

The Lodge Care Limited

# The Lodge Care Home

## Inspection report

Bridge Street  
Killamarsh  
Sheffield  
South Yorkshire  
S21 1AL

Tel: 01142058021

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Lodge Care Home is a residential care home providing personal and nursing care to up to 40 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 33 people using the service.

The Lodge Care Home accommodates people in one purpose-built building across two floors. Each floor has communal areas and kitchen facilities.

### People's experience of using this service and what we found

Care plans did not always provide enough information to guide staff when a risk had been identified, the provider and manager had also identified this and were continuing to work to action plans they had in place. People were protected from the risk of abuse, safeguarding incidents had been correctly, reported and investigated. The provider had increased staffing levels following our previous inspection and the manager demonstrated how they monitored and adjusted staffing levels appropriately to ensure the staffing levels continued to reflect the needs of the people using the service. Medicines were managed safely, and we were assured that the provider had sufficient infection, prevention and control measures in place.

The provider and manager had made improvements since our last inspection and had an action plan in place which identified areas for improvement. We reviewed the progress of the action plan and could see progress had been made in several areas, however progress in other areas was not on track such as the review and updating of people's care plans.

We found systems and processes to ensure people's pressure relieving mattresses were on the correct setting were not robust and there had been a delay in introducing new and improved menus. People spoke positively about the manager and when people suggested improvements to the service, we found these had been actioned.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 7 March 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made, however we found the provider remained in breach of regulation 17 good governance.

This service has been in Special Measures since 26 January 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We previously carried out an unannounced comprehensive inspection of this service on 11 and 15 November 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Lodge Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed. We have identified a breach in relation to regulation 17 good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Lodge Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Lodge Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 8 months and had submitted an application to register. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service, and 13 members of staff including the manager, nurses, senior care assistants, care assistants, domestic and kitchen staff. We also spoke with 15 relatives about their experience of the care provided.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider failed to ensure care and treatment were provided in a safe way. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- Improvements had been made since our last inspection to risks we had identified such as the monitoring of people's weight, fire safety and infection, prevention and control. The provider was working to an action plan, we reviewed the progress of this and found progress in other areas was not on track such as the review and updating of people's care plans.
- Care plans did not always provide enough information to guide staff when a risk had been identified. For example, we found one person had detailed information about how they can present when experiencing feelings of distress, but their care plan lacked guidance for staff on how to support the person when this occurred this placed the person experiencing inconsistent support from staff.
- The manager was in the process of reviewing and updating all people's care plans, we reviewed a person's care plan that had recently been updated and found that risks had been assessed and mitigated.
- Risks to people had been identified such as in relation to their nutrition, dehydration and skin integrity. We reviewed the monitoring charts people had in place and found these had been continuously completed and reviewed.
- People's weights were regularly monitored, and staff took appropriate and prompt action when there was a cause for concern which included seeking advice from healthcare professionals.
- Personal emergency evacuation plans had been updated following our last inspection, however we found one person who had recently been admitted to the service did not have a plan in place. We raised this with the manager who immediately addressed this.

At our last inspection, the provider had failed to ensure that people were protected from the risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk of abuse

- Improvements had been made since our last inspection to the systems and processes in place to protect people from the risk of abuse, this included a clear process which staff followed when a safeguarding risk was identified.
- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.
- Safeguarding incidents had been correctly reported, recorded and investigated. We found appropriate actions had been made to reduce the risk of reoccurrence.
- We were unable to review all accidents and incidents, due to the provider not renewing the subscription of an online system used to previously log accidents and incidents. The manager had implemented a new system to oversee accidents and incidents which we saw would identify themes and trends to help mitigate risk and prevent further incidents.

At our last inspection, the provider had failed to ensure sufficient staff to protect people from the risk of harm. This was a breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 18(1).

#### Staffing and recruitment

- We reviewed the dependency tool in place which was used to inform staffing levels. The provider had increased staffing levels since our previous inspection, the manager monitored and reviewed the dependency tool to ensure the staffing levels continued to reflect the needs of the people using the service.
- At this inspection we received mixed opinions from people and relatives about the staffing levels. One person told us "I have a call bell, it can take staff a while to come to me". And a relative told us "They are not short of staff, see quite a lot around, there is lots of interaction". The manager evidenced how they regularly checked and monitored staff response times to call bells.
- During our inspection, we observed that enough staff were available to meet people's needs, however when a staff member took a break on the second floor, we observed call bells were not as quickly responded to. We discussed with the manager how the deployment of staff at busy times could be improved for example ensuring cover was available when staff took their breaks. The manager was responsive to this and ensured cover was provided.
- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)



At our last inspection, the provider had failed to ensure MCA guidance was followed to protect people from the risk of harm. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 11.

