

Milestone Trust

Somerset Lodge

Inspection Report

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Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask about services and what we found	4
What people who use the service and those that matter to them say	7

Detailed findings from this inspection

Background to this inspection	8
Findings by main service	9
Action we have told the provider to take	18

Summary of findings

Overall summary

Somerset Lodge provides support for 35 people with dementia or severe mental health issues. The service is divided into three units. One of the units is called Sunnyside where 12 people with mental health care needs live. The remaining 23 people live with dementia and reside in the other two units of the building. The two units have not been named and were referred to as Group 1 and Group 3.

Relatives we spoke with felt it was a good service and their relatives were well looked after.

We observed that the majority of staff treated people with respect and compassion. Our observations highlighted a variation in the way staff spoke or communicated with people with people. In the main, staff were patient and understanding of people's needs. There were exceptions such as limited communication with a person when a staff member was assisting them to eat and talking about another individual to a staff member in front of them.

During the week there was a full activities programme offered to people. It offered an opportunity for them to get together and join in with activities such as singing, dancing and visits from an external theatre company. There was no structured programme of activities at the weekend.

The service has been awarded funds by the Prime Minister's dementia challenge fund. The fund has been used to build an activities kitchen, refurbish bathrooms, install a dementia friendly garden and introduce controllable mood lighting in the building. The purpose of the dementia funding is to improve services for people with dementia.

The service had a registered manager in post. The staff felt well-supported by their manager as he placed an emphasis on having an open culture. Family members we spoke with told us that they would approach the manager if they had any concerns and felt confident that these would be addressed.

There were enough staff on duty to meet the needs of the people who lived at the home. The management team had a system in place to assess and monitor there were sufficient numbers of staff in place, with the right

competencies, knowledge, qualifications, skills and experience to meet people's needs. The organisation was involved in a recruitment drive to increase the level of registered nurses.

Whilst there were a range of quality assurance and audit programmes in place these were not always effective. Despite care plan audits being undertaken as part of the audit process they did not identify or rectify the shortfalls in the documentation and were therefore ineffective. You can see what action we told the provider to take at back of the full version of the report.

The service did not have adequate systems in place to manage and monitor the prevention and control of infection. There were no infection control audits in place to examine the potential risks and whether enough precautions had been taken to prevent them. You can see what action we told the provider to take at back of the full version of the report.

Up to date information about people's care needs was not always in the care plan. It was necessary to refer to alternative documentation to locate it. If there was an emergency the care planning documentation would not always ensure that the needs of the person could be met. You can see what action we told the provider to take at the back of the full version of the report.

Where people did not have the capacity to make decisions, their friends and family were not formally involved or given the appropriate information they needed. The service had policies in place about upholding people's rights but they were not consistently followed. The principles of the Mental Capacity Act 2005 were not being followed. People's human rights were not properly recognised, respected and promoted. You can see what action we told the provider to take at the back of the full version of the report.

Each member of staff received induction training which included subjects such as safeguarding, moving and handling, infection control and health and safety. Staff training was up-dated regularly. Staff supervisions were not held regularly. Not having regular supervisory arrangements in place meant that staff did not talk

Summary of findings

through any issues about their role, or about the people they provide care, treatment and support to. You can see what action we told the provider to take at back of the full version of the report.

We found that the service was currently meeting the requirements of the Deprivation of Liberty Safeguards.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found the service was not safe and some improvements were needed.

The relatives we spoke with all considered the service to be a safe environment. Our observations indicated that the staff understood the care people needed to keep them safe. They provided assistance to people with moving where required whilst also enabling people to be as independent as possible when moving round the premises.

The service had policies in place about upholding people's rights but they were not consistently followed. The principles of the Mental Capacity Act 2005 were not being followed. People's human rights were not properly recognised, respected and promoted. You can see what action we told the provider to take at the back of the full version of the report.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). While no applications had been submitted, proper policies and procedures were in place. The relevant staff had been trained to understand when an application should be made, and how to submit one.

