

Colourscape Investments Limited

The Lodge

Inspection report

The Lodge Residential Care Home
Heslington
York
North Yorkshire
YO10 5DX

Tel: 01904430781

Date of inspection visit:
09 December 2016
22 December 2016

Date of publication:
04 April 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The Lodge is a residential care home in Heslington, a village on the outskirts of York. The service provides personal care and accommodation for up to 30 older people who may also be living with dementia. The Lodge has 26 single bedrooms, two double bedrooms and communal facilities spread across two floors.

We inspected this service on 9 and 22 December 2016. This inspection was unannounced. This meant the registered provider and staff did not know we were visiting. One of our visits began at 5:30am so we could speak with night staff. At the time of our inspection, there were 27 people using this service.

At our last inspection of the service in January 2016, we found breaches of regulation in relation to staffing, safe care and treatment, person centred care and the governance of the service. During this inspection, we identified that the registered provider was now meeting the regulations relating to safe care and treatment and person-centred care. However, we identified continued concerns regarding the registered provider's governance of the service.

We identified concerns regarding how people's weights and food and fluid intake were monitored. Care plans were not consistently updated, where people had lost weight, to provide additional guidance to staff on how to manage the risks. We received information raising concerns about the support staff provided with personal care. We found that care records did not evidence that staff had regularly supported people to have a bath or shower. These concerns showed us that the registered provider had not maintained complete, accurate and contemporaneous records. This was a continued breach of the regulation relating to the governance of the service. You can see what action we have told the registered provider to take in response to our concerns at the back of our report.

The registered provider is required to have a registered manager as a condition of their registration for this service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. On the first day of our inspection, we were told the registered manager was no longer managing the service. An application to deregister them had been received by the Care Quality Commission and the process was completed on 15 December 2016 after which time the service did not have a registered manager. The service was being managed by an acting manager who was supported by the area operations manager in the management of the service. We were told the acting manager was in the process of applying to become the service's registered manager.

At our last inspection, we identified a breach of regulation regarding staffing levels. At this inspection rotas showed examples where only two staff were on duty at night. We continued to receive mixed feedback regarding staffing levels. We have made a recommendation about staffing levels in the body of our report.

The registered provider completed recruitment checks and new staff received an induction and training to

support them to provide effective care. However, we identified gaps in staff training which needed to be addressed. We have made a recommendation about this in the body of our report.

Staff we spoke with demonstrated that they understood their responsibilities to safeguard vulnerable adults from abuse. People's needs were assessed and care plans put in place to guide staff on how best to meet their needs. However, some care plans had not been updated as people's needs had changed. Accidents and incidents were analysed to identify any patterns or trends or where further action could be taken to reduce risks. Health and safety risks were managed through appropriate checks of the building and any equipment used.

Staff sought consent to provide care and support and this was recorded in people's care files. Where there were concerns regarding people's mental capacity, this had been assessed and decisions made in their best interests where necessary. People who used the service were supported to take prescribed medicines where necessary and we observed that this support was provided in line with guidance on best practice regarding medicine management.

We received positive feedback about the food provided at The Lodge and observed that people were supported and encouraged to eat and drink regularly. People who used the service told us staff were kind, caring and treated them with dignity and respect.

We received mixed feedback about the activities on offer to people who used the service. People who used the service told us there was limited support available to them to go out of the service for day trips or activities. We have made a recommendation about this in the body of the report.

The registered provider had a policy in place outlining how they managed and responded to complaints. Records were kept evidencing how complaints about the service were addressed.

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 required improvement to be safe.

Staff appropriately described how they would identify and respond to signs of abuse to keep people who used the service safe.

We continued to receive mixed feedback regarding staffing levels.

Systems were in place to identify and assess risks. However, risk assessments had not always been updated when people's needs changed.

Staff provided appropriate support for people to take their prescribed medicines.

Requires Improvement ●

Is the service effective?

