

## Oakbridge Retirement Villages LLP

# The Lodge - Dementia Care with Nursing

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This unannounced inspection took place on 29 & 30 March 2017. The first day of the inspection was unannounced, which means the home did not know we were visiting. The home was last inspected on 11 and 12 March 2015 where one breach of the regulations was found. The home was previously rated as requires improvement overall and requires improvement for the key questions of safe and effective. The caring, responsive and well-led key questions were rated as good. At this inspection, we looked to see what work had been completed, to ensure the quality and safety of the service had improved or been maintained.

We found that improvements had been made at this inspection and the actions from the previous inspection had now been completed. However we found one breach to Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was due to the long term absence of a dedicated activities coordinator and planned activities taking place on a regular basis, which we felt was vital for the service and for the well-being of the people living at The Lodge. This had resulted in a lack staff engagement generally which we saw evidence of through observations, discussions with people, relatives and staff and via the homes own internal monitoring processes.

One other issue was the high use of agency staff deployed, particularly at night. We could see that attempts had been made to attract and retain staff at the home and that staff were supported. There was a large service restructure on-going at the time of the inspection which had created a certain level of anxiety within the staff team, which was evident from speaking with staff. We did not judge this to be a breach of regulation as we felt that the issue regarding the use of agency staff had been recognised and suitable efforts made to recruit and retain staff and the restructure had imposed some limits to staff recruitment activity. We discussed at length with the registered manager how the home had attempted to resolve the issue and what plans were in place going forward. We felt that many of the issues were out of the control of the home and that they were being proactive in finding ways to redress the balance of having the correct number of suitable staff in place to meet the complex needs of the people at the home.

The Lodge is located within Buckshaw Retirement Village, Chorley and accommodates up to 80 people who have a dementia related illness and who require help with nursing or personal care. There were 67 people living at the home at the time of our inspection.

The home was undergoing a service and staffing restructure at the time of our inspection. We discussed some of the detail of the restructure with senior staff. At the time of writing this report much of the detail of the restructure was still not finalised so we are unable to give much detail. The restructure has been mentioned as many of the staff we spoke with raised this with us, with some staff giving the restructure as a reason for some staff leaving. We therefore wanted to recognise this even though little detail can be referred to given the sensitive nature of any restructure. In addition to this the home had recently been given notice on a long standing block contract arrangement with the local Clinical Commissioning Group (CCG). This was being factored into the restructure and how the service would operate going forward. The Director of

Operations told us that they were looking on this positively as it meant they were able to shape the service towards a more community model long term which was the original intention for The Lodge.

Since our last inspection there has been a large extension and refurbishment to the home. Previously the home was registered for 64 people. There are four distinct units or communities within The Lodge. Raleigh is a residential unit and there are three other units for people with varying degrees of dementia. Two of the units are for people who can display behaviour that challenges. These are Mountbatten and Churchill. Mountbatten is an all-male community. Wilberforce is the remaining community. There are a range of facilities within the home, including a bar, shops and a cinema. Each community has a dining room and lounge areas. There are bathing facilities throughout the home. There are ample parking spaces available and public transport links were within easy reach.

People whom we spoke with, and their relatives, told us that they felt they or their loved ones were safe living at The Lodge. Staff we spoke with knew how to keep people safe and how to recognise safeguarding concerns as well as how to report such concerns.

We reviewed recruitment practices and found that all staff had the required pre-employment checks including DBS and references. All files had the required information under schedule three of the Health and Social Care Act 2014.

The home had a medicines management policy in place which included procedures for the administration, disposal, refusal and storage of medicines. People who were able to told us they received their medicines on time and had no concerns with this aspect of their care and support. Relatives we spoke with were happy with how their loved ones medicines were managed. We saw that controlled drugs were managed in line with the best practice guidelines and medicines were counted and checked as required.

Staff we spoke with told us they received a variety of training via different methods of learning such as classroom based, via e-learning and by completing work booklets. We saw evidence within staff files of training certificates and reviewed the homes training matrix.

Handover sessions between staff starting and ending their shifts took place twice a day for each community. We observed one of these sessions and found the information discussed to be detailed. Staff we spoke with told us they found handovers sessions useful.

The home was working within the principles of the Mental Capacity Act 2005. They had carried out appropriate assessment of people's capacity to determine if they could make specific decisions. Assessments were based on specifics and where necessary specific best interest decisions were made and recorded.

People who lived at the home and relatives and visitor we spoke with were very complimentary about the approach of the staff team and the care they received. However we observed a lack of engagement from staff at various times throughout the two day inspection.

People we spoke with told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed.

A wide range of audits were in place that contributed to improving the quality of the service. Other quality monitoring systems were in place including visits from the organisations own internal quality department.