Safeguarding and whistle-blowing procedures were followed and staff understood their role in safeguarding the people they supported.

Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduces the risks to people and helps the service to continually improve.

All staff had received infection control training. However, the service did not have adequate systems in place to manage and monitor the prevention and control of infection. There were no infection control audits in place to examine the potential risks and whether enough precautions had been taken to prevent them. This meant that people's safety was not adequately protected as they were at risk of acquiring infections.

Regular maintenance checks were made on the equipment used which was well maintained. Therefore people were not put at unnecessary risk from unsafe equipment.

Summary of findings

Are services effective?

The service was not effectively meeting the needs of the people who used the service.

People who used the service or their advocates were not consistently supported to express their views about their care, support and treatment. Where people did not have the mental capacity to make their own decisions relatives told us that they had not seen their relative's care plan and were not involved in formal meetings regarding their care and welfare. People were not involved in the development of their care plans in a meaningful way such as attending formal care plan or best interest meetings. We were told by staff members that informal discussions were held with family members. These informal discussions were not documented.

Care plans and risk assessments were regularly assessed by staff members. The risk assessments reviewed overall progress, changes in physical health, well-being and behaviour. The plans identified the risks to the person and how they should be managed and reviewed. Although regular risk assessments were conducted, care plans were not consistently updated in recognition of the changing needs of the person using the service.

Staff had the information they needed to provide end of life care to people according to their wishes. End of life care wishes were included in the care plans. Staff had recorded family members' thoughts for people who were unable to state their wishes verbally.

People's needs were taken into account regarding building adaptations. Signs and other environmental adaptations were used effectively. The signs enabled people to identify the areas in their living space for sleeping, eating, washing and communal areas.

Are services caring?

People were mainly treated by staff with kindness, compassion and respect. Relatives we spoke with told us that the staff seemed nice and caring. People commented: "the keyworker is really nice to X and makes a fuss of her. We have no worries. She receives the appropriate care".

Relatives, friends and carers completed an annual satisfaction survey. There were some shortfalls and concerns which had been raised by relatives. Actions had been taken to address the concerns. People views, concerns and needs were properly taken into account.

Appropriate professionals were involved in people's care. A GP visited regularly to assess people's needs and provided advice regarding their delivery of care.

Summary of findings

Are services responsive to people's needs?

The service was not always responsive to people's needs and improvements were needed.

People's capacity was not consistently considered under the Mental Capacity Act. People and those that matter to them were not formally encouraged to make their views known about their care treatment and support.

There was a full weekday activities programme by the service. The activities provided were relevant to people and protected them from social isolation.

Relatives could visit unannounced at any time of the day. This enabled people to maintain relationships with their friends and relatives.

The service worked in partnership with other agencies such as the Mental Health Partnership Trust to support the individual's care provision and needs.

Are services well-led?

Some improvements were needed to make sure the home was well led.

All of the staff said that if they witnessed poor practice they would report their concerns and were aware of the policies in place.

There were a range of quality assurance and audit programmes in place. However, we found these were not always effective.

There was an emphasis on fairness and an open dialogue between staff members was encouraged. The service ensured that staff were able to provide feedback to their managers, so their knowledge and experience was being taken into account. Staff felt well supported by the management team

The service is a registered charity. The trustees publicised that they would make themselves available for any resident, relative or member of staff to discuss anything about The Lodge.

Summary of findings

What people who use the service and those that matter to them say

People who lived at the lodge at the time of our inspection were not all able to tell us about the care and support they received. One person who was able to express their views told us they were: “very happy with the staff.”

We spoke with four relatives. One relative told us “It’s safe, it’s warm. Staff generally care for the people. I would like more stimulus and more outside groups coming in.”