The service required improvement to be effective.

We received positive feedback about staff, but identified gaps where staff training had not been kept up-to-date.

Staff sought people's consent in line with relevant legislation and guidance on best practice.

We received positive feedback about the food provided. We observed that people were supported to eat and drink regularly throughout our inspection. However, records used to monitor people's weight and food and fluid intake were ineffective.

Requires Improvement ●

Is the service caring?

The service was caring.

People who used the service and relatives we spoke with told us staff were kind and caring.

Staff supported people who used the service to make decisions and to express their wishes and views.

Good ●

We observed that staff spoke with people in a respectful way and supported people to maintain their privacy and dignity.

Is the service responsive?

The service was not always responsive.

Person centred care plans were put in place to support staff to meet people's needs.

We received mixed feedback about the support provided for people who used the service to engage in meaningful activities.

We identified concerns about the support provided for people to meet their personal care needs.

Requires Improvement ●

Is the service well-led?

The service had not been consistently well-led.

We identified concerns about the registered provider's quality assurance and governance systems, which had not been addressed since our last inspection of the service.

Records of the care and support provided did not always evidence that people's needs were being met.

We identified concerns regarding the culture within the service and found that staff did not always work effectively as a team.

Requires Improvement ●

The 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. The inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 22 December 2016. This inspection was unannounced, which meant the registered provider and staff did not know we were visiting. One of our visits began at 5:30am so we could speak with night staff.

On the first day of our inspection, the inspection team was made up of two adult social care Inspectors and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service. The Expert by Experience supported this inspection by speaking with people who used the service and visitors to find out about their views of the support provided at The Lodge. On the second day of our inspection, the inspection team was made up of one adult social care inspector.

Before the inspection, we contacted City of York Council's safeguarding and commissioning teams to ask for their feedback about the service provided at The Lodge. We asked the registered provider to complete a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we held about the service, which included information shared via the Care Quality Commission's public website and notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We used this information to plan our inspection.

During the inspection, we spoke with 11 people who used the service and nine people who were visiting their relatives or friends. We spoke with the area operations manager, acting manager, four members of staff, the chef and the maintenance person. We reviewed four care plans, staff recruitment and training files, medication administration records, meeting minutes and records relating to the management of the service including audits. We had a tour of the service and observed interactions between staff and people who used

the service including during planned activities and at lunchtime.

Is the service safe?

Our findings

At our last inspection of the service in January 2016, we identified a breach of regulation around staffing levels, because the systems in place to cover short-term sickness and absences were not effective, staffing levels had not been properly risk assessed and staffing levels at night were not safe.

At this inspection, we visited the service during the night shift and found there were three staff on duty supporting 27 people. We observed care and support being provided in a timely manner and concluded there was sufficient staff on duty to monitor and meet people's needs. We reviewed rotas and saw that agency staff were used to try and maintain staffing levels. However, rotas showed there were a small number of occasions when only two staff were on duty at night. The area operations manager told us that on these occasions, they had been unable to find agency staff and had in some instances worked the night shift themselves to ensure at least two staff were on duty.

The area operations manager told us a number of people who used the service required support from two members of staff and we observed that people who used the service were awake and in communal areas during the night shift. We were concerned that staff would not be able to supervise people in communal areas and provide support to people who required assistance from two members of staff on the occasions when only two staff were on duty.

During the day shift, there was one senior care worker, three care workers, a chef, a kitchen assistant and domestic staff on duty. The area operations manager and acting manager were supernumerary and also present during the course of the inspection.

The registered provider used a 'dependency tool' to determine that three members of care staff were required on each shift during the day. However, they told us they 'overstaffed' the service during the daytime and aimed to have four care staff on duty when their dependency tool indicated only three staff were required.

