

The Manor Trust Bedhampton

The Lodge Retirement Home

Inspection report

8-10 Lower Road
Bedhampton
Havant
Hampshire
PO9 3LH

Tel: 02392452644

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14 December 2022

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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

About the service

The Lodge Retirement Home is a residential care home providing personal care for up to 14 people aged 65 and over. At the time of the inspection, 12 people were living in the home. The home provides accommodation over two floors and there is a stair lift available to access the first floor.

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

Improvements had been made and the home was well-led. The registered manager had a robust governance and auditing system in place. Audits were up to date and identified any lessons learnt following incidents and accidents so that they could take action to keep people safe.

The planning and provision of meaningful activities for people had improved. One person told us, "[Staff name] has made all the difference for me with the activities. There is lots to do in the afternoons, we have lots of different projects." Another commented, "There is enough to do here at the home. They organise things for you."

People told us they were safe at The Lodge Retirement Home and risks were managed well. A person told us, "I feel safe at the Lodge. I trust the staff here, they are very good, lovely actually, more like family." Medicines were managed, stored and administered safely. The home had recently moved medicines into each person's bedroom. One staff member stated, "Medication being in the room makes it more personalised. You aren't going around with a trolley and less likely to make an error, the pharmacy supported us to make this change."

Care plans and risk assessments were person centred. People and relatives told us staff knew them well. Staff supported people in a kind and compassionate way, considering their dignity and respect.

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.

People, relatives and staff spoke positively of the culture within the home. One person told us, "Staff here are lovely, they are just like your family, you feel as though you can talk to them about anything." Staff and relatives we spoke with all described the home as a "family". The registered manager told us, "The Lodge is a hidden gem, you may not know it's here but once you come in, you're hooked".

The home was following up to date government guidance relating to COVID-19 for care homes. Cleaning and infection control procedures followed the relevant COVID-19 guidance to help protect people, visitors and staff from the risk of infection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 August 2019).

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 and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

The overall rating for the service has changed from requires improvement to good. 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 Retirement Home on our website at www.cqc.org.uk.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Lodge Retirement 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 undertaken by two inspectors.

Service and service type

The Lodge Retirement 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 Retirement Home is a care home without 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 14 December 2022 and ended on 16 December 2022. We visited the location's service on 14 December 2022.

What we did before the inspection

We reviewed information we held about the home and contacted the local authority. 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 six people and two relatives about their experience of the care provided. We received feedback from six members of staff including the registered manager and deputy manager. We contacted three health and social care professionals.

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 reviewed a range of records. This included two people's care and support records and two people's medicine administration records. We looked at three staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the home, including policies and procedures, staffing rotas, accident and incident records, safeguarding records and reports.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe.
- Risks to people's safety were assessed and reviewed. The provider used an electronic care plan system. The care plans had individual risk assessments which guided staff to provide safe care.
- Risks associated with the property and environment were well managed. During our visit we observed corridors to be free of clutter and the communal areas to be tidy and free of hazards.
- Systems and processes were in place to ensure fire safety within the home. People had personal emergency evacuation plans, and the home had shared information with the local fire brigade to ensure risks associated with the use and storage of oxygen were met.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Medicines were managed safely and administered by trained staff. Staff followed safe procedures when giving people their medicines.
- Medication records were complete and matched stock balances. People had medicines guidance in place for as and when required medication.
- Medicines that required stricter controls by law were stored in a separate cupboard and a stock record book, audited by the registered manager, was completed accurately.
- Medicines were stored safely in each person's bedroom. Room and fridge temperature checks had been completed correctly.

Staffing and recruitment

At our last inspection we recommended the provider seek advice and guidance about using a systematic approach to ensure enough staff are deployed to meet people's needs. The provider had made improvements.

- There were enough staff on duty to meet people's needs.
- Staff were visible and people told us staff responded quickly to requests for support.
- People were supported by staff that had been recruited safely. Safe recruitment requires staff to follow an application process including assessment of their history, character and qualifications to ensure they are suitable to work with people.
- All staff files viewed contained a valid DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were in place to protect people from the risk of abuse. Staff had received training and understood how to report safeguarding concerns. Staff knew how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally.
- Staff have access to up to date policy and procedures. One staff member stated, "There's a policy of the month on display, like safeguarding or fire safety, she [the registered manager] checks we've read and signed it."
- The registered manager shared with us a detailed analysis of increased falls identified following an audit. The management team reviewed this information for any trends or patterns and identified action needed.
- Learning was shared through team meetings and reflective supervisions. We reviewed some recent incidents which demonstrated how staff discussed and learnt from the incident.