When asked about care plan, two relative’s told us they had not seen the care plan and were not aware of its content. Comments included: “there are no care plan meetings and I have not seen their care plan. They do ask me how I feel and I have gone along with their plans” and, “I am not aware of the content of the current care plan. Formal meetings have always been held at my request. I have agreed with their decisions but not been actively involved from the outset.”

The people we spoke with provided positive feedback regarding the provision of care. Comments included: “I can’t fault them about the care provided” and “they look after (my relative) in the best possible way. They look after (my relative’s) needs.”

The feedback from a relative, friend and carer’s survey conducted in November 2013 was displayed in the foyer. The survey highlighted mixed feedback about The Lodge and highlighted areas of concern which needed to be taken forward by the organisation. This included the lack of awareness by people on how to make a complaint. The complaints policy was now well-publicised and an easy-to-read version has been produced. This ensured that the people who use the service could also be supported to make a complaint.

Somerset Lodge

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

We inspected The Lodge on the 2nd and 3rd April 2014. On the day of our inspection 35 people lived at the Lodge.

Before our inspection we reviewed all relevant background documentation held by CQC. This included reviewing safeguarding and statutory notification records. We also assessed the information held on our quality risk profile database.

The inspection team consisted of a Lead Inspector and an Expert by Experience who had experience of dementia and mental health services.

We spent time observing mealtime practice in the dining area and used the short observational framework (SOFI), which is a specific way of observing care to help us to understand the experience of people who could not talk with us.

We viewed all areas of the home such as the bedrooms, communal lounges, kitchens, bathrooms and laundry room.

We viewed the care records of four people who used the service. We examined the policies and procedures of the Lodge and the audits undertaken to review their service provision. We spoke with one person who lived at the service, four relatives, seven members of staff, the deputy manager and the senior nurse.

Are services safe?

Our findings

We found the service was not safe and some improvements were needed.

The relatives we spoke with all considered the service to be a safe environment. Our observations of staff indicated that the staff understood what care people needed to keep them safe. They provided assistance to people with moving where required whilst also enabling people to be as independent as possible when moving round the premises.

Where a person displayed behaviours which challenged staff there were behaviour plans in place. The plans provided clear instructions which identified the presenting behaviour, the triggers for the behaviour and what could be done to lessen the likelihood of the behaviour recurring. This ensured that the person needs were met appropriately. People remained safe and the staff understood their needs. We observed staff assisting people in a safe and appropriate manner. People were enabled to do things in their own time and were not unduly rushed.

The environment was clean and there were no odours. On our arrival the domestic staff were engaged in their daily cleaning duties. Although all staff had received infection control training we found in one of the bathrooms that there were shared toiletries which included pots of Sudocrem, an antiseptic healing cream. Shared usage of such items puts people at risk of cross-infection. Staff members removed these items when we brought it to their attention.

The service did not have adequate systems in place to manage and monitor the prevention and control of infection. When requested there were no infection control audits in place to examine the potential risks and whether enough precautions had been taken to prevent them. The service did not maintain and follow policies, procedures and guidance in line with relevant national Department of Health guidance. The provider did not fully consider the prevention and control of infection in the service. This meant that people's safety was not adequately protected as they were at risk of acquiring healthcare associated infections. Robust infection prevention and controls systems are essential to ensure that people who use the

service receive safe and effective care. This meant that there had been a breach of Regulation 12 (2)(a). You can see what action we told the provider to take at the back of the full version of the report.

We looked at a maintenance schedule which identified the works needed across the service and timescales in which the work should be completed. The schedule identified works which needed to be completed. An example of this was the need to remove plumbing and to implement electrical upgrades.

The staff training matrix documented that all staff had received safeguarding training. Staff we spoke with confirmed this. They all demonstrated a good understanding of what constituted abuse and the reporting mechanisms in place. The numbers of relevant agencies to call in the event of needing to report an issue of concern were well publicised in the service. The policies and procedures in place meant that people were safe as staff would know what to do if they had any safeguarding concerns.