We reviewed rotas for the four week period before our visit and identified 12 occasions where only three members of care staff were on shift during the day. Following our visit, we were sent further rotas which showed other examples where, due to short-term sickness or absences, staffing levels were reduced to three members of care staff on duty. The registered provider told us that despite this, their dependency tool indicated that staffing levels were safe. We were concerned that there were 27 people who used the service. The majority of these people were subject to the Deprivation of Liberty Safeguards indicating concerns with their mental capacity and that they needed a level of continuous supervision to maintain their safety. The registered provider told us all but one of the people who used the service required assistance to leave the service and access the wider community. A number of people who used the service required support from two members of staff with their mobility or to meet their personal care needs.

People who used the service did not raise concerns about staffing levels being unsafe. However, feedback was not consistently positive. Three people who used the service told us that staffing levels did at times

impact on the quality of the care and support provided. Comments included, "It's a bit short staffed at the moment, some of the usual ones aren't on duty. It does make it a little bit more difficult, the speed they get things done, it might take a bit longer" and "They get pretty short staffed at times."

Relatives of people who used the service said, "Staffing levels have been all right. There always seems to be plenty of staff around" and "There seems to be quite a few people [staff] when I come." However, four relatives provided feedback which raised concerns regarding staffing levels. Comments included, "Staff complain about being overworked and not having time to do things" and "The staff at the Lodge are generally lovely, but are too thinly spread."

Staff told us, "It's not too bad [staffing levels]. Occasionally we are one person down, but they have been ringing agency to get cover over the last few months", "It's a lot better now" and "There's not always enough staff, mainly it's on a weekend, but sometimes we are short on mornings as well."

The area operations manager told us staff had left and they had recruited new staff, but were waiting for employment checks to be completed before they started work. They also explained that they tried to use agency staff wherever possible to cover gaps in the rotas.

We recommend that the registered provider continues to monitor and review staffing levels.

At our last inspection, we identified a breach of regulation relating to the safe management of medicines. During this inspection, we found our concerns had been addressed and the registered provider was now meeting this regulation. People who used the service did not raise concerns about the support provided to take prescribed medicines. One person who used the service said, "They [staff] give me my medicines religiously, they are always on time. There have never been any problems."

The registered provider had a policy and procedure in place to guide staff on how to safely support people with their medicines. Records evidenced that staff responsible for administering medicines received training and competency tests were completed to ensure staff were working safely and in line with guidance on best practice. We observed medicines being administered in line with guidance on best practice during the course of our inspection.

Medication Administration Records (MARs) were completed to document when people had taken their medicines. Our checks showed minor gaps on MARs where staff had not recorded whether they had administered that person's medicines. However, we saw that systems were in place to identify and address these shortfalls with staff's practice.

People who used the service told us that they were happy at the service and with the care and support staff provided. We asked people if they felt safe living at The Lodge. Feedback included, "I do feel safe", "It's good. They [staff] look after me" and "Yes I feel safe, I always have done." We observed that people who used the service appeared relaxed and comfortable around staff and acted in a way which showed us they felt safe.

We reviewed staff files which evidenced that new staff were interviewed and references obtained before they started work. The registered provider checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This helped the registered provider make safer recruitment decisions and showed us they had taken appropriate steps to ensure only suitable staff were employed to work with adults who may be vulnerable.

The registered provider had a policy and procedure in place providing guidance to staff on how to manage

and respond to safeguarding concerns. Staff we spoke with demonstrated that they understood their responsibility to safeguard vulnerable adults from abuse. Staff we spoke with described the different types of abuse they might encounter and the action they would take to make sure people were safe. Records were kept evidencing that safeguarding concerns had been reported to the local authority and the Care Quality Commission as required. Staff we spoke with understood how to Whistle blow (tell someone) if they had any concerns about the service provided.

Each person who used the service had a care file containing copies of care plans and risk assessments relating to their care and support needs. Where risks had been identified, risk assessments had been put in place with information for staff on how the risk could be reduced or minimised. We saw risk assessments relating to the environment, moving and handling, falls, skin integrity and around people's nutritional intake. We found these generally contained proportionate information specific to each person's needs to support staff to provide safe care.