The registered manager told us that she was supported by her line manager and the senior management team. However we could find no formally recorded supervisions or appraisals of her performance from when she was first employed at the home. We have made a recommendation about this.

You can see what action we told the provider to take at the back of the full version of the report.

## 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 in place to meet the assessed needs of the people living at the home.

A high percentage of agency staff were being used, particularly at night, however we could see the home was proactively looking to reduce agency use and was using agency staff from the same provider to ensure consistency was achieved when possible.

Appropriate risk assessments were in place for individuals and the environment.

### Is the service effective?

Good ●

The service was Effective.

People told us they felt they were cared for by staff who had the right skills and knowledge to meet their needs effectively.

We saw that relevant, regular training was provided to staff via a number of different methods.

We spoke with staff regarding consent issues, all were very knowledgeable about how to ensure consent was gained from people.

### Is the service caring?

Good ●

The service was Caring.

People and relatives we spoke with were complimentary about the staff who cared for them or their loved ones.

If people had the capability and interest to get involved in the design and reviews of their care, they were supported to do so.

Advocacy arrangements were in place for people who needed independent representation.

### Is the service responsive?

Requires Improvement ●

The service was not always Responsive.

The home had not employed a dedicated activities coordinator for over 12 months and activities were not routinely carried out in line with people's assessed care.

We observed staff engagement with people at times to be poor and this was reflected within the homes own quality monitoring.

People spoke positively about the food they ate.

People and their families told us they knew how to make a complaint and felt any issues raised were acted upon.

### **Is the service well-led?**

The service was not always Well-led.

The registered manager told us that she was supported by senior management including her line manager. However we could not find evidence that a formal supervision or appraisal of her performance had been carried out since she began in post.

A range of quality audits and monitoring system were in place and seen to be effective.

Feedback on the culture of the home was positive.

**Requires Improvement** 

# The Lodge - Dementia Care with Nursing

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 29 & 30 March 2017. The inspection was carried out by three adult social care inspectors, including the lead inspector for the service, two experts by experience and two specialist advisors. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One of the specialist advisors was a pharmacist and the other specialist advisor was a safeguarding nurse.

We spent time speaking with and observing people who lived in the home and staff in the communal areas of the home and spoke with people in private. As many of the people living at The Lodge live with varying degrees of dementia we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We were able to see some people's bedrooms, bathrooms and the communal bathrooms. Two members of the team shared a meal with people who lived in the home on the first day of our inspection and one person shared a meal with people on the second day. Other meal times were observed throughout the two days.

We looked at care plans for 12 people living in the home across the four communities, their medication records and care plans relating to the use of their medicines. We observed medicines being handled and discussed medicines handling with staff. We checked the medicines and records for six people and spoke with members of care staff with responsibility for medicines.

We looked at records relating to the maintenance and management of the service and records of checks or 'audits' being done to assess and monitor the quality of the service provision. We also looked at the staff

rotas for the previous month and staff recruitment and training records.

We spoke with 15 people living at The Lodge over the two day inspection, 12 relatives or visitors and 12 members of staff including the registered manager, the organisations quality assurance and compliance manager, human resources operations manager, registered nurses, carers and cook. During formal feedback to the service we also spoke with the organisations director of operations, director of operations and business development and one of the community deputy managers.

Prior to our inspection we asked for feedback from the local authority and the local clinical commissioning group who commissioned services from The Lodge. We also spoke with a complex care nursing coordinator who was reviewing people's placement as part of a quality improvement project looking at one to one and high cost placements. We also looked at the information we held about notifications sent to us about incidents affecting the service and people living there.



# Is the service safe?

## Our findings

We asked people who were able to speak with us whether they felt safe at The Lodge. All the people we spoke with told us they felt safe living at the home. One person we spoke to told us, "Yes, seem to be people keeping an eye on you, seems a secure place. So far everything's gone according to plan and there is nothing to worry about". Another person told us, "Yes, everybody helps me if I need anything". Another person said, "I just feel safe, they treat you alright".

We spoke with relatives and visitors, many of whom were family or friends of people who were unable to communicate verbally with us. Most of the relatives and visitors we spoke with had no issues with the safety of their loved ones. One relative told us when asked if they felt their family member was safe living at the home told us, "I'm very happy, [name] has been in (number given) homes before here. I think there would be an instant dismissal if they (staff) did anything wrong. They've a lot of patience with [name]". Another visitor told us, "[Name] is exceptionally safe; every time I come in I can tell. I'm more than satisfied."