Risk assessments were in place to ensure people were supported in a safe way. Where it was identified that a person required support in moving and handling there were clear instructions of how to support them and what equipment was required. We observed staff encouraging people to maintain their independence. One care plan stated "offer x safe tasks to carry out which will keep x occupied and empower them to feel purposeful".

People were not consistently supported to have their views taken into account. We viewed four care plans. All four plans identified that the person was not able to make their own decisions.

Decisions had been made by staff members regarding the use of bedrails and placing locks on people's property. Where people did not have the capacity to take decisions, their friends and family were not formally involved where appropriate and given the information they needed. The deputy manager told us that formal meetings are not held with family members regarding the specifics of their relatives care plan. Informal discussions are held as changing circumstances occur.

Family members we spoke with advised that they were not involved in formal discussions. One person had not seen their relative's care plan. One relative advised "I feel as though it's me trying to find out information. There have

Are services safe?

been no formal meetings at their instigation. I was aware of locks on cupboards as x would take everything out. It was just that they did not seek my formal agreement.” The service had policies in place about upholding people’s rights but they were not consistently followed. The principles of the Mental Capacity Act 2005 were not being followed. People’s human rights were not properly recognised, respected and promoted. This meant that there had been a breach of Regulation 17 (2)(c)(ii)&(d). You can see what action we told the provider to take at the back of the full version of the report.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). While no applications had been needed to be submitted, proper policies and procedures were in place. Relevant staff had been trained to understand when an application should be made, and how to submit one. There were no undue restrictions on people’s movements within the units of the service.

Are services effective?

(for example, treatment is effective)

Our findings

The service was not effectively meeting the needs of the people who used the service.

People's views were not taken into account regarding the assessment of their needs and the planning of the service. Care plans showed that people who lived at the home, or their representatives had not been formally involved in the assessment of their needs. People or their relatives were not consistently supported to have their views taken into account.

The relatives we spoke with told us about their involvement with their relative's care plan. They were not aware of the content of the care plans. No-one recalled recent reference to the specifics of the care plan. They told us that they were informed about their relative's care and changing circumstances. We found relatives had agreed with the decisions made but they were not always formally involved in the decision making process from the outset.

Comments from relatives included "formal meetings have always been at my request" and "there have been no care plan meetings. I have not seen x's care plan. They do ask me how I feel and I have gone along with their plans". The lack of involvement and encouragement to discuss care and support with people who used the service did not ensure that the care plans reflected the person's current needs, choices and preferences. This meant there had been a breach of regulation Regulation 17 (2)(c)(ii)&(d). The action we have asked the provider to take can be found at the back of this report.

Staff had the information they needed to provide end of life care to people according to their wishes. End of life care wishes were included in the care plans. Staff had recorded family members' thoughts for people who were unable to state their wishes verbally.

Care and treatment was not consistently planned and delivered in a way that ensured people's safety and welfare. Care plans and risk assessments were regularly reviewed by staff members but were not consistently changed if found to be ineffective and kept up to date in recognition of the changing needs of the person using the service. One risk assessment was dated 23 March 2011 and did not reflect the person's current needs. The risk assessment did not provide the staff member with the appropriate instructions

to deal with their current needs regarding risk of falls. This person was identified at being at risk of falls in the 2011 risk assessment and there were no up-dated risk assessments in their file despite their continuing struggle to mobilise.

One care plan identified that the person was prone to urinary tract infections. The support plan stated that staff should ensure that regular urine tests are carried out so that antibiotics could be prescribed for the infection. These tests were not being undertaken. This could potentially place the person at risk of receiving unsafe or inappropriate care. The deputy manager told us that it was no longer necessary to conduct these tests. The care plan was not amended to provide the up-dated staff instructions. The care planning documentation did not accurately reflect the person's needs. Reasonable adjustments were not documented and staff members were not informed in the care plan of the support they should be providing to the person.