However, we noted some examples where care plans and risk assessments had not been updated when people's needs had changed. For example, one person's care file recorded that they needed a pressure mat to alert staff if they got out of bed. We observed that the pressure mat was not in place. The area operations manager told us that this was no longer needed, but the care plan had not been updated. We found other examples where people had lost or gained weight and their care plan relating to nutrition had not been updated. A new Body Mass Index score had not been completed or the Malnutrition Universal Screening Tool updated to evaluate the weight loss or weight gain and to identify what action to take. It is important that care plans are reviewed and updated regularly to ensure they provide staff with up-to-date information about how best to support that person to maintain their safety. The area operations manager told us they would update these risk assessments to address our concerns.

A record was kept of any accident or incident which occurred. We reviewed these records and saw that they contained narrative information about what had happened and how staff had responded, including whether they had sought medical attention. Accidents and incident reports were collated and analysed each month for patterns and trends. Where the accident and incident had been identified as 'preventable' further information was included in the analysis about what was done to address this. For example, the dining room had been rearranged after a person who used the service had tripped over furniture and fallen there. Whilst this was evidence of positive risk management, we found limited evidence that accidents and incidents were reviewed at the time they occurred. This meant there could be a delay in identifying any action needed to keep people safe between the accident and incident occurring and when the monthly analysis was completed.

Checks of the building and any equipment used were completed to protect people against the risks associated with unsafe equipment or unsuitable premises. We saw documentation and certificates to show that appropriate checks had been carried out on the gas boiler, the electrical installation, portable electrical equipment, nurse call bell system and on any lifting equipment used including hoists and slings.

The registered provider had an up-to-date fire risk assessment and Personal Emergency Evacuation Plans (PEEPs) were in place. These provided information about what support people would need to evacuate the service in the event of an emergency. The registered provider had responded to feedback since our last inspection and implemented a business continuity plan. This recorded how staff would continue to meet people's needs in the event of an emergency, such as a fire, flood or loss of utilities. This showed us that systems were in place to manage and minimise health and safety risks to people who used the service.

Is the service effective?

Our findings

We received positive feedback about the food provided at The Lodge. People who used the service said, "You get good meals", "The food I would say is good, we are well fed. Whatever it is, if I don't want it, I can ask for something else. They are really helpful", "The food's good", "The food is always nice" and "You don't go hungry." A relative of someone who used the service said, "The food looks absolutely delicious."

We observed lunch being served and saw that people were offered a choice and supported to make a decision about what to eat and drink. Staff were patient and took time to sit and provide support, prompts and encouragement for people to eat. There was a positive atmosphere during lunchtime and we observed a number of effective interactions between staff and people who used the service. We found that drinks were readily available and people were regularly prompted and encouraged to have drinks and snacks in between meals. A visitor to the service told us, "They [staff] are very generous with tea and biscuits."

Where there were concerns about people's food or fluid intake, monitoring charts were put in place for staff to record what people ate and drank each day. We randomly selected and reviewed three people's food and fluid charts. All three contained significant gaps where charts had not been completed for large parts of the day. For example, one person's food and fluid chart did not record that they had eaten or drunk anything past 10:00am on one day, past 12:00pm on another day and the first entry that they had eaten or drunk anything on a another day was at 4:00pm. We found other examples where charts recorded that people had drunk only 200 or 300mls that day. Food and fluid charts are an important tool for monitoring and managing the risk of dehydration and malnutrition. We were concerned that these were not being effectively used to monitor people's food and fluid intake to identify where people were not eating or drinking enough.

We reviewed records relating to monitoring the risk of malnutrition. We found that people who used the service were weighed each month. However, care plans were not always updated after people had been weighed to reflect how staff needed to manage and respond to changes in weight. People's Body Mass Index (BMI) was not always calculated or the Malnutrition Universal Screening Tool (MUST) updated to evaluate people's weight loss.

