionals about how to manage informing people as they were conscious it could have a negative impact on people's well-being. A health and social care professional spoke positively about how they had listened to their advice and had supported people to deal with the bereavement in the most appropriate and sensitive way. They also added that staff had made a book about her to help explain what had happened.

The provider had robust internal auditing and monitoring processes in place to assess and monitor the quality of service provided, which were carried out at regular cycles. There were monthly team meetings which covered areas such as people's mental health, duties and responsibilities, reflective practice and feedback from health and social care professionals. Monthly team building exercises had also been implemented that focused on specific topics related to people's care and support. For example, the last three exercises included epilepsy awareness, dealing with challenging behaviour and the Mental Capacity Act 2005 (MCA). We saw a two day training programme for people who used the service and staff on sexual

awareness and relationships had taken place to help people talk about their feelings and help them understand important factors, such as respect and consent. The healthcare director said, "I feel it's the best training we've ever had." There were also monthly management meetings and the provider had recently set up a joint executive committee to address any concerns, major decisions and quality aspects of the service.

People's finance records and medicine administration records (MARs) were checked daily and signed by two members of staff, with weekly audits in place to ensure they were being managed safely. Daily reports that checked staffing levels and any accidents and incidents were communicated to the management team via an instant group message. One staff member said, "It's all about good reporting and getting a heads up to see if any issues have occurred." The manager followed a daily and weekly programme of tasks that included evaluating staff daily entries on the software to see the level of information that had been recorded. The healthcare director was responsible for completing a detailed monthly report which included training and supervision records, maintenance issues, safeguarding and staff recruitment documents. There were daily health and safety checks of the building, weekly fire alarm tests and fire drills in place. Evacuations were timed and the importance of fire safety was discussed with people at key work sessions or in residents meetings. They also carried out annual fire, gas and electrical checks. Unannounced spot checks at night were completed to ensure staff completed hourly checks on people and gave management an opportunity to meet with night staff and carry out supervisions and update on any policies and procedures. The quality assurance manager explained that they were in the process of enhancing the current systems in place and were bringing them into the digital world. For example, a new rostering system was just about to be implemented and staff had training scheduled.

There were easy read satisfaction surveys in place with pictorial cards used to help people's understanding to describe how they felt about the service. An online survey was in the process of being designed but paper surveys had been completed which showed people were happy living at the home. One staff member explained how the responses from one person helped them find out why they were feeling a certain way and could discuss the issue with them further. Feedback forms for health and social care professionals who visited the service were available and responses were discussed at team meetings. One comment said, '[Person] is doing well and appeared settled. Staff were helpful and gave detailed feedback.' We received positive comments from health and social care professionals who confirmed that the service worked closely with them and other agencies involved in people's care. One senior support worker told us how the whole team had discussed being more proactive with making contact with local organisations to increase the opportunities for people in the local community, which we also saw had been discussed in a number of meetings.

We saw that the provider had a good understanding of their registration requirements. We saw that CQC requirements were discussed at team and management meetings and a reference document had been created to raise staff awareness and used for training. We saw that it highlighted information about specific regulations and areas of good practice related to complaints, accidents and incidents and submitting statutory notifications.