Staff members we spoke with demonstrated a good understanding of people's needs. Issues of changing circumstances were recorded in the daily communications log or the GP's visit diary. Owing to information being held in different places there was a risk that the care plan did not contain the most up-to-date information. The care plan would not necessarily provide agency or new members of staff with enough information to meet people's needs. We noted from the communication book in March 2014 that a person should have been provided with oral mouthwash on a daily basis following a dental extraction. This information was not included in the person's care plan. The administration of oral mouthwash did not occur and their relative expressed concerns about the person's welfare. The person did not experience effective, safe and appropriate care to support their identified needs.

Staff had recently been instructed that handover sheets were not a substitute to residents' records, merely an aid to communication. The care planning documentation viewed was dis-jointed and the most current information about a person was not readily accessible in their records. If there was an emergency the care planning documentation would not ensure that the needs of the person could be met as it did not necessarily detail the most up-to-date information. This meant that there had been a breach of Regulation 9 (1) [b](i)(ii). The action we have asked the provider to take can be found at the back of this report.

Are services effective?

(for example, treatment is effective)

There were systems in place for providing training and support to staff, including the arrangements in place for inducting staff when they joined the organisation. The induction programme covered eight common induction standards and the programme lasted six months. The standards included subject matters such as person centred support, safeguarding, principles for implementing duty of care and equality and inclusion. We spoke with two new members of staff and they confirmed their attendance on the training programme. They also shadowed more experienced members of staff and felt well supported. They told us that they found the induction a “positive experience”. The induction and training programme met the needs of staff working in the home.

Although annual appraisals had been held in 2013 formal supervisions provided for staff were not conducted on a regular basis. We spoke with the deputy manager who confirmed that regular supervisions were not conducted. One staff member told us that the supervisions were

“sporadic”. There were inadequate support arrangements in place which monitored and reviewed members of staff involved in delivering care, treatment and support. This was evidenced by records seen. We reviewed four members of staff supervision records. No formal supervisions were held in 2012 and in the previous two years one supervision was held each year. They were acting in contravention of their one to one guidance notes which stated that one to ones must take place every six to eight weeks. Not having regular supervisory arrangements in place meant that staff did not talk through any issues about their role, or about the people they provide care, treatment and support to. Their performance and development needs were not being regularly reviewed. Failure to regularly review performance could have an impact on their effectiveness to provide the appropriate care and support. This meant there had been a breach of regulation 23(1) [a]. The action we have asked the provider to take can be found at the back of this report.

Are services caring?

Our findings

During the day the people who used the service were given emotional and physical support and their wishes were respected.

People we spoke with generally provided positive feedback regarding the staff and care provided. Comments included: "It's safe, it's warm. Staff generally care for the patients. I would like more stimulants and more outside groups coming in"; "staff seem to cope well with people's temperament. They understand x's love of clothes and bring in club books and bought tops for her birthday" and "I visit regularly and they call me if things have changed. I can't fault them about the care provided. The staff are fine"

We observed people during lunchtime and saw that most staff were engaged with the people they were assisting to eat. They were encouraging and asking people what they would like to eat and drink. One person was sleeping and as soon as they woke up they asked for some food and the staff catered for their needs. People offered to help the staff clear up and this was supported. People were encouraged to be independent and there was a lot of positive interaction between staff members and the people who used the service. Staff got a different meal for a person when they did not like the one they were given. People's needs and preferences were understood and respected by staff members.

We observed that there was limited communication with one person when a staff member was assisting them to eat

and they spoke about another individual to a staff member in front of them. This demonstrated a lack of respect towards the person when they were meant to be providing care and support.

We spent time observing care in all three units. One person told us that they were "very happy with the staff". We observed many friendly, kind and compassionate interactions between staff members and the people who used the service. We saw a staff member very gently help a person out of bed to have their coffee. Staff interacted well with the person and talked about their shared interest in dogs.

