

Bliss Family Care Limited

The Lodge Residential Home

Inspection report

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Date of inspection visit:
09 June 2016
10 June 2016

Date of publication:
29 July 2016

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

We carried out an unannounced comprehensive inspection of this service on 28 May 2015. We found that four areas required improvements as there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the comprehensive inspection, the provider wrote to us to say what they would do to meet requirements of the regulations.

At our inspection on 28 May 2015 we found that policies and procedures were not being consistently followed and people did not receive their medicines and creams safely or as prescribed.

While people were able to make choices about their meals, the required support needed for individuals to receive their food and liquid, was not always identified.

There was a planned activity schedule at the service, however, there was limited attendance at activities that took place at the service.

There were some environmental checks carried out at the service and annual environmental risk assessments had been completed. Risks to people had been identified but the actions taken to reduce and manage risks were not always effective. We found that control measures that had been identified to reduce risks to people were not sufficient to reduce the risks or had not always been put in place. Actions had not always been taken to reduce risks associated with people's health and safety.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements and regulations relating to the standards under the Health and Social Care Act 2008. This report only covers our finding in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Lodge Residential Home on our website at www.cqc.org.uk.

Following the inspection on 09 and 10 June 2016 we found that all the regulations are now being met.

There was a registered manager in place. 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 and associated Regulations about how the service is run.

At the inspection of 9 and 10 June 2016, people who used the service told us that they felt safe. Relatives also said that they felt people were safe and protected. People told us that staff knew their needs and also the person's choices on how they wished to be supported. They told us that they received their medication when it was required. We observed medication being administered safely and in line with national guidelines.

People accessed the local community and activities were regularly available.

Staff expressed a thorough knowledge of how to protect people from abuse and avoidable harm. They also knew what actions to take if they suspected or witnessed any issues that they felt were unacceptable. This meant that staff ensured any incidents of concern were dealt with and reported in a timely manner.

Checks had been carried out when new members of staff had been employed. This was to check that they were suitable to work at the service. The staff team had received training relevant to their role within the service and on going support had been provided.

Staff had the necessary training and skills to equip them with the knowledge they needed to support people appropriately. We reviewed the training programme that showed us that basic training was completed by all new staff during their induction and then further refresher training was regularly updated. An induction programme was in place for all new staff who were employed at the service. This supported staff to attain the same standards of knowledge and awareness of their role within the service.

Relatives and visitors told us that they felt they could discuss any concerns with members of staff. People were sure that any issues would be dealt with quickly and appropriately.

Healthcare professionals were contacted when this was needed and any directions were followed by staff. Care plans contained full details of a person's individual conditions and how to provide the appropriate support. This was confirmed by our discussions with people who lived at the service and also by discussions with a visiting healthcare professional.

Staff we spoke with were aware of the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) 2008. Our observations and review of records showed that people were encouraged to make independent decisions and choices. People who lived at the service confirmed that staff asked before any support was provided and that they decided how they spent their day. Our observations at this time also confirmed that this was the case.

There were systems in place to assess and monitor the quality of the service. This included regular discussions with people who used the service. The provider issued questionnaires to gather the opinions and thoughts of individuals, the results were then collated and discussed as records showed.

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.

People told us that they felt safe and that staff did listen to them if they had any concerns.

Staff recognised and knew how to deal with abuse. The provider had effective recruitment procedures and sufficient staffing numbers were deployed.

Staff had been trained regarding the safe and appropriate way to store and administer medicines.

People were supported and encouraged to make independent choices. Risk assessments were completed to support the safety of people.

Is the service effective?

Good ●

The service was effective.

The staff team were trained to have the skills and knowledge that they needed to support and care for people appropriately.

People were supported to access healthcare professionals when this was necessary.

People said that they had a choice of meals and that they enjoyed their food. Staff encouraged people to eat a healthy, nutritious diet and drinks were readily available throughout the day.

Staff had training and understood the Mental Capacity Act (2005) and the principles of the Deprivation of Liberty Safeguards (DoLS) 2008.

Is the service caring?

Good ●

The service was caring.

People told us that the staff were caring and that they respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's individual preferences had been assessed and were updated as needed. Care plans contained clear information about people's wishes and their individual choices.

There were regular activities planned both at the service and within the local community.

The provider had a complaints procedure that was accessible to people.

Is the service well-led?

Good ●

The service was well led.

Staff were encouraged to give their suggestions about the development of the service. They were also able to ask for additional training that they felt was relevant to their role.

Feedback forms were issued to gain opinions of the service that was provided.