Three relatives we spoke with said they had some concerns around the safety of their loved ones and they told us this was mainly down to staffing issues. One person felt there were not always enough staff and another told us that in their opinion the use of agency staff was an issue. One of the three relatives said, "Agency staff shouldn't be here, I can't understand them." This was in reference to some agency staff's first language not being English. We discussed this, and similar comments from another relative, with the registered manager. They told us that the agency that supplied staff to The Lodge had previously sent people whose English language skills were limited but they did not use these members of staff any longer and had feedback to the agency that supplied them not to send them again.

At the last inspection we found there were not enough suitably qualified, competent and trained staff to meet the needs of the people living in the home. It was evident from our inspection that staffing numbers had increased although there was an issue around the use of agency staff, particularly at night when agency use could be up to 50%. All agency staff were from the same provider which did help to promote some levels of consistency as many of the staff used had worked at the home previously. The registered manager told us that they had introduced an enhanced rate of pay for care workers and were looking to increase this again in order to compete with neighbouring businesses. The Lodge's location is close to many businesses including several supermarkets which pay similar wages for work that is less demanding. Other incentives included reward schemes for good performance, the use of only one supplier of agency staff and creating a better relationship with staff.

We reviewed rotas for the current week and three weeks previous to our inspection. The registered manager had calculated a day and night time staffing ratio for each community based on the needs of the current population of the home. This was flexed appropriately to consider additional needs, one to one care and also accounted for staffing experience. Staff confirmed that if people rang in sick or there was last minute absence that the home did try and cover shifts via the existing staff team, bank or agency staff but that this was not always possible.

Since our previous inspection, when a breach in the staffing regulation was found, the home had introduced a morning ring round each community to ensure that staffing levels were as they should be. On the first day of our inspection we saw two agency staff arrive who were greeted by the community lead for that day in reception. This proved that staffing levels were monitored and gaps were catered for by the use of agency staff if permanent or bank staff were unable to pick up shifts.

We found that this breach had been met despite the high use of agency staff as staffing numbers had increased and the support given to staff was evident via discussions with them and increased supervision and training. From speaking with staff it was evident that morale was better than at previous inspections despite some staff being concerned over the restructure that was taking place at the time of the inspection.

Staff we spoke with knew how to keep people safe and how to recognise safeguarding concerns. They had a clear understanding of the process and procedure to raise any safeguarding concerns for people. This meant people could be assured that staff would raise safeguarding concerns if they suspected someone was being ill-treated. We found staff had received training in safeguarding adults from abuse. The Lodge had a clear safeguarding policy in place that had clear reporting and documentation processes in place. This meant there was guidance for staff and people in residence at the home and their families if they experienced, witnessed or suspected any form of safeguarding abuse was taking place.

Due to many of the people living at The Lodge living with advanced dementia there were regular safeguarding incidents. Many of them were one on one incidents between people living with dementia, some of whom displayed behaviour that could be challenging. We found that the majority of staff we spoke with were knowledgeable in this area but some did tell us they would like additional training in this area due to the complexity of some people's care. All staff received safeguarding training at induction and the training matrix we viewed showed that 69% of the current care team had received safeguarding training within the 12 month period prior to our inspection. Considering the staff turnover at the home over that period training was seen to in line with expectations and we could see evidence of training planned in advance in this and other areas.

We saw that staff received RESPECT training in positive behavioural support which included the use of 'safe holds' techniques. Staff we spoke with told us that restrictive practices were only used as a last resort when other interventions had not resolved a situation and to protect the safety of the individual and others. Despite this, as stated, some staff told us they would like additional training in this area to be able to understand people's diagnosis and behaviour more comprehensively.

The Lodge were transparent in the way that they recorded, reported and responded to safeguarding incidents. This included comprehensive incident reports, body maps if any injuries were sustained and witness statements from staff involved or on shift at the time. Families we spoke with told us that they were informed of any incidents occurring. Care plans we reviewed were used to outline the key aspects of safeguarding. Staff we spoke with were familiar with approach of the home to safeguarding and specific care plans were seen within people's care records.

Incidents and accidents that were not safeguarding issues were also recorded in good detail. They were also discussed during governance meetings. Falls, people's physical health and altercations between people formed part of this meeting. We saw that the completion of up to date assessments, falls diaries, care plans and referrals to the falls team or occupational therapists were discussed and actioned and noted within the minutes.

We contacted one of the local authority safeguarding managers who told us that the home and registered

manager worked well in partnership with them during safeguarding investigations. The home also completed all the necessary formal notifications to the Care Quality Commission in line with their regulatory responsibilities. It was evident from looking at people's care plans that safeguarding incidents led to changes within people's care and referrals to other professionals as appropriate. Examples included commissioners of the service for additional resources or to people's GP's for medication reviews.