We joined a weekly singing group. It was run by a visiting facilitator and all units were invited to the session. Nine people who used the service and four members of staff attended the group. Everyone enjoyed the group and the staff gave people lots of individual attention. Everyone was given percussion instruments and the facilitator was very good at keeping people engaged. One person was celebrating their birthday and the singing group sang happy birthday to them. There was lots of laughter in the room during the one hour session.

We spoke with the activities coordinator. Where people did not want to get involved with the activities programme one-to-one time would be provided to enhance their well-being. They encouraged social interaction in accordance with the person's preferences. We found that activities were recorded on each person's care plans.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We observed that people did not consistently receive personalised care that was responsive to their needs.

An enabling environment for people with dementia was provided at the service. There were signs to assist people to move around independently or orientate themselves. Bedroom doors had the person's picture on the door that was clearly visible. This assisted people to move around or find their own bedrooms without staff support. We saw that bedrooms had been personalised. There was visual stimulus for people to view and touch throughout the building and some people had memory boxes outside their rooms. The communal areas contained objects for people to interact with such as musical instruments and books. Sensory items encourage the people who use service to participate in activities.

In the Sunnyside unit people had the image of a front door painted with the colour of their choice on their bedroom doors. It provided a more homely environment for the person and provided ownership to the entrance of their room. Staff informed us that they had sought the views of people about the décor and responded to their views about how the unit should be decorated.

People had access to a full and varied weekday activities programme that were important and relevant to them. During April 2014 the activities offered included singing, country and western entertainment, textiles, a Good Friday service and a 1950's tea dance. If people did not want to join in they were offered one-to-one time. The home recognised the risks of social isolation and took proactive steps to deal with this issue. Family members were also sent an activities programme which allowed them to join in. This enabled people to maintain relationships with their friends and relatives and engage in activities that were important to them.

The provider also sponsored an annual arts festival. Artwork provided by the people who used the service will be exhibited. They will also visit the exhibition to view their work and had been invited to a tea party. This demonstrated the service recognised the importance of social inclusion.

The service had been awarded funds by the Prime Minister's dementia challenge fund. The fund has been used to build an activities kitchen, bathroom

refurbishments, installation of a dementia friendly garden and controllable lighting in the building. The lighting changed according to the time of the day. The aim was to assist people's understanding of the time of day, particularly if people had difficulty sleeping. The purpose of the dementia funding is to help reduce a person's distress and confusion and assist with the management of their condition.

We viewed four care plans. Although a full assessment of the person's needs had been undertaken by the service, we found that it did not include an audit trail of the relative's involvement in the process. This potentially meant that staff did not necessarily have the information and knowledge about the person regarding how to meet their care needs, such as their preferred routines, likes and dislikes.

We found that there was a lack of evidence of any best interests meetings in the person's file, regarding those who acted on their behalf to make decisions about their care, treatment and support. These meetings take place to ensure that decisions made on a person's behalf, are made in accordance with the principles of the Mental Capacity Act 2005 (MCA). The Act protects the rights of people who are unable to make decisions about their own care or treatment. People and those that matter to them were not formally encouraged to make their views known about their care, treatment and support. The provision of care was based on the decision making of staff members. There was no formal review process in place to establish whether people or their relatives were content with the level of care and the terms of the care plan.

To establish relatives' views a Relative Support Group was held twice a year. It was an open forum for relatives to speak with staff members and trustees about any concerns they may have about their relatives care. Although the people we spoke with appeared to have very basic knowledge about their relative's care plan they felt listened to. Two people we spoke with had expressed their concerns about aspects of their relative's care with the manager and these concerns were reviewed acted upon.

Friends and relatives to visit at any time of the day. This enabled people who lived at the service to maintain relationships with their friends and relatives. On the day of our inspection one person was being taken out for lunch by their relatives and another person was attending a ballroom dancing class.

Are services responsive to people's needs?