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.
- At the time of the inspection there were no restrictions for relatives and loved ones visiting people. The registered manager told us, "We follow the guidance set by the Department of Health. Some visitors choose not to visit when they have been in contact with COVID-19 or don't feel well themselves as a precaution which is their choice, we would then encourage a window visit or face time call."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 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 we recommended the provider seek advice and guidance to ensure the MCA is adhered to and appropriate records are maintained. The provider had made improvements.

We checked whether the service was working within the principles of the MCA.

- People's consent to care and treatment was obtained and recorded.
- The registered manager knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- The registered manager checked if people had capacity as part of the admission procedure to the home and the pre-assessment included consideration to any advanced decisions or known wishes.
- Staff received training in the principles of the MCA.
- The registered manager asked people and their relatives to provide evidence of lasting power of attorney.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us they were able to make choices about how and when they received their care.
- People told us that they received care from staff that know them well. One person told us, "Staff are very nice, kind and thoughtful." Another person stated, "We always get a choice in what we want to do, they help me if I need anything."
- Specialist health and social care professionals had been involved in assessments and planning of care. This included district nurses and occupational therapists. One professional fed back "I am impressed with the staff's engagement with the residents in the home, all staff including kitchen staff, know the residents really well and have a clear understanding of their needs."
- Care plans were regularly reviewed and updated with the person, their family and any professionals

involved in their care.

Staff support: induction, training, skills and experience

- Care staff had the correct level of skills and training to undertake the responsibilities of their role effectively.
- One person informed us "I know staff have training; they know what they are doing."
- There was an induction and training programme in place. Staff spoke positively about the induction and training provided, they felt supported. One professional told us, "[Health services] worked closely to provide training in the following areas; MCA, Pressure ulcer prevention, falls training and care planning training. The home have been very engaging especially with training."
- The management team informed us they completed wellbeing checks with the new staff member in first weeks of their induction to determine what their ongoing training needs may be. The home also had a volunteer who visited weekly to spend time with people.
- The management team were aware of best practice guidance and were following the principles of "the Hampshire Care Association" a local programme the home was a participant of. The programme aimed to ensure care provision in Hampshire is of the highest standard and quality by providing resources and networking support to local care homes.

Supporting people to eat and drink enough to maintain a balanced diet

- People's support plans outlined their food and drink preferences and there was a menu plan to guide staff preparing meals. One person told us, "The food is good and warm. We have choices and I can have something else if I want." Another stated, "We have plenty and can have more if we want. The cook comes around in the morning and asks us what we would like to eat."
- There was guidance in place to support people to eat safely when they were at risk of choking or needed their food to be a certain consistency. Staff were observed to support people correctly.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff understood when to escalate any concerns with people's health to a healthcare professional. For example, if a person was unwell or unable to use prescribed equipment safely.
- Staff made referrals to health professionals such as the GP, speech and language therapist and dietitian. For example, where a person's needs had changed or where they had lost weight unexpectedly.
- Staff worked closely with other visiting health professionals to ensure people had specialist input to their care when needed. One professional told us, "The home has always been very open and transparent if they have any concerns."
- Instructions from medical professionals were recorded in people's care plans and communicated to staff through handovers, meetings and were detailed using the electronic recording system. This meant people were receiving the most up to date support to meet their health needs.

Adapting service, design, decoration to meet people's needs

- People and their relatives were able to personalise their rooms with photographs and furniture.
- The home was accessible. There was level access to the secure gardens and outdoor spaces.
- A number of improvement works had been completed. During our visit we observed painting of the dining room, and one relative told us, "Anything that's needed, they've invested here in a downstairs bath and they are always making improvements in the home."
- People's preferences are considered. A person stated, "I used to have a room upstairs but when one became vacant down here, they asked me if I would like to move. I love this room as I look onto the garden."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind to them.
- Staff knew people well, their life history, interests and hobbies and were focused on respecting people's personal preferences. People and relatives told us, "We are a family, together here.", "They are friendly and listen to anything you want to say. They are interested, it's just nice." And, "They treat [person's name] like a human being, I can't fault them at all."
- Equality and diversity training was a mandatory part of the staff induction and all staff had completed it.
- Compliments about the home shared in the feedback log and online included: "when my [relative] moved to The Lodge, they have been treated with kindness and dignity.", And, "We are all different, different natured and [Registered Manager's name] has to work all that out, she does a good job."

