Four Seasons (Bamford) Limited

The Lodge Care Home

Inspection report

Bridge Street
Killamarsh
Sheffield
South Yorkshire
S21 1AL

Tel: 01142476678

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on 5 May 2016. At our last inspection in January 2014 the essential standards of quality and safety under the HSCA 2008 were found to be met.

The Lodge Care Home provides accommodation, nursing and personal care for up to 40 older adults, including some people who may be living with dementia. At the time of our visit, there were 39 people living at the service, including 22 people receiving nursing care. There was a registered manager at this service. 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 and their relatives were confident that people received safe care and to speak out if they had any concerns about this. People's care, medicines and environment were safely managed. Risks to people's safety associated with this and their health conditions were assessed before they received care and regularly reviewed to ensure that people received safe care and treatment.

Staff knew how to keep people safe and the arrangements for their recruitment and deployment helped to make sure that people were protected from harm or abuse.

Staff were trained and supported to perform their role and responsibilities. The provider's arrangements for this helped to ensure a valid and consistent approach to people's care.

Staff obtained people's consent or appropriate authorisation for their care, to ensure that people's rights were upheld and their care was lawful.

Staff understood people's health and nutritional needs and supported people to maintain and improve their health and nutrition. This was done in consultation with relevant external health professionals and staff followed their instructions for people's care when required.

People received care from staff who were kind and caring. Staff treated people with respect and promoted their rights, comfort and choice in care.

People and relatives were appropriately involved in agreeing care provision. Staff understood and supported people to maintain their ongoing contact with family and friends who were important to them.

People received care that was personalised and responsive to their needs and wishes from staff who knew how to communicate with them.

People were supported them to engage in home life in a way that was meaningful to them. A range of

environmental adaptations and equipment helped to promote people's independence.

People and relatives were asked for their views about the care provided and informed how to make a complaint or raise any concerns. These were acted on and used to make improvements for people's care when required.

The service was well managed and people, relatives and staff were confident of this. Staff were motivated, supported and informed to perform their role and responsibilities for people's care.

The provider's governance and management arrangements, helped to ensure appropriate direction and accountability for people's care and to inform any improvements needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Known risks to people's safety associated with their health needs, medicines and environment were appropriately managed.

People were protected from the risk of harm or abuse. Staff knew how to keep people safe and they followed the provider's operational procedures, which supported them to do so.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to perform their role and responsibilities for people's care. People's consent or appropriate authorisation was obtained for their care to ensure they received consistent, valid and lawful care.

Staff supported people to maintain and improve their health and nutrition in consultation with relevant external health professionals.

Is the service caring?

Good

The service was caring.

People were treated with respect, kindness and compassion by staff who were caring and who promoted their rights, comfort and choices in their care.

People and their relatives were appropriately informed and involved in the care provided.

Is the service responsive?

Good

The service was responsive.

People received personalised and timely care that met with their needs and wishes. People's independence, communication and social needs were promoted in an inclusive and meaningful way.

People's views, concerns and complaints were acted on and used to inform service improvements when needed.

Is the service well-led?

Good

The service was well-led.

The service was well managed and led and people living, working and visiting the services were confident of this. Staff understood and were motivated, supported and informed to perform their roles and responsibilities for people's care.

Governance and operational arrangements helped to ensure appropriate direction and accountability for people's care. The quality and safety of people's care was regularly checked and results from this were used to inform any service improvements needed.

The Lodge Care Home

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.

We visited the home on 5 May 2016. Our visit was unannounced and the inspection team consisted of two inspectors. There were 39 people accommodated at the service. This included 22 people receiving nursing care.

Before this inspection we looked at all of the key information we held about the service. This included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law. For example, a notification of a person's death. We spoke with local authority and health care commissioners and Healthwatch Derbyshire who are an independent organisation that represents people who use health and social care services.

Before this inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. The completed PIR was return to us.

During our inspection we spoke with nine people who lived at the home and three people's relatives. We spoke with a total of 10 staff. This included both the registered and deputy nurse managers, a registered nurse, six care staff and a cook. We also spoke with the provider's external senior manager. We observed how staff provided people's care and support in communal areas and we looked at six people's care records and other records relating to how the home was managed. For example, medicines records, staff rotas, training records and checks of quality and safety.

