Lodge Group Care UK Limited

Lodge Group Care UK Limited

Inspection report

Victoria House
199 South Street
Romford
Essex
RM1 1QA

Tel: 01708548250
Website: www.lodgegroup.com

Date of inspection visit:
09 March 2016

Date of publication:
11 April 2016

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

This inspection took place on 9 March 2016 and was announced. The registered manager was given 48 hours' notice because the location provides a domiciliary care service. This was to ensure that members of the management team and staff were available to talk to. At our last inspection in June 2013 we found the provider was meeting the regulations we inspected. The inspection was carried out by one inspector.

Lodge Group Care provides domiciliary care to people in their own homes within the London Borough of Havering. At the time of this inspection there were around 100 people using the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us they felt safe when staff visited them. Staff had completed safeguarding training and knew what action they should take and how to report any concerns they had.

People had risk assessments in place. Where risks had been identified there were plans to manage them effectively. There was an accident policy and a contingency plan in place to ensure the service could continue in the event of an emergency.

Recruitment checks ensured that people were protected from the risk of being cared for by unsuitable staff. There was sufficient staff to provide people's care.

Staff had been trained in a variety of areas and were knowledgeable about their roles and responsibilities. Systems were in place to support them and monitor their work.

We found medicines were managed safely and staff were trained to administer them as they were prescribed. People were supported to maintain nutritional and fluid intake. Staff treated people with dignity and respect and promoted their independence.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA), where people lacked the capacity to consent to their care relevant guidance had been followed.

Care plans were detailed, specific to the person and reflected people's choices and preferences. People were involved in planning their care and were supported by external health professionals to maintain their health and wellbeing.

The service had a complaints procedure in place. People, their relatives and staff knew how to complain. Where complaints were made they were investigated and actions taken in response.

Quality assurance systems were in place to monitor the quality of the service, such as surveys, audits and spot checks.

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. People received support that maintained their safety, by staff who were knowledgeable regarding safeguarding and knew how to raise concerns.

Safe recruitment processes were clearly recorded in staff files. There were appropriate numbers of staff available to meet people's needs.

Records were in place to monitor any specific areas where people were more at risk and explained what action staff needed to take to protect them. Procedures were in place to ensure the service could continue in the event of an emergency.

Medicines were well managed on people's behalf.

Is the service effective?

Good

The service was effective. People were supported by trained staff who knew them and their needs well.

Staff had an understanding of the principles and requirements of the Mental Capacity Act 2005. People consented to their care being delivered and this was documented.

People were supported by staff and external health professionals to maintain their health and wellbeing.

People's nutritional needs were met by staff who provided support with shopping, meal preparation and nutritional intake.

Is the service caring?

Good

The service was caring. People using the service gave positive feedback about the staff and told us they were treated with dignity and respect.

We saw care plans were detailed, specific to the person and reflected their preferences.

People made their own decisions and staff were aware of people's choices and care needs.

Is the service responsive?

Good

The service was responsive. Information in care files provided staff with sufficient information to provide care to an appropriate level.

Relevant people were involved in developing care plans to meet people's care needs.

People felt comfortable to approach the registered manager with any issues and complaints were dealt with appropriately.

Is the service well-led?

Good

The service was well led. There was an open and person centred culture within the service. Staff felt supported and able to express their views.

Feedback regarding the management of the service was positive.

There were effective procedures in place to monitor the quality of the service and where issues were identified action was taken to address these to promote continuous improvement. Regular audits and checks took place.

Lodge Group Care UK Limited

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 checked 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider also supplied information relating to the people using the service and staff employed at the service.

Prior to the inspection we reviewed this information, and we looked at previous inspection reports and the notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We also reviewed information we had received from other professionals.

During the inspection we visited the provider's office and spoke with the registered manager and the quality care officer who was responsible for ensuring people received the care and support they needed. We looked at six records relating to people's care, six staff recruitment files, staff training and supervision records, surveys completed by people, staff meeting minutes and records relating to the running of the service.