Supporting people to express their views and be involved in making decisions about their care

- We observed staff offering choices and giving people time to make decisions about their day to day lives. During the mealtime we observed staff asking people where they wanted to sit and what music they would like played on the smart speaker.
- Relatives spoke positively about how staff supported people. One relative told us, "They've accommodated [person's name] with the right room and staff make sure [person's] needs are met, and they sit and chat. They take an interest in the person and have gotten to know them."
- People and relatives views were considered by the service and were sought to make decisions about care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. People told us staff did this by asking permission to enter their bedroom, "They treat me with dignity and respect, they never come in without knocking first", a further example of this was staff respected what times people wished to be supported with personal care.
- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do this. One person told us, "They keep me independent; they don't take over." Another person stated, "You can do things if you want and stay in your room if you want. They do encourage you which is good."
- People's personal information was kept secure, people's care records were recorded electronically to ensure people's confidentiality was maintained by using a system that could only be accessed by staff or permitted family members.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we recommended the provider seek advice and guidance about the planning and provision of meaningful activities for people. The provider had made improvements.

- Activities were reflective of people's culture, history and interests. One person told us, "I did patchwork and we made teapot covers. There is always something to do, seasonal like Autumn scenes and Christmas things. We celebrate everything such as VE day, and the seasons."
- People had an opportunity to join in activities both in a social group or in their bedrooms. The home had recently started a pen-pal club with a neighbouring care home. One staff member commented, "There has been a lot of excitement about the letters. It gives residents a chance to make friends with other residents in similar situations. If it continues to go well, we have planned some summer events like a garden party and BBQs."
- People were supported to keep in touch with family and friends. This included telephone calls, video calls and invites to social gatherings in line with current Covid-19 guidance.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care plans detailed their support needs and how they wanted these to be met. The focus of the home was person-centred, staff spoke knowledgeably about people's needs and care preferences. A staff member told us, "You've got to get to know people, treat them as an individual, if they like to chat great but some of the residents that like the quiet you take your time to get to know them on their terms."
- People's care plans contained their life histories which included information about their family, employment, school years and hobbies. This meant staff could get to know people and had conversation topics.
- People's bedrooms were personalised with photos and personal items provided by family. One person proudly showed us paintings on display in their bedroom made during activities at the home.
- People were given the opportunity to discuss their end of life care needs and wishes. At the time of inspection, the home was not caring for anyone approaching end of life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were known to staff. Information could be provided in large print or picture format as needed.
- People's preferred methods of communication were shared with health and social care professionals when required. For example, when people required admission to hospital they had an emergency profile document detailing communication needs.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People and their relatives knew how to make complaints should they need to. One relative stated, "I have no complaints. The registered manager, is great. I couldn't ask for more and would be the first to complain if I didn't think things were right."
- The complaints process included details of how to appeal a decision, contact details for the local government and social care ombudsman and CQC.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to have effective systems and processes in place to ensure the safety and quality of the service. This was a breach of Regulation 17 (1), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Improvements had been made and quality assurance systems were operating effectively. Auditing and monitoring systems were robust. This gave the registered manager and the provider oversight of the home.
- The registered manager and provider undertook a series of audits to ensure the home was safe and responsive to people's needs. These included care planning, infection, falls, and medication.
- Staff were clear about their role and responsibilities and what they were accountable for.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the home. Staff interacted with people in a kind and considerate manner, treating them with dignity and respect. One person told us, "This is a home from home." Another person commented, "Staff are very, very, very, very, very good. The staff have been kind to me. I feel safe here."
- Staff told us they felt supported by the registered manager and deputy manager. One staff member said, ""I love it here, I've worked in other homes but this is like one big family, it's homely and [registered manager's name] is brilliant. If someone is poorly or we lose someone, we do take it to heart."
- People, their relatives, professionals and staff gave us positive feedback about the management of The Lodge. The comments included: "The home is run very well. Anything you want you just ask for it", "Staff seem very on the ball. I'm able to take [relative's name] out and visit anytime." And, "They are so transparent. [registered manager and deputy manager's names] and the staff, I can't fault them."

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 registered manager and deputy manager understood the requirements of the duty of candour, that is,

their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.

- The registered manager understood CQC requirements, in particular to notify CQC, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

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

- Quality assurance systems were operating effectively. Auditing and monitoring systems were robust. This gave the registered manager and the provider oversight of the home.
- A range of audits and spot checks were undertaken to enable the registered manager and provider to ensure all areas of the service operated safely. These included; medicine management, care plans, health and safety, and infection prevention and control. This meant the service was continually improving, actions and lessons learnt were shared with staff during handovers and team meetings.
- Actions from audits were included in people's care records where the registered manager tracked whether tasks had been completed and improvements to the service made. A health professional fed back, "The provider takes appropriate actions including referrals to Occupational Therapy to look at telecare options when investigating incidents to prevent recurrence."
- Staff understood their roles and responsibilities.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were consulted in the running of the home. The home regularly asked for feedback from people at meetings, and also actively sought the views of people who did not wish to attend group meetings.
- The registered manager completed a daily walk around and directly received feedback from people and visitors of the home.
- The home worked well with visiting health and social care professionals, the registered manager and staff felt comfortable to access their support when needed.