As some people were living dementia at the service, we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

Good

Is the service safe?

Our findings

People and staff felt that overall there were sufficient staff to provide people's care safely. Staff felt that during the afternoon period, people accommodated in one area of the home sometimes had to wait too long when they needed assistance. Staff said this related to the number of people who required two staff to provide their care. However, staff felt that people were always safely supervised.

Most of the people we spoke with and their relatives felt there sufficient staff to provide their care. One person said, "Yes, staff are very good, they are always around if I need them." Two people said they sometimes had wait when they needed assistance, but not for too long. One person said, "When I use the call bell, staff come as quickly as they can; sometimes I might have to wait a bit, but I don't mind."

We discussed our findings with the registered manager who advised us that they regularly reviewed staffing levels at the service. They said this was done in a way that regularly took account of the numbers and needs of people receiving care at the service. However, the registered manager advised they would take action review and address this with staff and people using the service. This helped to make sure that staffing arrangements were sufficient to ensure people's timely assistance.

People told us they felt safe at the service and people's relatives supported this view. One person said, "Staff are brilliant; I feel safe here. Another person's relative told us, "I am confident that he is safe here."

People were appropriately informed and confident to speak out if they had concerns about their own safety or the safety of others. Staff understood their roles and responsibilities for people's care and their related safety needs. This included how to recognise and respond to any suspected or witnessed abuse of a person receiving care at the service. This helped to ensure that people were protected from the risk of harm or abuse.

New staff did not provide care to people at the service until full employment checks had been carried out and verified. For example, this included checks from staffs' most recent employment, checks of their qualifications and experience and from the appropriate national vetting and barring schemes. This helped to ensure that people were of suitable character, able and safe to work with vulnerable adults to provide their care.

Known risks to people's safety from their health conditions or the environment were assessed before people received care and regularly reviewed. People were provided with the equipment they needed to ensure their safe support. For example, special seat cushions and bed mattresses to help to prevent skin sores and mobility equipment, which staff to used, to help people to mobilise safely. This meant that people were safely supported.

People's medicines were safely managed. This included arrangements for the ordering, storage, receipt and administration of people's medicines. People said they received their medicines when they needed them. We observed that staff gave people their medicines safely and in a way that met with recognised practice.

Records kept of medicines received into the home and given to people showed that they received their medicines in a safe and consistent way.

Staff responsible for people's medicines told us they had received medicines training, which included an assessment of their individual competency. Related staff training records also showed this. The provider's medicines policy was subject to a periodic review and provided comprehensive guidance for staff to follow for the management and administration of medicines. This helped to make sure that people's medicines were safely managed.

The environment was kept clean and well maintained. People told us this was consistently so.One person said, "Always clean and fresh." Another said, "They keep it in good order." Records showed that safe systems and procedures were operated to support this. For example, cleaning procedures or for regular servicing and maintenance of equipment.

Emergency plans were in place for staff to follow, which they understood. For example, in the event of a person's sudden collapse or the procedure to follow in the event of a utilities failure. Clear information was also provided and displayed for people about key safety procedures such as in the event of a fire alarm. This helped to ensure people's safety in the event of a foreseeable emergency.

Good

Is the service effective?

Our findings

Staff received the training and supervision they needed to provide people's care. People said staff understood their care needs and supported them well. One person said, "They are brilliant – they know what they are doing." A relative said, "I have every confident; they understand what's needed."

Staff told us they were provided with the training they needed to provide peoples' nursing and personal care, which related training records showed. All staff were positive about the training and support they received. One care staff said, "Training is really good, we are kept up to date" Another said, "All training areas are covered, with regular updates and supervision." A nurse said, "Well supported in all areas; including extended role training; support with the new NMC (Nursing and Midwifery Council) validation process is really helpful." The NMC is the registering body and professional regulator for all registered nurses, who are required to demonstrate their fitness to practice through on-going professional development. Extended role training includes validated training, such as catheterisation or for taking bloods.

Staff lead roles were established to champion effective care and lead clinical practice in the home against recognised national standards. For example in relation to moving and handling, wound care, infection control, medicines and end of life care. This helped to ensure that people received care that was valid and consistently provided.