After the inspection we spoke with three people who used the service, three relatives and five members of staff to obtain their views of the service. We also looked at the report which was completed by the local authority quality assurance team during their visit at the service on 23 July 2015.

Good

Is the service safe?

Our findings

People said they felt safe using the service. One person told us, "I feel safe with the girls that come to see me." Another person said, "The staff are very good, I don't have any complaints and yes I do feel safe when they are around." Relatives told us people received good care and they had not seen any staff practices that caused them any concern.

The service had a safeguarding policy in place which staff had access to enable them to report any safeguarding concerns. It stated the service had a zero tolerance approach to abuse. Staff were able to explain different types of abuse and how they would report any concerns. They demonstrated an understanding of their safeguarding responsibilities. One staff said "I would speak to my manager or the staff in the office if I had any concerns." Staff told us, and training records confirmed that staff received safeguarding training to make sure they were up to date with safeguarding procedures.

There was also a whistleblowing policy in place and staff were aware of the arrangements for whistleblowing. A whistleblower is a person who raises a concern about a wrongdoing in their workplace. Staff told us they would not hesitate to raise any concern they had. Staff were encouraged to report any concerns or issues they have and were advised to do nothing was not an option.

We looked at how risks to people had been assessed in order to maintain their health and wellbeing. We saw risk assessments were completed to assess any risks to each person using the service and for staff who were supporting them. Risks to people had been identified in relation to areas such as safety and mobility. Where risks were noted there were plans in place to manage them and maintain people's safety.

We saw that there was an accident and incident recording system in place. We saw that there had been one accident and the management of the service had dealt with it appropriately. Staff were encouraged to report any incident or accident straight away so appropriate action would be taken.

The service had developed a contingency plan to ensure people's needs could continue to be met in the event of an emergency or adverse weather condition, such as when it snowed.

The provider had robust recruitment procedures. Staff had undergone the required recruitment checks as part of their application and these were documented. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. All checks were undertaken before staff could work for the service. We looked at six personnel files and found evidence of application forms, references and Disclosure and Barring Service (DBS) checks. They also contained photographic identification of the staff member. We also saw contracts were in place and signed by staff before starting their role. The provider had a system in place to check staff member's entitlement to work in the United Kingdom.

People felt there were enough staff to care and support them with their needs. Relatives told us staff were

always available to provide support to people and they always arrived on time. Staff told us there was always enough staff to meet people's needs and they were allocated the same person to ensure consistency and continuity of care. The registered manager told us that only staff who knew people's needs would cover in the event of sickness or holidays and this was confirmed by people we spoke with. Staff worked in teams (clusters) around the area they lived to minimise travelling time. The office staff who managed the staff rotas understood the care needs of people and the geography of the area which helped to ensure people's needs were met on time.

There was an electronic system in place to provide rotas on a weekly basis so that staff were aware of their workload the week beforehand. Staff calls were monitored on a live system to ensure people needs met on time as agreed. This also helped to ensure people were notified if the staff were running late. We saw correspondence where the service had requested for extra staffing as people's needs had increased. The service had a car scheme for staff for them to travel around the areas where they needed to deliver care and support to people.

The registered manager informed us they were recruiting extra staff to cover weekends and holiday periods as they had identified those periods as a potential area of risk due to lower availability of staff working.

People told us staff helped them take their medicines as prescribed by their doctors. One person said, "They [staff] always make sure I take my tablets." People who needed assistance with medicine had a medicine administration record which had all the medicines they were taking and any allergies they might have. This helped to ensure people received their medicines safely and when they needed them.

We also saw information available on care records how people like to take their medicines such as "Carers to give me my medication by putting my tablets onto a spoon and giving them to me. I would like a glass of lemonade to take my medication with. Carers to make sure I take my tablets as sometimes I may drop a tablet."