The home did have dedicated safeguarding champions in place to give advice and guidance to other staff until recently. We found that all but one of the safeguarding champions had left the employment of home and the one remaining champion was due to leave shortly after our inspection. This was also the case for clinical leads as only one community had a dedicated clinical lead in post. We discussed this with the registered manager who told us that following the restructure of the service these issues would be addressed as it was unclear at the time of our inspection exactly how the new structure would look. The registered manager was confident that the necessary expertise in both areas was covered in the interim period, which included herself as a safeguarding and clinical lead.

Recruitment files were well organised and we found information with them accessible. All staff had the required pre-employment checks including DBS and references. All files had the required information under schedule three of the Health and Social Care Act 2014 including photographic ID and confirmation of their home address. Application forms were completed and staff were interviewed for the role in which they were recruited. We found the recruitment process to be fair and equitable.

The home completed a number of risk assessments on the environment of the home and the activity undertaken within it. This included the kitchen and laundry room. We found the assessments were reviewed and were implemented by the home's staff. We had no concerns regarding the safety of the environment or fire procedures. People had personal emergency evacuation plans (PEEPs) in place for staff to follow should there be an emergency. There had been two incidents of people egressing the building without the knowledge of staff. We discussed these incidents with the registered manager who told us that additional measures had been put in place following discussions with the local authority safeguarding team and we were content with the explanations given. We had been formally notified of each incident at the time.

We observed medication rounds within all four communities during the inspection and found staff were knowledgeable and respectful when administering medicines. The home had a medicines management policy in place which included procedures for the administration, disposal, refusal and storage of medicines. People who were able to speak with us told us they received support from staff to take their medication. They told us that they always got their medicines at the right time and that they did not have any concerns regarding medicines. We observed four members of staff administering medicines and found they did so in line with best practice guidance.

Some of the people living at The Lodge had complex care needs and did not have the capacity to consent to taking their medicines. When people could not consent then correct procedures were followed in line with the Mental Capacity Act. For example one person we reviewed received their medicines covertly. The home had worked out a method for this person to receive their medicines covertly within their food as other methods had not worked. This was done transparently and within the best interests of the person. The medication policy included the use of covertly administering medicines.

We saw that controlled drugs were managed in line with the best practice guidelines and medicines were counted and checked as required. We reconciled medicines from both the controlled drug stock and normal stock and both were accurate. The medication administration records (MARs) we reviewed were all free from errors.

We looked at how people were protected by the prevention and control of infections. Infection control policies were in place at the home. During the course of our inspection we toured the premises, viewing a selected number of bedrooms and all communal parts of the home including bathrooms and toilets throughout the home. Generally the home was observed to be clean and odour free. However on one of the communities for people living with dementia there was a malodorous smell. We were told that the carpet cleaner for that community had broken two days earlier and a repair or replacement was being sourced. Some relatives we spoke with told us that the smell in the home could at times be malodorous.

The home had an up to date infection control policy in place and we saw that cleaning schedules were in place and completed accurately. We spoke with a member of the housekeeping team who told us that there were plenty of cleaning products, staffing levels within the team were sufficient and there was also plenty of stock for personal protective equipment for staff. This was also stated when speaking with staff.

Since our previous inspection the home had expanded and the newest areas of the home were seen to be pleasantly decorated. One of the communities where people with challenging behaviour lived was sparsely decorated. This was due to no ornaments or 'loose' objects being on display as a safety precaution. Pictures and curtains were also a problem within this community for people's safety although Velcro curtains were in place for night time. Some of the walls had been decorated with paintings since our last inspection.

## Is the service effective?

### Our findings

We asked people who lived at the service and their relatives if they felt staff were competent and suitably trained to meet their needs. The feedback we received with regard to permanent staff employed at The Lodge was positive. One person told us, "Some people are quite cantankerous here but staff handle it well." Another person said, "Our own staff are, some agency staff aren't bad, but our own are better." Another person who was able to talk with us said, "They're reasonably skilled, I have no concerns."

Relatives and visitors we spoke with also spoke well of the staff at The Lodge. However three relatives raised concerns over the level of agency staff used and some of their abilities to communicate and care for the people at the home. One relative told us, "Some of the agency staff are very good, some don't seem to know what to do. One or two agency staff don't have good English which is a concern in an environment where people can get confused anyway." As referred to in the 'safe' domain this feedback was given to the registered manager who had reported the issues back to the agency they used. The home only use one supplier for agency staff to promote consistency and were aware that their reliance on agency staff was not an ideal situation. Staff we spoke with told us that the agency staff used at the home were now much more regular so this helped as they did not have to explain what needed doing as often. This also helped with the continuity of care for people, which is important in a setting such as The Lodge.