Staff training records showed that staff were provided with training and supervision relevant to their role. Staff followed a nationally recognised induction process and they were supported to achieve national vocational qualifications or clinical and professional training to support their role.
The Care Certificate was introduced for new care staff to complete. This identifies a set of care standards and introductory skills that non regulated health and social care workers should consistently adhere to. They aim to provide those staff with the same skills, knowledge and behaviours to support the consistent provision of compassionate, safe and high quality care. This showed that staff were trained and supported to perform their role and responsibilities.

Staff understood and followed the Mental Capacity Act 2005 (MCA) to obtain people's consent or appropriate authorisation for their care. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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.

People were assessed in relation to their capacity to make decisions about their care. Where they were able to make their own decisions, their care plans clearly recorded this. Where people lacked capacity to make

certain decisions, the provider followed the principles of the MCA and ensured that best interest decisions were made lawfully. Staff had good understanding of the practical application of the principles of the MCA, including how to support people to make their own decisions. For example, one staff member described how they would try to explain clearly and simply what choices were available, and if necessary, come back and speak with people at a time that was better for them. Capacity assessments and best interest decisions were reviewed regularly.

Staff told us that they needed to provide care to some people in a way that was necessary to keep them safe. The MCA DoLS require registered care providers to submit formal applications to a local a 'Supervisory Body' for authority to provide care in this way. Records showed the provider had made the required authorisation applications. People with a DOLS authorisation were supported by the relevant person's representative. This meant people's rights were being upheld, and restrictions in people's care were lawful.

Staff understood people's health and nutritional needs and supported people to maintain and improve their health. People's individual health, care and treatment needs were detailed in their written care plans, which were regularly reviewed in consultation with external health professionals when required. They clearly showed how people's health conditions affected them and their related care and support requirements, which staff were able to describe.

People were supported to access external health professionals when they needed to for specialist advice or routine health screening. For example, in relation to their diabetes, mental health or eye and foot care. People's care plans showed any instructions from external health professionals, which staff understood and followed.

People received a balanced diet and food menus showed variety, choice and healthy eating. One person said, "The food is good; plenty to drink; they always offer me a choice." Another person said, "The food is nice; cook comes and there is always a choice of food for hot and cold." One person told us that staff supported them to eat the food they needed to keep them healthy. They said, "Staff are very good; they know what I should eat to keep well and encourage me."

Lunchtime was a relaxed and sociable occasion. We saw that staff offered people choices of meals and drinks and provided them with the assistance and support they needed. Staff knew people's dietary needs and preferences and followed instructions from relevant health professionals concerned with people's nutrition, where required. For example, the type and consistency of food to be provided, where risks were identified to people's safety from choking, due to swallowing difficulties. Staff supported people to have frequent hot or cold drinks throughout the day, and cold drinks were freely available for people in the lounge.

One person who was not able to eat and drink received their nutrition by an enteral device. This is the delivery of a nutritionally complete food directly into the stomach, through a surgically fitted device. Staff responsible for administering the person's nutrition in this way told us they had received relevant training for this. Related care records showed this was being given as instructed. This helped to make sure the person received effective nutrition.

Good

Is the service caring?

Our findings

We received many positive comments from people and relatives who described staff as kind, caring and supportive of people's rights. One person said, "Staff are lovely; it's the small personal touches that make it a good home." Another person told us they were involved in planning and reviewing their care and said, "Staff respect my wishes and they listen to me."

People and relatives were appropriately involved in agreeing and reviewing their care. This included formal care plan review meetings, which were recorded. Each person had a named nurse and key care worker with specific responsibilities relating to the co-ordination, communication and delivery of each person's care. For example, ensuring that people's care reviews were held in consultation with health and social care professionals when due or making sure that people were supported to purchase personal items, such as clothing and toiletries when required.