(for example, to feedback?)

Some people living in the lodge had health conditions that required specialist intervention and support, or were on special medication for their specific conditions. We found that health and social care professionals had been involved in the decision making

process regarding people's medication needs. The local GP also visited on a weekly basis and provided guidance and instructions to staff to ensure individual medical support needs were met, such as the implementation of a regular prescription to deal with a skin condition.

Are services well-led?

Our findings

We observed that the service promotes a positive culture which is open and inclusive.

At the time of our inspection there was a registered manager in post. Staff members we spoke with felt well supported by their manager. Comments included: "I would still not be here if he (the manager) wasn't here"; "it's a lovely place to work"; "We're very well supported by senior staff. It's been a positive experience. The care and patient contact is great."

There was an emphasis on support and an open dialogue was encouraged. Staff members told us they would feel quite confident to discuss any matter of concern with the manager. We found that regular staff meetings were held. Issues discussed included a review of people's progress, difficulties encountered in routines, communication issues and staffing levels. This ensured that the staff and the manager were kept fully informed of any issues arising regarding people's needs and the running of the service.

The staff we spoke with presented a clear understanding of what to do if they had any concerns about the practices adopted by the service. Staff were supported to question practice and they told us that they would approach the manager in the first instance. If they did not feel that the manager responded in the appropriate manner they were all aware of the reporting mechanisms in place and would contact the relevant external authorities. All staff members had signed that they had read and understood the provider's 'Do the Right Thing' (whistle-blowing) policy.

On the day of our inspection there were sufficient numbers of staff on duty to meet people's needs. We were told by the deputy manager that the planned day time staffing levels consisted of one or two registered nurses, six or seven care assistants, one activities coordinator, one laundry person and seven housekeeping staff who had responsibility for domestic and cooking duties. One registered nurse and three care staff assistants covered the evening routines. We examined the rota for a four week period and found that the staffing levels were maintained to the planned level as determined by the provider's dependency tool. The tool assessed each individual's needs and this determined the current staffing levels in place.

The service was undertaking a recruitment drive to employ qualified nurses. If unexpected absences occurred we found that there was a protocol in place to ensure that the absence was filled. They either called on existing staff or bank staff. Failing this the service would use agency staff to cover staff absences. This meant that they had a robust system to respond to unexpected changing circumstances in the service such as covering sickness, vacancies and absences. We observed that staff were available for people throughout the day and they were attentive to people's needs. Although staff were busy they didn't have to rush people.

There was not an effective overarching process in place which provided full information about the quality and safety of the care, treatment, and support the service provided, and its outcomes. Despite care plan audits being undertaken as part of the audit process they did not identify or rectify the shortfalls in the documentation and were therefore ineffective. This meant there had been a breach of regulation 10(1) [b]. The action we have asked the provider to take can be found at the back of this report.

There were no infection control audits in place to examine the potential risks and whether enough precautions had been taken to prevent them. If effective infection control audits were implemented the shared usage of toiletries and antiseptic items would have been identified and protected people from risk of cross-infection.

We identified that there were inadequate support arrangements in place which monitored and reviewed members of staff involved in delivering care, treatment and support. Not having regular supervisory arrangements in place meant that staff did not talk through any issues about their role, or about the people they provide care, treatment and support to. Their performance and development needs were not being regularly reviewed. This had an impact on their effectiveness to provide the appropriate care and support.

We found that regular management quality audits had been completed on information and involvement, personalised care, safeguarding, suitability of staffing/management and management of medicines. The audits identified good practice or issues that needed to be addressed within designated timescales. The audits were referred to the provider's head office and were collated for the trustees who had overall responsibility over the management and administration over the service.

Are services well-led?