The majority of the staff we spoke with confirmed they received appropriate training, supervision and support to carry out their role effectively. We spoke with staff at various levels of responsibility and who had been employed at the home or organisation for varying lengths of time. One member of staff we spoke with told us, "I feel I get good training. I do the usual mandatory training but some specialist training as well depending on the needs of who is here (living at the home). There is a variety of methods used such as face to face training, DVD's and booklets. I also get supervised every two to three months and a six monthly appraisal." This member of staff told us they had recently undertaken safe holds and Mental Capacity Act training.

One of the nurses we spoke with told us, "There are some really good carers and most staff do their best. It's not always as structured as it could be as a lot of experience has left the home recently." However they told us that they had no concerns regarding any people living at the home and told us that staff were supported via appropriate training and support. She also told us that specialist training in areas such as dementia, challenging behaviour and safe holds took place regularly to equip staff with the knowledge and practical skills they needed to work at the home.

We reviewed the home's training matrix as well as seeing evidence of training certificates in staff files and speaking with staff about the training they received. The matrix showed that there was a wide range of training offered via several methods. The matrix was broken down into several categories of staff including senior staff, care staff, support team (housekeepers, maintenance and administrators) as well as relief or bank workers. There were 25 different training categories detailed on the matrix. Most areas showed that 100% of care staff had completed the relevant training in areas such as; food hygiene, infection control, person centred care, privacy and dignity and equality and diversity. Most of the training on the matrix

showed scores between 70% and 90% of staff had not undertaken the training. Percentages were similar for other areas of the workforce. We were told that as part of the new structure a dedicated training manager for the home would be in post to provide extra focus for staff training.

Staff spoken with told us that they received supervisions every two to three months and that they felt they could raise any issues, problems or indeed good practice via these meetings. Staff also confirmed they received an annual appraisal. All the staff we spoke with told us they received support from peers and their line manager. No-one raised any issues with regard to the culture of the home. We did receive a few comments regarding the ongoing restructure at The Lodge and that information could have been better communicated. We spoke with the director of operations about this during feedback and the human resources operations manager. Whilst they understood people's concerns they told us that at the time of our inspection there was limited information to pass to staff as the restructure was being carried out on the basis of a 'top down' approach. Senior staff had been invited for interviews and once this phase of the restructure was complete then other staff would be met with. The human resources operations manager was also holding open surgeries at the home for staff to come and speak with him and he was present during the first day of our inspection.

We were told that handovers were held at the beginning and end of each shift so staff beginning work knew how people had been during the previous 12 hours. We sat in on one handover session at the end of our second day, on one the communities for people living with dementia. Each person was discussed in detail and handwritten notes taken. The handover was done in an office privately between two nurses and then the pertinent information was disseminated to care staff.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At this inspection we saw the provider had carried out appropriate assessment of people's capacity to determine if they could make specific decisions. Assessments were based on specifics and where necessary specific best interest decisions were made and recorded. Decisions were person centred and included any detail on restrictive practice. We discussed at length with the registered manager the issue of some people's doors being locked when they left their rooms. This was a decision based on a risk to people's safety as there had been incidents of people falling unwitnessed in their rooms. There were also people who would enter other people's rooms due to their dementia. We felt that the appropriate risk assessments, consultation with people and or their families and other professionals had been taken into account when making this decision and we were assured that staff would assist anyone re-entering their room if they wanted to. Bedroom doors could be opened from the inside so there was no possibility of people being locked in their rooms.

We discussed MCA and DoLS with staff. Staff understanding of MCA and DoLS was mixed however it was

evident they knew the needs of the people they were caring for. We spoke with staff regarding consent issues, all were very knowledgeable about how to ensure consent was gained from people before assisting with personal care, assisting with medication and helping with day to day tasks. People who used the service whom we could have a conversation with cited no issues when we discussed consent issues with them and we observed no issues in this area.

We talked with people who we were able to about the quality and variety of food provided. The responses we received from people was very positive. One person we spoke with told us, "You can't beat it, it's excellent". Another person said "I'm pretty particular but it's OK". And another person told us, "The food is very good considering the number of people they have to cope with".

The majority of relatives and visitors we spoke with told us they had no concerns over the quality and variety of food offered to their loved ones. Some of the comments we received were as follows; "[Name] is not a bad eater, I bring a packed lunch in case he doesn't eat the food", "When [name] is in the mood he'll eat everything, if not they have a snack in the afternoon" and "A few more salads would be good, he doesn't need building up, he's put weight on". Two relatives mentioned they felt more assistance would be helpful at meal times. We observed across all the communities that people who needed supporting were assisted appropriately. However we did note across the two days on two occasions that people who were being assisted were not communicated with by the member of staff helping them. This was a consistent issue within the home that was apparent not just at mealtimes.