Despite these issues, we found multiple examples where staff had contacted healthcare professionals to share concerns and seek advice and guidance regarding people's food and fluid intake. Monthly weight records showed us that, where people had lost a significant amount of weight, this had been stabilised and people's weight either maintained or increased in the subsequent months. Whilst this was positive, comprehensive weight records and detailed food and fluid charts are essential to ensure issues and concerns are swiftly identified and addressed. Without these effective safeguards in place, we could not be certain that the risk of dehydration and malnutrition were effectively managed.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service provided positive feedback about the staff that supported them. Relatives of

people who used the service said, "My [relatives] care seems to be spot on, I've no complaints" and "Different staff have differing levels of skill and different levels of understanding of dementia. [Area operations manager's name] and [acting manager] seem to be more proactive and focussing on training."

We reviewed the registered provider's induction and training programme. New staff were required to complete e-learning courses on the Mental Capacity Act 2005, safeguarding vulnerable adults from abuse, moving and handling, infection prevention and control and first aid. An additional taught course was also required for staff to gain practical experience of moving and handling techniques and using equipment such as hoists. Training was also provided on dementia care, with staff completing a six week distance learning course.

The area operations manager told us new staff completed approximately two weeks shadowing before working independently, but explained that the length of shadowing completed depended on people's previous experience and confidence in their role.

Staff we spoke with confirmed that they were supported to access a wide range of training and learning opportunities.

We reviewed the registered provider's training matrix and certificates of training completed. This evidenced that training was provided throughout the year. However, it also showed a number of gaps in staff training. For example, only nine out of 28 staff had complete fire safety training, only four staff had completed challenging behaviour training and only 16 staff had completed dementia training. We were concerned, given that the service specialised in supporting people with dementia that more staff had not completed this training. The area operations manager told us they were currently reviewing the service's training requirements as there was no set policy in place about how often training needed to be completed.

Despite these gaps in staff training, we observed staff providing effective care and support during our inspection and did not identify concerns with gaps in staff knowledge or understanding through our conversations with the staff team.

We reviewed staff files which showed staff had supervision meetings to discuss their wellbeing and professional development. We saw that letters had been sent out to staff inviting them to complete a self-assessment form in advance of appraisals scheduled to be completed in January 2017.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that DoLS were in place where the care and support provided amounted to a deprivation of that person's liberty. We saw that where people had mental capacity, they had been asked to sign to record that they consented to the care and support provided. Where there were concerns about people's ability to make this decision, mental capacity assessments had been completed and, where necessary, best interests decisions made about how to provide that person's care and support. Care plans were also in place regarding people's cognition and this provided information about the level of support people needed to make decisions and details of how

best this support should be provided. Staff we spoke with demonstrated that they understood the importance of consent and were mindful of capacity issues. This demonstrated that people's ability to make decisions was considered and consent to care was sought in-line with relevant legislation and guidance.

People who used the service told us staff supported them to access healthcare services where needed. One person commented, "They [staff] ring a doctor if you need one." A relative of someone who used the service said, "[Relative's name] had an issue with swelling in their feet and they got the doctor out straight away and the medicines were sorted." Whilst a member of staff told us "We phone 111 and get advice from them...if it's an emergency they send an ambulance."

People's care files recorded details of their health needs and significant medical history. Information about any healthcare professionals involved in supporting people who used the service was also recorded for staff to access where needed. We saw that care records contained clear communication with relevant healthcare professionals in relation to changes in people's health. Where healthcare professionals had visited, there were records of what was discussed and any recommendations given.

We found that the registered provider had taken steps to create and maintain a dementia friendly environment. The service had been decorated and furnished with memorabilia and items to provide stimulation and prompt reminiscence. Whilst we saw some dementia friendly signage was in place, this could have been developed. For example, there was no signage to help people to find their bedrooms and bedroom doors were not easily distinguishable from each other to help people find their own rooms.