The quality of the service and the premises were regularly audited and any actions required were completed to address areas that required improvement.

The Lodge Residential Home

Detailed findings

Background to this inspection

We carried out an unannounced comprehensive inspection of this service on 28 May 2015. We found that four out of five outcomes required improvements and that there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the comprehensive inspection, the provider wrote to us to say what they would do to meet requirements in relation to safe, effective and responsive care and treatment plus the well-led areas of the service.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements and regulations relating to the standards under the Health and Social Care Act 2008. This report covers our finding in relation to those requirements, plus a few comments received regarding the caring aspects of the service. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Lodge Residential Home on our website at www.cqc.org.uk.

This inspection was carried out over two days. The visit on 09 June 2016 was unannounced with the second visit on 10 June 2016 being announced. The inspection was carried out by one inspector. Before the inspection we reviewed the information we held about the service. This included any notifications we had received. Notifications tell us about important events which the service is required to tell us by law.

During our visit we spoke with seven members of staff who worked in different areas of the service. We spoke with seven people who used the service, four visitors and one healthcare professional. This was to gather their views of the service being provided.

We reviewed a range of records about people's care and how the service was managed. This included four people's care plans and associated documents including risk assessments. We also looked at four staff files including their recruitment and training records plus quality assurance audits that the management team completed.

Is the service safe?

Our findings

At our previous inspection we found that environmental risks had been identified but action had not been taken to protect people from those risks. We also found that there were no adequate systems in place to ensure that people received their medicines safely.

At this inspection people told us that they felt safe with the support they were receiving. One person told us, "I do feel very safe." Another person said, "I always feel alright, safe yes." One relative told us that staff were always "careful and gentle" with their relative, so they felt that the person was safe when staff assisted. Visitors told us that the main doors were always monitored and people were greeted at the door. This ensured that staff were aware of who was accessing the service.

People received support from staff who knew their responsibilities regarding the protection of people from abuse and avoidable harm. One staff member told us, "We always speak up with any concerns, I think everyone does." Another said, "I would speak to one of the managers and the person I was working with." A visitor told us that they had information about what to do if they had concerns and they felt certain that staff would deal with anything straight away. The provider had a policy on abuse and what action staff should take in the event of such an incident.

Records showed us that staff had completed training in safeguarding adults and that this covered the different types of abuse. The care manager was aware of their responsibility for reporting allegations of abuse to the local authority and the Care Quality Commission.

Risks to people's health and well-being had been assessed and regularly checked to ensure these were up to date. Our review of care plans showed us that any risks were addressed and clear guidance set out for staff to eliminate or reduce such risks.

We saw that medicines were stored and dispensed appropriately. People received their medicines as prescribed. People's medicine records had been completed and these were up to date. The care manager told us that these were audited to make sure that they had been completed correctly.

Our review of records that related to all areas of medicines and creams showed that staff completed monitoring audits and regular checks on medications. There was a colour coded system used to highlight the time of day that medicines were required. This meant that medicines were given at the prescribed times of day or night. Storage was safe and all areas we viewed were kept clean and orderly. Our discussions with members of staff, plus our review of records, showed that staff knew about the medicines they dispensed. They knew of certain reactions to medicines and the reason that the person was taking certain medications.

We saw that any incidents or accidents were fully recorded, monitored and addressed for the safety of people.

Regular audits of the premises made certain that all areas were safe for people and the service was bright

and free of any obstacles that may have presented a risk. One visitor told us, "The building is always clean and tidy everywhere. They do a good job" Fire exits were appropriately on display throughout the building. There were regular fire drills to ensure the safety of people in such an event and the alarm systems were checked regularly.

Staff told us that they felt there were enough staff to meet the needs of people who lived at the service. The staff rotas reflected regular staffing levels and we observed staff providing support in a calm and unhurried manner. This showed us that staff were able to meet people's support needs in a safe manner. People we spoke with agreed that they felt staffing levels were appropriate.

Care and support was provided by a suitable staff team because the provider followed robust recruitment procedures. We looked at the files of four staff members and found that all appropriate pre-employment checks had been carried out before they started work. Files included identification, a record of a Disclosure and Barring Service (DBS) check to ensure that the person was suitable to work at the service and sufficient references. This meant that people could be confident that safe recruitment practices had been followed.

Is the service effective?