The home bought in pre-prepared meals from a well-known catering company that specialised in providing food for people in a care setting. This meant that the foods nutritional values were known and therefore people's food intake could be monitored closely. The company also catered for people with specific needs such as a diabetic controlled diet or for people with swallowing difficulties. Meals were produced via a four weekly rota which we were given copies of. This showed that there were two choices of main meal, side dishes and dessert for dinner and a hot meal or sandwich or snack for tea. Breakfasts were prepared in house and people could choose from an English breakfast, toast or cereal. We were told that any requests would be catered for at any mealtime and people we spoke with confirmed this.

On one of the communities at mid-afternoon we observed a platter of sandwiches, pork pies, sausage rolls, salad and biscuits arrive. We were told this was mainly targeted at people who had eaten a poor lunch to ensure they had the opportunity to eat again and that this was picked up via discussions with staff and from paperwork. We were told that anyone could help themselves or request the food brought onto the community or at any time.



## Is the service caring?

### Our findings

People who lived at the home and relatives and visitor we spoke with were very complimentary about the approach of the staff team and the care they received. One person told us, "They're really lovely" and another person said, "They're quite polite and willing to help. It must be a terrible job". We observed staff to be polite and respectful of the people we were caring for at all times throughout the two days we were at the home.

Relatives we spoke with also told us that staff were respectful, hardworking and caring in their approach. Some of the many comments we received from relatives and visitors across all the communities were as follows; "I think some of them are absolutely wonderful", "Very good to be honest, I don't know how they do it", "Staff are very helpful, nothing's too much trouble for them", "They're very good, they don't talk down to the residents, some of them are so patient" and "I think they're very considerate and have exceptional patience. They have to be a certain person to do what they do."

We completed a SOFI (Short Observational Framework for Inspection) on the three communities where people were living with dementia as well as speaking with some people who were able to engage with us. The tool enabled us to judge the positivity of interactions between staff and people who may not be able to tell us about their experiences living at The Lodge. Whilst staff were observed to be caring in their approach and the feedback we received was positive, we did however observe a lack of engagement and interaction with people throughout the inspection within some communities. For further information regarding this issue please see the 'Responsive' key question within this report.

We saw evidence that people who wished to be involved in the design of their care were given the opportunity to do so. People who were able to talk with us confirmed this. Similarly relatives were involved in care planning and reviews and for people who did not have the capacity to make their own decisions then the appropriate processes were followed to involve families or representatives to make decisions and speak on their behalf.

When reviewing people's care files we saw detailed life histories in place for those people who were able to discuss their history, or had family or friends to do so on their behalf or to help them. People's care plans also detailed people's likes and dislikes across a range of areas from their care routine to social preferences to what they ate and drank. Care plans demonstrated person-centred approaches, considering the individual needs and preferences of the person.

We found that generally, people in the home were smart and well dressed. However, this was not always the case for some people who were living with advanced dementia. For example at meal times some people could spill food and drink on their clothing. However as people were promoted to be as independent as possible then this was a result of this approach. Nobody raised concerns regarding their own or their loved ones appearance and nobody told us that people did not wear their own clothing. When speaking with relatives of people with advanced dementia they understood the issues staff faced in this area.



We saw that arrangements were in place for people who needed support via an advocate if they did not have family or friends to represent them. Three people were receiving assistance from an independent advocate at the time of our inspection and we saw that information was provided to people and families as necessary.

The home provided end of life care and care plans reflected this as appropriate. End of life training was provided to staff but this was not mandatory. Links were in place with the local hospice who gave information and advice if needed.

## Is the service responsive?

### Our findings

There were several times throughout the inspection when we observed some lack of engagement and responsiveness from staff. On one community we observed three staff talking with one person and between each other whilst there were a number of other people nearby sitting alone without any staff interaction. We observed one person banging on an exit door as if trying to access the garden outside. The door was locked so this person began walking round the room, pulled at some wiring on the wall and picked up a footstool and placed it on a chair. They then carried the footstool round with them for several minutes. At no point did a member of staff interact with them other although staff were observing them.

During another observation within a different community one person who was unable to verbally communicate effectively was seen to be banging on the arm of their chair. One of the inspection team asked staff if they knew the person well enough to ascertain if they knew what they wanted but no one was able to interpret the meaning of this person's actions. We asked the person if they required any assistance and they became frustrated that they could not tell us what they wanted. Through a process of elimination we ascertained the person needed a drink and we informed staff of this and a drink was given to the person.