Is the service caring?

Our findings

People who used the service consistently told us that they liked the staff and felt well looked after. Comments included, "You get looked after, people are polite and friendly", "I think they [staff] deal with people in such a gentle way. They are so careful, gentle and understanding. I think it's fantastic" and "You're well looked after here, that's for certain. I've become friends with some of them. The carers, they are really good."

Relatives of people who used the service told us they felt staff knew people who used the service well and took time to learn their individual needs and respond to them. Comments included, "They [staff] always call them by their name and are having a laugh and a joke with them", "The staff are all kind and helpful" and "They [staff] always seem friendly and speak nicely to people...They do seem to have a nice way of talking and joking with people."

A member of staff told us, "The people I work with seem to care. They spend time with people and talk to them nicely." People's care files contained a 'life history' section and staff asked for input from people's family to help them get to know that person. This supported staff to establish a rapport with people and develop positive caring relationships.

During our inspection, we observed a number of positive, kind and caring interactions between staff and people who used the service. We saw staff treated people with kindness and that people who used the service responded positively to staff.

People who used the service told us staff listened to their views and respected their decisions. One person commented, "They [staff] are very good and give me a choice of things."

We observed that staff offered people choices throughout the day and supported people to make decisions using visual prompts wherever necessary. We saw that care plans recorded the support people needed around decision making. For example, one person's care file recorded, "I can choose what to wear if the carer gives me options and enough time to decide."

We asked staff how they supported people to make decisions and express their wishes and views. One member of staff told us, "I talk to people and discuss things to make sure they are happy."

We saw that one person who used the service was supported by an Independent Mental Capacity Advocate (IMCA) who visited them on a regular basis. An IMCA is someone who supports a person so that their views are heard and their rights are upheld. Information on advocacy services were available to ensure that people, particularly those who are most vulnerable in society, had access to support to ensure that their voice was heard on issues that were important to them.

We asked people who used the service if staff treated them with dignity and respect. Comments included, "All of them [staff] treat you with dignity and respect" and "Oh yes I am treated with dignity and respect."

They [staff] talk to you nicely." A relative of someone who used the service said, "They [staff] seem to speak to people appropriately. I've never seen anyone speak unpleasantly to anyone."

Staff we spoke with explained how they ensured people's doors were shut and curtains closed when they supported people with personal care. A member of staff said, "We cover people up when they are undressed to protect their dignity." We observed that staff knocked before entering people's rooms and spoke to people discreetly and were attentive in maintaining people's dignity when in communal areas.

Is the service responsive?

Our findings

At our last inspection in January 2016, we found a breach of regulation relating to person-centre care. At this inspection, the registered provider was compliant with this regulation.

We received positive feedback about the personalised care and support that staff provided. A person who used the service commented, "They [staff] are very, very helpful." Whilst a relative of someone who used the service said, "The way they [staff] interact with the residents, you feel they are putting their needs first."

Relatives of people who used the service told us an assessment was completed before their relative moved into The Lodge and staff spoke with them to gather more information about their relative's needs and personal preferences. We saw that this information was incorporated into personalised care plans and risk assessments for each person who used the service. These provided specific guidance to staff on how to meet each person's needs and covered areas such as personal care, continence, eating and drinking and the support required with mobility. Care plans also recorded details about what was important to people such as their likes and dislikes with regards to how their care and support should be provided.

We saw that there were systems in place to ensure staff had up-to-date information about people's changing needs. Staff we spoke with explained how information was shared from day to day and from one shift to the next through handover meetings. We observed the morning handover and saw that staff spoke knowledgeably about people's needs. Handover records were completed to document important information such as whether people had had any visitors, whether they had been ill and details of the care and support provided.