Our findings

At our previous inspection was found that not everyone had their dietary and fluids assessed or monitored to support their wellbeing. At this inspection we found that staff took a note of the food that people enjoyed, they made certain that appropriate amounts were regularly consumed and that meals were nutritious. People we spoke to who used the service said that they enjoyed their meals at the service. One person told us "We eat very well here, they watch in case you start to lose weight. No chance with these lovely desserts." A visitor said, "The meals are always good, my [relative] really enjoys the food." When the person was asked they nodded and said, "Yes it is good." One other person who lived at the service was speaking with us and then just said, "Oh my, the food is too good here." They patted their stomach and laughed.

People were supported by a staff team that had the appropriate skills and knowledge. A relative said, "I think they look after them all just right. Staff are really, really good here, they always help when needed and know what they are doing with [name of person]." Another person who used the service told us, "They have lots of training and they know all about me and what help I need." A healthcare professional told us "Staff always know about each person, they seem on the ball and know about the current events when I visit."

The staff told us that they had completed an induction programme when they had first started work at the service. They described how they had been given time to complete training, get to know the service and the policies and procedures. Staff told us that they had spent time shadowing a more experienced member of staff before working alone with people. The records we reviewed also showed this had taken place and that each stage of the induction had been assessed. All staff we spoke with told us that their induction had been relevant and thorough.

People were supported by a trained team of staff who had refresher training to regularly update their knowledge. Staff told us that they had completed different courses and that they like to have regular training. One staff member said, "The training is usually very good, we like to finding out about the things that affect our residents. We can ask for other training too." We looked at the training records for all staff. These showed that staff had completed a range of training including courses that were specifically related to the needs of the people who used the service.

Staff members received effective and regular support through supervision to enable them to undertake their duties. Supervision is a process where staff meet with their supervisor to receive feedback and guidance on their work. We saw that the supervision meetings had taken place on a regular basis. One staff member told us, "I certainly have had regular supervision and I know others have too." Another staff member said, "I can discuss any matters with senior staff, the manager or with other member of staff. We all work closely and just want to give people what they need to be happy."

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005 as at our previous inspection, not all staff had an understanding of this legislation and related implications. The MCA 2005 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 make 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. We found that the service was working within the principles of the MCA. Applications must be made to the Court of Protection if the provider was seeking to deprive people of their liberty.

The care manager advised that no person who used the service had been deprived of their liberty and no applications had been made for this. The registered manager explained the process they would follow if they thought someone was being deprived of their liberty and this was in line with the requirements of the MCA.

We checked whether the provider was working within the principles of the MCA and found that they were. One staff member told us, "oh yes, I have had training in the MCA. I always know that others have too, we all know about this. Senior staff are very keen for us all to discuss it." Another staff member said, "We ask for consent before we support a person and explain to people what we are about to do. They have a right to know".

Is the service caring?

Our findings

This outcome remains as it was at our last inspection as regulation were being met. At this inspection we found the following.

People who used the service made complimentary comments about members of staff and the support that they received. One person told us, "They are lovely here, I am really happy." Another person said, "Staff are so helpful, they do a very good job." Another person told us that they would like to be in their own home but as they could not manage by themselves, they felt that The Lodge was the next best thing.

People told us that they felt happy with the care that they received and that they always felt that staff listened to them, whatever they wanted to discuss. They also said that they included in the things that happened at the service. They were told about new developments and asked their opinions. One person who lived at the service told us, "They [staff] ask if I want help and they wait for me to tell them. They let you try if you want and don't rush me. I like that." This meant that staff supported people to maintain the skills that they had while recognising that this may change from day to day. People's responses depended on how the person felt from day to day.

Family members were invited to meetings with people who lived at the service. Visitors and family said that they were kept informed about events and any development at the service. The people we spoke with who lived at the service all confirmed that they were told about things and that they felt included in the developments at The Lodge.

People told us that staff provided care in a way that supported their dignity and with respect for their privacy. We saw that staff came down to each person's level when they spoke with people to ensure confidentiality when any matters were discussed. There was a relaxed and welcoming atmosphere in the building and family and visitors told us that they always felt welcomed and comfortable. One visitor told us that staff were, 'very up-beat and always ready to chat.'

Our observations showed us that staff asked people for their permission when offering any assistance. Discussions were undertaken quietly, unless the person wanted other people to join in. We saw that many people enjoyed their friendships and were relaxed and smiling.

Is the service responsive?

Our findings

At our previous inspection we found that activities were not always on offer and when they were, not many people attended. At this inspection we saw that a full programme of activities was in place. On the day of our inspection people showed us some of the crafts that they had enjoyed making. We were told that, "There is always something going on, I can do it or not, it is my choice." Another person said, "Oh yes, they have things to do and they always seem to be laughing here."