- Improvements had been made since our last inspection, there were improvements to the systems and processes in place which ensured MCA and DoLS guidance was followed.
- People had mental capacity assessments and best interest decisions in place when relevant, these had involved people who had the legal authority to do so on behalf of the person where appropriate.
- Appropriate applications had been made when people were being deprived of their liberty. Applications had been sent to the local authority and the manager kept track of their progress.
- People were supported and encouraged to use advocacy services to promote their rights and choices.
- Staff had received training in MCA and understood how to support people in line with the act.

#### Using medicines safely

- Medicine was administered by trained nurses and senior care staff. Staff received regular checks direct observation of their practice to ensure medicines were administered safely.
- Audits of medicine administration records were conducted regularly by the management team and appropriate actions had been taken to address issues in shortfalls they identified.
- Stock levels of medicines corresponded with the records in place, and staff checked the stock levels to reduce the risk of errors.
- There was clear guidance for staff for safe administration of 'as and when required medicines' (PRN). This meant people received these medicines when they needed them.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider ensured visiting was facilitated safely and in line with people's preference and choice. This had been risk assessed and appropriate safety control measures were found to be in place.

#### Learning lessons when things go wrong

- The provider and manager had made improvements since our last inspection in the areas we had identified in relation to identifying and assessing risks and the safety of the environment and they continued to work to action plans they had in place

- The manager shared the outcomes of audits with the staff, so appropriate action was taken to ensure people's safety and mitigate any risk. For example, the manager had introduced regular clinical risk meetings which ensured people's clinical needs were regularly reviewed and monitored.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection, the provider had failed to ensure that systems and processes were in place to drive quality and improvements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remained in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes to check equipment which supported people's skin integrity needed strengthening, we found the system in place was not robust and left people at risk of avoidable harm.
- We identified mattress pressures for seven out of the nine people who had this equipment in place to be on the incorrect setting. Staff told us these were checked daily, but we found these checks were not recorded.
- The provider and manager had an action plan in place which identified areas for improvement, we reviewed the progress of the action plan and could see progress in areas such as the review and updating of people's care plans was not on track. The manager told us how they were going to prioritise this.
- Nutrition and hydration had been identified by the provider and manager as an area for improvement. Plans were in place to introduce new improved menus, but this had been delayed due to the recruitment of a new kitchen manager. We observed the meals to be served during our inspection to be unappealing and lacking nutritious content. The manager assured us the new menus would be introduced next week.

We found no evidence that people were harmed, however this failing posed a risk that people could be harmed. The provider failed to ensure to all that was reasonably practicable to mitigate these risks. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We highlighted our concerns with the manager who provided evidence of action taken to mitigate risk.

- The manager had made improvements to the quality assurance systems in place which ensured the service was regularly audited. Where issues were identified, action plans were put in place, however, the systems in place required embedding to evidence sustained good practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was committed to providing a safe and good quality service and they shared the work they had done to improve people's outcomes such as encouraging people to engage in activities and spend time with others to improve their wellbeing.
- People spoke positively about the manager. One relative told us "[The manager] speaks to me often and sometimes rings to ask me things, everything is good about the home". Another relative told us "I was satisfied before but now it's better, the manager is very obliging, always ready to speak".
- The manager had a supervision schedule in place to ensure all staff had a regular one to one meeting. Staff told us they had regular supervisions and felt supported in their roles.
- The manager was knowledgeable about the duty of candour. We reviewed the records in place and found the correct actions had been taken to meet this regulation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service had regular opportunities to suggest improvements to the service through surveys and in person to the manager. We found that when people had suggested changes and improvements for example to the times of their main meal and to the décor of the home, this had been actioned.
- Staff meetings took place regularly, staff told us they were kept up to date with regular information and updates relating to any changes within the service. Staff told us they felt listened to and issues they raised were quickly resolved.

Working in partnership with others

- The service worked in partnership with other professionals such as GPs and Dietician's to support people to access healthcare when they needed it.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure that systems and processes were robust to drive quality and improvements