A member of staff told us, "If there's anything wrong we put it in the handover record and put it in daily records." Daily notes contained a running record of the care and support provided to each person who used the service and any significant issues, concerns or events that had happened during the course of each shift. This system supported staff to keep up-to-date with people's needs and any important changes they needed to be aware of in order to provide responsive care to people.

During our inspection, we received information from four relatives and visitors to the service, which raised concerns about the support provided with people's personal care. We randomly sampled two people's care records. These did not evidence that the person had been given the opportunity or supported to have regular baths or showers. One person's last recorded shower was twenty days before our visit. Daily records for this person typically recorded "all personal care given". The area operations manager told us that regular showers and baths were provided, but this was not always clearly recorded. Whilst we observed that people appeared clean and appropriately dressed during our visits, feedback we received indicated that people's personal care needs were not always met and we were concerned about how the acting manager and area operations manager could monitor and ensure people were given the opportunity to have regular baths or showers without clearer recording. The acting manager and area operations manager acknowledged that it was not clear when and how often people were supported to bath or shower and agreed to address this gap in their recording.

We reviewed the support provided for people who used the service to engage in meaningful activities. The registered provider had recently employed an activities coordinator to develop a programme of activities and support and encourage meaningful stimulation for people who used the service. Activities provided included chair exercises, arts and crafts, memory games and hand massages. On the day of our inspection, we saw a hairdresser visited the service and people enjoyed visiting them to have their hair cut.

The activities coordinator maintained a record of the activities they had supported people who used the service with. These showed that some people who used the service were supported to engage in regular meaningful activity. However, other records evidenced limited meaningful activity. For example, one person had nine recorded entries in their 'activity log' in the 17 days before our visit. During the same period, three other people had only one or two entries in their activity log.

During the inspection, some people who used the service, staff and relatives raised concerns about the lack of support available for people to go out of the home for trips or to access the wider community. People who used the service said, "You don't get out much" and "I don't think I can remember any of us being taken out for a trip to the coast or something like that. I think it would be difficult with the amount of staff that we've got."

Relatives of people who used the service said, "There always seems to be something going on, we've been invited to the Christmas party too" and "The television is not always on and staff have time to interact with people."

However, other relatives told us they felt staff were busy, which left little time for them to interact with people who used the service. One relative commented, "There's not an awful lot of stimulation or activities as they [staff] don't have time."

Following our visits, we were sent the activity calendar for January 2017. This showed eight occasions where people were supported to go outside the service and included a walk around the local university, a garden group and trips into town. However, the activities calendar showed that there were no scheduled activities on 15 out of 31 days in January. Of the 16 days where an activity was planned, on five of these days, the only listed activity involved just one person.

We recommend that the registered provider reviews the support available for people who use the service to engage in meaningful activity and access their wider community.

During the inspection, people who used the service were visited by relatives and friends. We observed that staff were welcoming and supported people to maintain these relationships that were important to them. Visitors to the service told us, "I'm always made to feel welcome", "They [staff] have always seemed helpful and friendly. They always offer visitors cups of tea" and "Every time we come, we are given a cup of coffee and biscuits."

The registered provider had a policy and procedure governing how they managed and responded to complaints. We saw records were kept of complaints received and how these were dealt with. Complaints records evidenced that issues and concerns were investigated and written responses provided. For example, a complaint had been received raising concerns about the lack of activities on offer at the service. We saw that feedback had been provided to the person who had complained about the steps taken to recruit an activity coordinator. At the time of our inspection, an activities coordinator had been recruited and had started in post. This demonstrated that the registered provider was responsive to feedback and took the action they said they would in response to complaints. We saw, in some instances, that meetings were

arranged with families to further discuss issues or concerns.

People who used the service told us they felt able to speak with staff if there were any issues. We observed that people confidently approached staff if they needed anything showing us that they felt able to speak with them. Relatives of people who used the service said they felt that they could approach staff if they had any issues or concerns. One relative commented, "The acting manager is very approachable."