Our discussions with people who used the service, with visitors and relatives showed us that people were supported to join in a variety of activities, both inside and outside of the service. For example activities were undertaken weekly and included such activities as movement to music, wine tasting and spiritual support such as attending church.

Care plans contained detailed information about any support needs that people had, what they wished to maintain and also what they enjoyed or disliked. This provided a clear picture of the person, what activities they may enjoy and what they had liked to do in the past.

People told us that the service was responsive to their needs and that staff knew what their needs were and how to provide support as the person had chosen. One person told us, "The staff always wait until I reply to them, they ask what help I need." Another person and their relative said positive things about the staff and how they undertook their work role. One comment was, "They [staff] always ask and wait for the person. They are very good at giving people time to decide and also to move when needed." Another visitor said, "I cannot fault them at all, they are very good. I never worry."

People had been given information on how to make a complaint and felt comfortable and confident about raising any concerns. One person told us, "If I have any concerns I talk to the staff, they always listen and help." Relatives knew how to make a complaint or to raise a concern. One said, "The communication is good here and I would always talk about any worried." Another person who used the service told us, "I have no complaints or worries, they are really good here and I like it."

People we spoke with told us that their family and friends were always made to feel welcome. One relative said, "They are good and always offer a drink. I like that and know the [name of relative] is looked after here, they know what is needed." Our observations throughout this inspection also confirmed this was the case, there was much laughter and conversation between staff and people, the atmosphere was lively. A visitor told us, "It's always like this, very jolly for people." One person said, "My family visit a lot and they say the place is clean and they always feel welcome. Another relative said, "The rooms are very personal and kept lovely and clean."

Records and discussions regularly held with people who used the service and with their relatives showed us that the staff team listened to people and took any necessary action.

Is the service well-led?

Our findings

At our last inspection we found that not all identified risks found in audits had been addressed and either eliminated or reduced. At this inspection we found that regular audits had been completed and any actions were signed as being completed and dated.

Regular audits had been carried out to monitor the quality of the service being provided as well as spot checks for safety and improvement. There were regular audits completed for the premises and also of the records that were held. These audits included safety and quality audits, observations of staff practices and areas such as cleanliness around the building and the dispensing of medicines. This showed us that the management regularly monitored the service that was provided. This supported the regular maintenance and development of the service.

Staff were also observed throughout the working day by the manager for their approach and attitude towards people who used the service. Staff told us that part of their supervision session included discussions about the needs of people, how they received support and if staff had any difficulties meeting individual needs. This assisted with the support that was provided and ensured that any areas that may need additional attention or adjustment were addressed promptly. Our review of records showed us that assessments and actions were regularly completed and our discussions with staff also confirmed this.

People told us that they felt the service was well run and they got whatever they needed at the right time. One person said, "The place is very good, I know my [name of relative] is happy here, as happy as they can be when not in their own home." Another person told us, "It is always the same, good and people seem well looked after." Another visitor told us, "Staff are always so good, even if they are busy."

The management structure of the service was clearly set out, this meant that people who lived at the service, as well as all their visitors, knew who staff members were and who dealt with different areas of support. There were clear lines of communication and regular meetings with staff, visitors and people who lived at the service to make people fully aware of events and any planned developments. Our discussions at this inspection and our review of records also confirmed this. When we discussed this with people, they said they did feel involved in the service and were fully aware of what was happening at any time. One person said "I would ask at any time, they talk to me and then I understand things."

Questionnaires were regularly issued to gather the views of visitors, family members and of people who lived at The Lodge. These replies were reviewed and then any follow up actions or matters that needed attention were then dealt with and discussed.

Staff members we spoke with told us that they felt supported by the senior staff and management. Staff felt able to speak with any member of the staff team. We also observed staff working together in a calm and unhurried way, providing support with due consideration for the person involved. Staff told us that they were able to discuss things as they arose, as well as in supervision sessions. They had no problem with speaking out about anything and felt included in developments at the service. We saw that staff meetings

took place regularly and that the staff team again had the opportunity to be involved in how the service was run.

Our discussions with members of staff showed us that when any areas of personal development were identified or additional training that would be beneficial, staff did ask about such additional support. We were told that the management team did listen and encourage staff to participate in all areas of the service.

The registered manager was aware of their legal responsibility to notify the Care Quality Commission of any deaths, incidents and injuries that occurred or affected people who used the service. This was part of their registration requirements. We noted that other members of the management team were also aware of this requirement.