The service had a medicines management policy to guide staff and covered areas such as storage, administration and actions to take in the event of an error. We looked at three completed medicine administration records (MARs) and saw staff had signed to indicate what medicine they had prompted the person to take. Staff received regular medicines training which was refreshed every year. We saw the medicine records were checked on a regular basis to ensure people were supported to take their medicines as prescribed.

Good

Is the service effective?

Our findings

People felt staff were well trained and knowledgeable regarding their care and support needs. One person told us, "The girls know what they are doing." Relatives told us they were happy with the service provided. One relative commented," [A staff member] is very caring, understanding, good tactics with coaxing my mother-in-law around in the mornings and is very understanding of my mother-in-law's needs. Always says hello on every visit and does her job to a good standard."

People were supported by staff who had the knowledge and skills to meet their needs. We saw staff had completed training in a number of areas which helped them in their roles. Staff told us they felt well supported and trained to meet people's needs and carry out their roles and responsibilities effectively. The service had a bespoke dementia training course which all staff had attended. Staff commented very positively about the dementia training. One staff member said, "The training was very good, it has opened my eyes about caring for dementia service users." Staff knew people's needs and preferences well.

The training matrix we viewed showed that staff had completed training in areas such as safeguarding, food hygiene, fire safety, medicines management, infection control and moving and handling. Training delivered to enable staff to meet people's specific needs was also evident, such as end of life care.

People were cared for by staff who received an appropriate induction to their role. Prior to supporting people staff undertook an induction programme which included completion of all mandatory training courses. Staff were introduced to people they supported before they commenced their role and had opportunity to shadow more experienced staff before they were allowed to work on their own. The amount of time that staff shadowed and the length of induction depended on how confident staff felt to work alone. This helped to ensure staff were sufficiently inducted and trained for their role.

We saw the induction covered the requirements of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers should adhere to in their daily working life. There were also a number of areas that were covered such as confidentiality, health and safety and personal development. The service had a range of policies and procedures in place that gave staff guidance about how to carry out their role safely. These were brought to the attention of new staff during their induction period for them to read and familiarise themselves.

Staff felt they were supported well in their role and they could contact their line manager or the registered manager at any time if they needed to for any advice or query. We saw a number supervision records and those showed that a range of issues were discussed, including staff training needs. This indicated that the registered manager regularly assessed and monitored the staff member's ability to meet people's needs. Staff also received informal support from the registered manager and the staff working in the office. Most of the supervisions were carried out face to face however sometimes they were done over the telephone.

The provider had suitable arrangements in place for obtaining consent, assessing mental capacity and recording decisions made in people's best interests. People we spoke with told us that they had been

involved in planning their care and support needs. Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005 (MCA). 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 interests and as least restrictive as possible.

From the staff training records we saw staff had completed training in MCA. This helped to ensure staff had the knowledge and understanding in this area. Staff told us and people confirmed they always asked for people's consent before providing care and support. We saw where able people had been consulted and given consent to receive support for example with administration of their medicines. When people lacked capacity to give consent, their relatives were involved in their care. People could also access an advocate who would speak on their behalf when decisions needed to be made.

People were supported to maintain their nutritional wellbeing by assisting with food preparation and providing support to eat and drink when necessary. People were happy with the levels of support from staff regarding food and drinks. Where people needed assistance this was recorded in their care plans and they were supported to make choices regarding their meals. Food charts were completed when required to monitor people's nutritional intake. Staff ensured people had access to sufficient fluids to stay hydrated. Where people required specific support such as additional fluids to prevent an infection this was recorded and staff were aware.