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of registration. On the first day of our inspection, we were told the registered manager was no longer managing the service. An application to deregister them had been received by the Care Quality Commission and the process was completed on 15 December 2016 after which time the service did not have a registered manager. The service was being managed by an acting manager who was supported by the area operations manager in the management of the service. We were told the acting manager was in the process of applying to become the service's registered manager.

At our last inspection, we found breaches of regulation in relation to staffing, safe care and treatment, person centred care and the governance of the service. During this inspection, we found that the registered provider had addressed the breaches of regulation relating to safe care and treatment, staffing and person centred care. However, we identified continued concerns regarding the registered provider's governance of the service.

We identified that the registered provider had not maintained accurate, complete and contemporaneous records relating to the care and support provided. We found that records kept in relation to the monitoring of people's weight and food and fluid intake were poor. Repositioning charts had not been consistently completed to evidence that people had been supported to change their position regularly. We found that care plans had not always been updated where people's needs had changed. Staff had not maintained an appropriate record of the support provided for people to bath and shower regularly. We identified that the registered provider's business continuity plan needed updating to reflect the new management arrangements in place.

We were concerned that although the registered provider had a quality assurance system in place, this had not addressed the issues we identified during the course of our inspection and which are documented throughout our inspection report.

This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite these concerns, people who used the service said, "I am happy here", "I think it is nice" and "This one [The Lodge] is a good one. The management is good and a lot of the staff are good. They do look after me...I'm impressed it is very good." We observed that people who used the service appeared to be relaxed, and in good spirits, they told us that they liked the service and the staff that supported them.

Relatives of people who used the service said, "We have found it a very friendly and welcoming place...it's very homely, like home from home", "It always seems pleasant, very homely...it's a pleasant place to visit" and "The care they give is phenomenal."

However, feedback was not consistently positive. One relative told us, "In general everything is ok, but it's

the little things that add up." They explained that staff were rushed when they visited and morale seemed to be low. Another relative said, "Communication is difficult as staff are so busy." The registered provider told us staff spoke with relatives when they visited the service or phoned them to give them updates.

Staff we spoke with said, "It's definitely improved since last time. There's a better staff team and things are improving." A member of staff told us, "[Acting manager's name] is approachable. They make themselves available, even if they are not at work we can speak with them."

Other staff we spoke with raised concerns about a negative culture within the staff team and a lack of team work. Staff told us, "There's a big divide between day and night staff", "You don't get any support" and "There's lots of issues with day and night staff." Our conversations showed us there was at times a culture of blame between staff. The area operations manager acknowledged that there had been problems between the different shifts working in the service, but told us they were doing a lot of work to address this and felt that things were improving. They explained that they had worked a number of night shifts, held team meetings and addressed issues with communication, roles and responsibilities and expectations with the staff team. Whilst this showed the registered provider was aware and working to address these concerns, the feedback obtained during the course of our inspection showed us that further work was needed.

We identified that a member of staff was not appointed 'in charge' during the night shift. The area operations manager told us that the most experienced worker typically took charge, but they were looking into nominating a person who would be responsible for coordinating the night shift.

We saw that a quality assurance survey had been completed in March 2016 to gather feedback from relatives and visitors to the service. The results from the 12 returned surveys had been collated and analysed and feedback sent to people in May 2016. We saw that feedback received was largely positive and responses were provided where suggestions or constructive criticism had been given. This showed us that the registered provider was responsive to feedback about the service.

The registered provider held team meetings to share information and to discuss important changes within the service. A member of staff told us, "I find them useful. We discuss how things are going and any concerns or issues." We saw that staff meetings were arranged so that night staff could also attend. Minutes of meetings showed that topics discussed included training, best practice guidance and roles and responsibilities.

At the time of our inspection, the area operations manager told us they did not hold meetings for relatives or people who used the service, but this was something they were looking to introduce.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen with the service. The registered provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.