Staff were able to describe what they felt was important for people's care. This included promoting people's rights by ensuring their dignity, privacy, choice and independence. They gave examples such as closing curtains and doors before providing care, or making sure that people's preferences were upheld in relation to male and female care staff for their intimate personal care.
Throughout our inspection we observed that staff were kind, caring and mindful of people's rights, known wishes and choices. There was a relaxed, friendly atmosphere and we observed that staff interacted with people in caring, friendly but respectful way. We saw that staff consistently spent and took time with people to check if they were comfortable or happy with their care and to explain what was happening, particularly before they provided care. For example, when staff needed to use a hoist to help one person to move, they explained to the person what they were going to do. During the move they reassured the person about was happening and afterwards made sure the person was comfortable, happy and had a drink to hand.

We saw that staff took time to ensure people's dignity, privacy, choice and independence when they provided care. For example, after people had eaten, where required, staff discreetly helped them to wipe their mouths of any food debris. Staff made sure that people were covered and their clothing correctly adjusted and that doors were closed when they provided intimate personal care to people in their own rooms when required. Staff supported people to make choices about their care, such as what to eat and drink, where to spend their time, or whether they needed their pain relief medicines. Staff also made sure that things were to hand for people such as their drinks or walking aids to help to them move independently. This showed staff treated people with respect and that they understood and promoted people's rights in their care.

Staff were gentle and discreet whilst supporting one person who became anxious and upset. They took time to reassure the person and encouraged them to move to a more private and quieter area of the home away from busy communal area. This showed that staff respected the person's rights to privacy, dignity and freedom of expression. We also observed that people were supported to sit together in small friendship groups as they chose. Staff assisted people who needed help with eating and drinking at lunch time in a discrete and dignified manner. This enabled people's choice, involvement and dignity.

People's care plans showed their known choices and preferences for their care and daily living routines. They also showed arrangements for people's contact with family and friends who were important to them. People were supported to spend private time with their family members if they wished. Relatives told us they were able to visit whenever people wished, and there were no restrictions on visiting hours. This showed people's right to private and family life were respected and upheld.

Good

Is the service responsive?

Our findings

People received personalised care from staff who understood their needs and what was important to them. People and their relatives said that staff acted promptly when there were changes in people's health conditions or general wellbeing. People's relatives said they were kept informed about this. For example, one person said, "Staff are very good; they get the doctor if needed." One relative told us that staff were very aware of the person's health needs and quick to identify issues. They also commented that staff promptly identified when the person's hearing aid batteries needed changing and acted to ensure this was done.

People's care and daily living arrangements were organised in a way that was meaningful to them. Staff told us they got to know people by gathering information from them or when needed from relatives and others who knew them well. The information was recorded and used to inform people's care. This included information about people's social and family histories, their known daily living preferences and routines and their individual likes and dislikes. Staff felt it was important to spend time with people to get to know them. One staff member said, "We try to find out about people's life histories, hobbies and memories; you can provide better care to people when you know more about them."

Staff told us about one person who was nursed in bed because of their health condition. We saw that staff took time to regularly interact with the person through speech and the use of appropriate touch. Staff said this was important to promote their inclusion and belonging. The person's room contained many personalised items, which staff knew were important to them. For example, pictures of their family, who staff referred to when they chatted with the person. We observed they had a favourite bed cover from home, which they could feel and their favourite perfume, which they liked to smell the scent of and staff supported them to wear. We also saw that staff made sure that that the person's TV was switched on at key times to enable them to hear particular programmes, which staff knew they liked to listen to. This showed that people received care that was personalised to and responsive to their individual needs and known preferences.

People were provided with timely care and support when they needed assistance. For example, when people needed staff assistance to move, eat and drink or to take their medicines. Staff told us about one person who sometimes became anxious and upset because of their health condition. We saw that staff acted promptly to reassure the person in a sensitive manner when this occurred. Staff also supported the person to move to the privacy of their own room, which met with their wishes.

People were supported to engage in home life and to participate in activities and events they enjoyed, both in and outside the home. The arrangements for this were co-ordinated by a dedicated staff member, supported by staff and relatives. Photographs were displayed around the home, which showed people's engagement in a range of social and recreational activities. A weekly programme of activities such as singing, bingo, quizzes, sing-alongs and reminiscence was offered, which people could choose to join. Sometimes activities were sourced through external providers, such as mobile animal zoo, which enabled people to see and if they wished, touch or hold unusual small animals.