During observations within the all-male community at The Lodge we spent time talking with one person for approximately 20 minutes. This person was happy to chat and share stories about the local area and their interests. During this period a member of staff sat with four other people in the lounge area. We observed that at no point during our 20 minute conversation, and further observations prior to and following our conversation, was there any engagement with any of the other four people.

There were several other examples of staff not engaging with people in a meaningful way, or not at all, during the two days of the inspection. This issue had been picked up via a visit by the homes quality team in July 2016. The quality team's report mirrored the CQC's five key questions of safe, effective, caring, responsive and well-led. It stated '...in particular 1:1 staff were observed to engage very little with the service users they were supporting.' The report went on to give examples of other situations where communication and engagement of staff was poor. The 'responsive' section was summarised at the end by stating, 'There appeared to be a focus across Churchill and Mountbatten on responding to and managing behaviours rather than promotion of a homely environment and positive interactions'. These issues were picked up by all members of the inspection team at some point throughout the two days. At no point did any member of the inspection team feel that staff were not caring but rather that there was at times an apathetic and reactive approach by some staff.

The home had not employed a dedicated activities coordinator for over twelve months at the time of our inspection. We were told that the post had been advertised and an offer had been made recently but the person had not taken the home up on its offer. We were told that activities formed part of care staffs role but not to lead and direct activities. We found the lack of a dedicated activities coordinator contributed to why staff engagement was at times poor. Staff we spoke with told us they did not have the time to engage in any meaningful activities and did not have the time to design and lead activities on a regular basis and it depended on the make-up of the staff team on the day as well as other variables such as people's care

needs, mood and willingness to take part.

Care Plans contained good detail of people's preferences with regard to the activities they enjoyed and weekly activity plans were in place. One person's care plan stated that staff were to undertake activities with them as they were low in mood. This person, as others did, had an activity record within their care plan. This was filled in daily for the week prior to our inspection. For five of the days the main activity that was recorded was 'watching TV'. Sleeping was also recorded as an activity. None of the activities listed within this person's activity plan had taken place or there was no evidence to state they had. We saw several other similar examples to this.

Due to the lack of organised activities, the long term absence of a dedicated activities coordinator and the lack of engagement at times displayed by staff with people we found the home was in breach of Regulation 9 of the Health and social Care Act (Regulated Activities) Regulations 2014, Person-centred care.

People we spoke with told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. Some of the comments we received included; "I can approach any of the staff with concerns. I don't believe I have raised any complaints or concerns though", "I don't need to complain" and "No complaints". One visitor we spoke with told us, "I've never had any concerns or complaints. If I ever have a query I get an immediate response." Another relative we spoke with said, "Hand on heart. I've no concerns or complaints about anything."

The home had an up to date complaints policy that signposted people to both its internal complaints process and external agencies. We reviewed the homes complaints file. There were two on file for 2017 at the time of our inspection. Both had been investigated and resolved within the timescales of the homes procedures. We also reviewed a number of compliments within the same file.

The home was open and responsive to suggestions and feedback from staff and families. We also found all staff we spoke with interested to hear feedback from members of the inspection team, taking any comments or suggestions on board without displaying a negative or defensive attitude.

We reviewed 12 people's care plans in whole or in part. We found documentary evidence to show that people had their care needs assessed by the home and by external healthcare professionals prior to moving to the home. We found people's plans of care to be person centred, which outlined clear aims, objectives and actions to be taken. These provided staff with detailed guidance about people's assessed needs and how these needs were to be best met. Care plans had been reviewed at regular intervals and any changes in needs had been recorded. Staff we spoke with were happy with how care plans were organised and the information within them and we found them easy to navigate as well as containing good detail.

We saw good evidence that people's life histories and preferences were discussed with them and researched with families as appropriate, which meant staff would be able to discuss people's life with them and know what people's likes and dislikes were. This meant that staff could develop meaningful relationships with people having read their life histories.

## Is the service well-led?

### Our findings

We asked people, relatives and visitors what they thought about the leadership and culture within the home. The majority of the comments we received were positive on both accounts. One person we spoke with told us, "It's one of the best places I've seen. I've seen other places on the telly." Another person said, "It's nice here, the buildings nice, the people are nice." Another person told us, "It's quite a friendly atmosphere, you don't get bossed around."

Visitors and relatives of people who were unable to communicate with us were also, in the main, positive. One relative said, "The place has improved tremendously within the last 6-9 months." Another person told us, "It just feels natural. I feel very relaxed, very happy, I haven't a bad word to say about it." One person did tell us, "The smell sometimes gets me and it can feel like a ghost town." A few people and visitors told us they were unsure who the registered manager was, and a couple of people said they felt they knew who she was but had not spoken to her. No-one however felt they could not approach staff or ask to speak to the registered manager if they needed to.