Records showed that relevant health professionals, such as the dietitian and speech and language therapist, were contacted when necessary, in order to maintain people's wellbeing. For example we saw the office staff requested an urgent review from a social worker as the person was not having enough to eat and drink and this was impacting on their health. In another example we saw staff contacted the GP for nutritional supplements as the person had lost significant weight and had poor appetite. There was written information included in care records about how people like their meals, for example on one care plan it was written, "I like my tea in a china cup, a soft boiled egg and two slices of bread and butter for breakfast. I enjoy sandwiches, crackers, cakes or biscuit for teatime." We noted that some people had requested that staff encouraged them to eat. Staff had received training in food and safety which was evidenced in their file and also in discussion with staff they confirmed they had completed this training.

People were supported by staff and external health care professionals to maintain their health and wellbeing. Staff liaised with other professionals regarding people's health needs, for example, the GP, occupational therapist and district nurse. Where requested staff supported people to attend medical appointments and made contact with relevant health professionals based on the needs of the people they were supporting. We saw care records included contact details of other professionals who were important to people. Some people had specific health needs such as diabetes this was recorded in their care plan. There was also guidance for staff on what to do if they were concerned about the person's wellbeing. This showed staff monitored people's health and care needs and, where required, made referrals to health professionals. Where people's health had deteriorated, we saw that appropriate action had been taken, for example we saw the GP had prescribed antibiotics for one person as they had an infection.

Good

Is the service caring?

Our findings

People and their relatives were positive about the staff and their kind and caring attitudes. One person commented, "[A staff member] is my special carer- she does a lot for me. She posts my letters, buys my stamps and is always there when I need help." Another person said, "[Carer] is always happy and will do the meals as I ask for them. Plus advise me if any delays and says sorry if late in turning up." Other comments about the staff included, "Staff are very nice, very helpful, very caring, always there when I need something, very good at their job."

Relatives told us the staff were always kind and very caring and acted in the best interests of their loved ones. They said staff listened to people and responded positively to their requests and care needs. Staff told us that they tried to treat people as they would a family member and ensure that their choices were respected. Staff addressed people by their preferred names and were aware of their life histories.

Staff had a good understanding of people's needs. As there was a consistent staff team, this helped to ensure people received care and support in accordance to their individual needs and wishes. We saw care plans contained information about wishes, choices and preferences specific to the person. For example preferences regarding how the person liked to spend their day and how they would like that support to be provided. We saw evidence that people were able to participate in, and make decisions about their own care and support such as the time they wanted the staff to come and visit them.

Staff had developed a very good relationship with the people they care for. People described the staff as ''very good." People confirmed that staff were always polite and spoke to them in a respectful way. Staff always asked people about their general well-being and responded appropriately to them where this was required.

People told us staff ensured their privacy and dignity was maintained at all times. One person told us, "Staff always knocked on the door they come in." Staff told us they always ensure curtains and doors were closed to protect people's dignity whilst providing personal care. One staff member said, "I always close the door when washing the clients even if family members are around."

People were encouraged to maintain their independence and undertake their own personal care where possible. One staff member said, "I always encourage the service users to do as much for themselves as they can." Care plans had information for staff on how to promote people's independence. For instance, one care plan explained that staff were required to provide personal care but guided staff to encourage the person to participate where possible, such as washing their face. Any task that a person could undertake independently was clearly written in their care plans.

Staff were aware of confidentiality around supporting the person in their home and in the community. Staff were reminded regularly of the importance of keeping information confidential during their supervisions.

Families told us they were always kept informed of changes in the well-being of their relative and there was

always someone to talk to if they had any concerns. We saw a number of emails where the registered manager or the quality care officer contacted people's relatives when they had concerns about the person's wellbeing.

Good

Is the service responsive?

Our findings

Comments from people were positive, indicating that staff were kind and helpful in meeting their care needs. One person commented, "[A staff member] has been caring for me the last two years. She's a great carer, she listens, she makes sure I've taken medication, changes my sheets and helps me to be clean She has a lot of empathy and care."

People's needs were assessed and care was planned and delivered in line with their individual support plan. The registered manager told us that before a person started using the service, an assessment of their abilities and needs was always undertaken. Prospective new people and their relatives were given the opportunity to be involved fully in their assessments. We saw evidence that people had been involved with their assessments and their care plans.