To establish whether they used an opportunity for learning or improvement we reviewed the systems in place for assessing and monitoring the quality of the service. The service conducted a relative, friend and carer's satisfaction survey in November 2013. The survey's results were analysed and where concerns were identified they were acted on. The results of the survey were well publicised in the lodge and displayed in the foyer. One of the main concerns raised was that 38% of the relatives did not know how to raise a complaint if needed. The complaints policy was displayed in the Lodge and there was a suggestions box for people to make comments. An easy to read version had also been produced for people using the service. Relatives we spoke with felt confident that they could express their concerns to the manager and in some cases this has been on an informal basis. They were satisfied with the manager's approach and their issues of concern had been addressed.

In 2013 we found that six formal complaints had been received. The complaints had been reviewed by a senior member of staff and were dealt with in accordance with the complaints policy. The complaints log identified that where concerns had been substantiated actions were taken to resolve the issue in a timely manner. This ensured that the improvements had been made where concerns had been substantiated.

There was an effective system in place to manage accidents and incidents and learn from them. There was an

accident book for recording and analysing individual accidents such as falls and aggressive behaviour. When necessary, action had been taken to reduce the likelihood of them happening again. There was an incidents log which allowed the management team to identify, analyse and review adverse events. This enabled the management team to establish whether there were patterns of behaviour and emerging themes. Where it was logged that one person was expressing consistent challenging behaviour a multi-agency meeting was held to review their behaviour and medication. The meeting agreed an action plan to protect the person's welfare and safety.

The service forms part of a registered charity. The trustees publicise that they will make themselves available for any resident, relative or member of staff to discuss anything about the service. A quarterly newsletter was also produced and sent to relatives. This ensured that people were kept fully informed of the issues affecting the lodge. The newsletter also provided one of the trustee's email address and telephone details. This gave the option for people to contact them directly if they did not want to discuss the issues with the manager.

We found the service works with key organisations, including the local authority and safeguarding teams, to support care provision and service development. CQC received appropriate notifications of any issues affecting the service

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 (2)(a) HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>The registered person had not ensured that there was an effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of healthcare associated infection.</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 (2)(a) HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>The registered person had not ensured that there was an effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of healthcare associated infection.</p>
Regulated activity	Regulation
	<p>Regulation 17 (2)(c)(ii)&(d) HSCA (Regulated Activities) Regulations 2010</p> <p>The registered person did not encourage service users, or those acting on their behalf to express their views as to what is important to them in relation to their care and treatment.</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 (2)(c)(ii)&(d) HSCA (Regulated Activities) Regulations 2010</p>

This section is primarily information for the provider

Compliance actions

The registered person did not encourage service users, or those acting on their behalf to express their views as to what is important to them in relation to their care and treatment.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 (1) [b](i)(ii) HSCA HSCA (Regulated Activities) Regulations 2010

The registered person did not take proper steps to ensure that each person is protected against the risks of receiving care or treatment that is inappropriate or unsafe.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 9 (1) [b](i)(ii) HSCA HSCA (Regulated Activities) Regulations 2010

The registered person did not take proper steps to ensure that each person is protected against the risks of receiving care or treatment that is inappropriate or unsafe.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 23(1) [a] HSCA (Regulated Activities) Regulations 2010

The registered person did not have suitable arrangements in place to ensure that the person employed for the purposes of carrying out the regulated activity were appropriately supported to enable them to deliver care and treatment to an appropriate standard

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 23(1) [a] HSCA (Regulated Activities) Regulations 2010

This section is primarily information for the provider

Compliance actions

The registered person did not have suitable arrangements in place to ensure that the person employed for the purposes of carrying out the regulated activity were appropriately supported to enable them to deliver care and treatment to an appropriate standard

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10(1) [b] HSCA (Regulated Activities) Regulations 2010

The registered person did not have an effective system in place to identify, assess and manage risks relating to the health, welfare and safety of service users and others.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 10(1) [b] HSCA (Regulated Activities) Regulations 2010

The registered person did not have an effective system in place to identify, assess and manage risks relating to the health, welfare and safety of service users and others.