People said they were regularly supported to engage in seasonal or important events and celebrations, trips out and also fund raising events to support activities and entertainments provision. For example, seasonal fayres, trips to the seaside and outings for pub lunches or to places of local interest. Two people told us that celebrations were planned for the Queen's birthday and showed us some memorabilia pictures provided of the Royal family, which they enjoyed looking at. A few men living at the service were supported to enjoy their preferred 'pub lunch and a pint' outing, which they liked to do together from time to time. People said they could easily access a small enclosed garden area to the rear of the home. During our inspection, we saw that staff supported people to wander out or sit out in the garden in the sunshine and to enjoy a drink there. We also saw that improvements were being made from people's suggestions to provide a shaded area in the garden.

We observed that range of adaptations and aids were provided to support people living with dementia or physical disabilities. For example, picture and easy read signs to aid people's orientation; bold single coloured crockery and toilet seats, which helped to promote people's visual recognition and use. At lunchtime, a number of people were provided with aids and adaptations to support their comfort and independence. This included adapted eating or drinking utensils. This helped to promote people's independence.

People and their relatives were appropriately informed and knew how to make a complaint if they needed to. However, they all felt that staff usually responded to their comments and suggestions without the need to make a formal complaint. People's views, comments and concerns about the service were routinely sought, listened to, acted on and used to make service improvements. One person said, "They do regular surveys and meetings with us to see what we think."

Minutes of meetings held with people and a regular newsletter helped to inform people and their relatives about service changes and improvements. A computer system was provided in the reception area for people and their relatives to post their comments and views about the service. The registered manager said this had been widely received and helped to make sure that people's views or concerns were promptly acted on and used to make service improvements. For example, garden improvements. One person said, "They do regular surveys and meetings with us; see what we think; then see what they can do." Another person's relative said, "Issues get dealt with quickly." This meant that people's views were sought and used to determine service improvements.

Good

Is the service well-led?

Our findings

People, relatives and staff were confident the home was well managed. They told us that both the registered manager was visible and approachable. One person said, "They are good, caring and helpful." One person's relative said, "Very approachable and well organised. All of the staff were positive about the support they received from the registered manager. For example, their comments included, "Brilliant; I can go and ask anything; she's very approachable;" and "She very supportive, approachable and caring towards residents and staff."

Staff told us they felt fully supported by the provider, registered manager and also their peers. Staff were motivated to perform and they understood their roles and responsibilities for people's care. When asked what motivated them, staff often referred to 'making a difference to people' through positive caring relationships. Staff were confident and knew how to raise any concerns they may have about the quality and safety of people's care. For example, for reporting accidents, incidents and safeguarding concerns.

Staff felt they were respected by management and said they were often asked for their views about people's care, which was regularly discussed with them. Senior manager's held regular meetings with staff, which included group and one to one supervision meetings. Staff told us that these were helpful and used to inform them about any service developments and improvements and the reason for this. Records of staff meetings that we looked at reflected this. This showed that staff were appropriately supported, motivated and informed to deliver people's care.

There were clear arrangements in place for the management and day to day running of the home. The provider sent the Care Quality Commission written notifications informing us of important events that had happened in the service when required. For example, notification of a person's death. One of the provider's senior management team regularly visited the service. Records relating to their visits showed this helped to ensure the appropriate management and running of the service in relation to their checks of the quality and safety of people's care. Care staff had delegated lead roles and responsibilities relating to people's care. For example, in relation to people's medicines and to ensure their dignity in care. Named nurse and care staff key worker roles were also allocated.

The provider's arrangements ensured continuous monitoring of the quality and safety of people's care helped to inform any improvements needed. The registered manager was supported and monitored via the provider's external management arrangements to carry out regular checks of the quality and safety of people's care. The checks were standardised and monitored against the provider's related operational procedures, which were regularly reviewed to help make sure the met with nationally recognised guidance. For example, in relation to people's environment, medicines, care plans and the equipment used for people's care.

Regular checks were made of complaints, accidents and incidents and also in relation to people's health status. For example, checks of people's skin condition and their infection, nutritional and weight status. The results were formally analysed by the registered manager and provider to help identify any trends or

patterns that may further inform improvements for people's care. This helped to ensure appropriate direction and accountability for people's care.