Following the assessments the service developed a care plan. The care plans contained information about the person such as their next of kin, GP, medical needs and current medicines they were taking. The records also contained information about the person's likes and dislikes, their preferences and a description of the person's day to day needs. Plans of care were developed on the advice and guidance of relevant health and social care professionals involved in the person's care, for example the district nurse and tissue viability nurse. All this helped to ensure staff had adequate information to meet people's needs. Staff had a good understanding of people and were knowledgeable about their preferences and communication techniques.

We saw care plans were personalised to assist staff to meet people's individual needs. For example we noted one care plan stated, "carers to hoist me from my bed into my recliner chair. Once in my recliner chair, carers to comb my hair, clean my glasses and put them on me, check I am wearing my dentures and put a disposable bib on me prior to my breakfast."

There was a daily log in people's homes which helped staff to be kept up to date with people's needs. This helped to ensure people received the appropriate care as important information was handed over between staff.

People were supported to access local communities to minimise the risk of the person becoming socially isolated. One person said that they did not have any hobbies but enjoyed watching television.

The service had a complaints policy in place which provided a clear process to record and investigate any complaints received. People told us that they were able to express any concerns to the staff or the registered manager and said they knew where to find the complaints procedure which was included in the folder in their homes. We saw all written complaints had been logged, investigated and where required action had been taken. There was always a thorough investigation carried out to ensure the complainants were satisfied with the response. This helped to ensure any complaints were addressed within the timescales given in the policy.

There was evidence that the service had worked together with family and people in order to improve issues

such as changing the staff member who was attending to the person. Where learning was identified from an investigation this was shared during staff meetings.

People were provided with information about the compliments and complaints procedure and this was in a written format as well as an easy read format. People and their relatives told us they had no need to make any formal complaints but they would feel able to do so if needed. One relative said, "If I am not happy I will get on the phone to the manager."

We saw the service had received a number of written compliments. They were either emails or cards that people or their relatives had sent to the office. One relative wrote, "As you know [person] has had to go into a nursing home. He seems to be settling down ok. Both of us would like to say a big thank you for all your help over the last few years. This has been much appreciated."

Good

Is the service well-led?

Our findings

People and relatives told us that the service was run well. They said they could approach the registered manager with any concerns and were confident they would be listened to. One person said, "The agency is very good, the girls are fantastic."

We received positive comments regarding the registered manager and people and their relatives described them as, "Very approachable," "Supportive," "Nice," and "Always there when I need any advice."

Staff also felt well supported by the registered manager in their role and felt they could speak to them at any time. One member of staff said, "The manager is very good." The registered manager encouraged an open and transparent culture within the service. They took an active role in the running of the service. Our conversations with them confirmed that they knew all the people who used the service and regularly visited them in their homes.

The provider was in the process of employing four 'Driving Up Quality Leaders' whose roles would be to check the quality of care delivery given to people and to ensure the needs of people were met. The registered manager informed us that two people who used the service and two relatives would be part of the interview panel.

People had been given a service user's guide which contained information about the service and contact telephone numbers in case they needed to contact the service. The service also produced a newsletter to keep people and their relatives up to date with what happening with the service.

Staff were provided with a handbook which covered a number of areas to do with their roles and responsibilities. Staff were aware of the principles and values of the service which included, "To provide a person centred care and support in ways which have positive outcomes for service users and promote their active participation." The registered manager was in the process of implementing a "Staff passport". We saw a draft copy and it contained very useful information about the service and its operation. It also covered areas such the roles and responsibilities of staff, training and supervision.