We spoke at length to the registered manager. She told us that she was supported by senior management through business review meetings and that her line manager and other senior managers were available to talk to if she needed advice or to discuss any issues. We were given a copy of the latest business review meeting which was dated early September 2016, seven months prior to this inspection. The notes of the meeting were comprehensive and covered a range of areas such as financial, quality, staffing, complaints and compliments and environmental. However there was no date set for a further meeting. We could find no record of the registered manager having received a formal supervision or appraisal. We queried this with the registered manager who told us that she did meet up with her line manager and have discussion but other than with the business review meetings this was not a formal, recorded forum. We recommend that the registered manager receives regular formal 1-1 supervision sessions with her line manager or a member of the senior management team to ensure she receives the required support and to ensure there is a record of this activity.

During our discussions with the registered manager, she told us that since she taken up her role, improvements within the service had taken place. She told us that in her opinion the breach of the staffing regulation had been resolved from the previous inspection and that the main issues now was the use of agency staff. However, this was being constantly worked on via a range of incentives for staff. Recruitment was constant over the past 12 months. She told us that staff sickness rates had improved greatly and was currently running at 3% for the 140 staff employed.

She told us that internal processes had improved and that the delivery of care was better than when she first came into post. Although, she accepted that the issues of engagement with people was an issue to be looked at. She told us that auditing processes had improved and cited medication management as the prime example which we saw evidence of. We discussed improvements to other areas such as care planning, relationships with families and the staff team. We found the registered manager to be honest, helpful and approachable throughout the inspection process.

Care staff we spoke with told us they felt comfortable approaching the registered manager, community leads or senior managers within the organisation about professional and personal issues.

The provider had a comprehensive set of policies and procedures that were in date and reviewed at regular intervals. Permanent staff were aware of how to access policies and procedures and told us they formed part of the induction they had when first employed at the home.

The organisation had their own internal quality assurance department which consisted of a quality and compliance manager, quality assurance advisor and food services manager. We spoke with the quality and compliance manager during the first day of our inspection. They explained their role to us and that they reported directly to the chief executive of the organisation. They had a nationwide remit and told us they visited The Lodge four to five times per year where they would undertake Key Lines of Enquiry (KLOE) visits which mirrored the KLOE's of the Care Quality Commission and focused visits if there were any areas of concerns. They also told us the food service manager had carried out work to improve the dining experience for people at the home. We discussed the findings of the last KLOE visit. The issues matched the main findings of the inspection team which were the high use of agency staff, person centred approach of some staff, some environmental issues and the lack of activities. They told us they were due to come into the service in early April to review the existing staffing breach from the previous inspection.

We were told that the audits completed from each service fed into a central database which was reviewed by the senior management team, so as well as any potential issues being picked up locally there was oversight from the quality assurance department. They told us that they did not get much in the way of issues through for The Lodge via feedback from the website as this was another way for people and relatives to comment on the home.

We saw that a wide range of audits were carried out by the home and that they were used to improve the quality of the service. We saw audits in place for medication management, care planning, infection control, environment and health and safety amongst others.

We saw evidence of several internal meetings that helped assess the performance and quality of the service. One such meeting was The Lodge governance meeting. We saw this had last been held in February 2017 a few weeks prior to our inspection. A number of areas were covered such as improving some areas of the environment including some people's rooms. Staff 1-1's were discussed as well as resident reviews which were to be scheduled with the involvement of families if possible. One area for discussion within these meetings was advanced care planning. Safeguarding issues, food, health and safety and complaints and compliments were other areas for discussion.

Monthly community meetings were also held which had a similar agenda to the governance meeting but were of course more localised to the four different communities at The Lodge. We also saw other minutes from staff meetings such as night staff meetings.

We saw that an employee of the month award was in place at the home which recognised individual staff performance.

We saw that the organisation had a quality improvement plan in place for 2015-17. This reflected on the past two years performance across the organisation as well as explaining and giving updates on the internal 'Shine' philosophy of the organisation. Shine was based around the five outcome areas of quality, compliance, people, business viability and innovation which were linked to the five outcome areas of the CQC.

The home were clearly displaying the latest inspection rating both on line and within the home itself in line with their regulatory responsibilities. There were no registration issues or issues with the home notifying the CQC of incidents.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	Due to the lack of organised activities, the long term absence of a dedicated activities coordinator and the lack of engagement at times displayed by staff with people we found the home was in breach of Regulation 9 of the Health and social Care Act (Regulated Activities) Regulations 2014, Person-centred care.
Treatment of disease, disorder or injury	