There were regular staff team meetings and these enabled staff to raise any issues and be updated regarding the running of the service. We looked at those meetings which showed issues such as record keeping, supervisions and any changes in people's needs were discussed. Staff told us they felt able to raise concerns with the registered manager or office staff and were confident that these would be listened and responded to appropriately. The registered manager acknowledged good practice and there was a "care worker of the month scheme" and a "care workers of the year" award for staff working at the service. They had their photographs taken and these were displayed in the reception area of the service. They also received a bonus. During the award ceremony all staff members were invited.

There were systems in place to ensure that a quality service was provided and drive forward improvements. We saw that audits had been carried out of care records, people's support plans, medicines charts, risk

assessments and staff training.

The office staff produced a weekly report which identified and recorded all hours undertaken by staff. This meant that the registered manager was able to ensure that people received support within the allocated time.

We saw that the registered manager and office staff carried out spot checks to ensure staff were adhering to the service's policies and procedures and providing quality care. Examples of areas covered were had the staff arrived on time, had the staff greeted the person in a pleasant manner, was the staff member clean and respectable and had the staff left the person comfortable and safe.

There were processes were in place to seek views and gather feedback from people using the service and their relatives. The registered manager told us and we saw questionnaires had been sent out to people and their family in February 2016 asking for their views about the service. The registered manager was still waiting for the surveys to be returned to the service. These were sent out yearly and respondents were asked for their opinions on all the aspects of the service provided.
We were however able to see last year's surveys that people and their relatives had completed and the feedback about the service was positive. One person commented, "We are very happy with time and friendly care your girls give us." Another person wrote, "Very pleased that the carers attend me regularly on time as I have as I have a scooter and go out frequently, this means a lot to me, all [staff] are kind and considerate, thank you."

The registered manager had also introduced a "smiley face" survey where people commented about the service over a seven day period. This also helped to monitor the care and support people received. This was carried out on a quarterly basis. We saw a sample of the recently completed surveys by people using the service and they all commented positively on the care and support they received.

We saw the registered manager worked closely with other health and social care professionals to ensure the people received the care and support they needed. We saw that the service had regular contact with the multi-disciplinary team to discuss people on-going needs or any concerns they might have. For example we saw the service contacted the district nursing team and tissue viability nurse regarding one person who had pressure sores and sought advice on how to best manage the situation. Another example we saw was the mental health team contacted the service to inform that they had requested the GP to review a person's medicines. We saw a number of emails where the service had worked closely with the consultant psychiatric, social workers and community teams to ensure the needs of people were met.

Before working for the service the quality care officer had been working for over 40 years in the NHS and had a wealth of knowledge and experience in the health and social care sector. They regularly advised staff as well as the registered manager about best practice and latest guidance to ensure people receive the care and support they needed. For example they had a clear understanding on the process of how people should be discharged from hospital into the community and gave us example when this had failed. One instance was a person came home without any medicine which they should have regularly due to their medical condition. The quality care officer had to contact various professionals to ensure the person had their medicines to avoid any medical emergency where the person could be readmitted to hospital. Another example when they were visiting a person at home to carry out an assessment, the person suffered a cardiac arrest. They called the paramedics and whilst waiting for them, they started cardiac massage on the person and assisted the paramedics when they arrived. The person was later taken to hospital as they managed to find a pulse.

During our conversation with the quality care officer it was evident they had a very good understanding of what good care should look like and always made sure people were involved throughout. They said, "I like to treat the service users like I would want to be treated if I was receiving care." They together with the registered manager ensured people needs were met in a holistic way and their philosophy was about embedding consistency and quality care for people using the service. This helped to ensure people needs were assessed and met as a whole not just the physical side of their needs but also their emotional, social, economic, and spiritual needs. For example if a person was unable to have their central heating on during the winter months due to cost, this would be discussed with their social worker to make sure they were kept warm and to find out if any financial help was available. The registered manager told us the quality care officer was an asset for the service.

The registered manager was aware that they needed to send CQC notifications to report on incidents that affect people's safety and wellbeing. Where we had any query about something, they had provided us with a detailed explanation on how they had dealt with the situation.