Tamaris Management Services Limited

The Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 6 and 12 April 2016. The first visit on 6 April 2016 was unannounced. The second visit on 12 April 2016 was announced. The last inspection of this service was carried out in May 2014. The service met the regulations we inspected against at that time.

The Lodge is a care home which provides personal care for up to 53 people, some of whom may be living with dementia. There were 51 people living there at the time of our inspection. The service does not provide nursing care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the provider had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider did not have accurate records and procedures to support and evidence the safe administration of medicines. Records relating to medicines liable to misuse, called controlled drugs, were inaccurate, stocks of medicines were not adequately accounted for, and appropriate codes for the non-administration of medicines were not always used.

You can see what action we told the provider to take at the back of the full version of the report.

People spoke positively about the staff and told us they felt safe and cared for. One person told us, "It's good here. We get well looked after." A relative said, "My [family member] is safe here. They're not worried about anything. Staff keep a check on [family member] through the night and this makes them feel safe."

Staff completed safeguarding training as part of their induction and then at regular intervals. Staff we spoke with said they would raise any concerns immediately.

The premises were clean and comfortable. Regular maintenance checks were carried out to ensure the premises were safe.

Risks to people's safety were assessed and managed appropriately. Assessments identified people's specific needs and showed how risks could be minimised.

The service was working within the principles of the Mental Capacity Act 2005. Deprivation of Liberty Safeguards (DoLS) applications had been made appropriately and contained details of people's individual needs.

People told us they liked the food that was provided. People had a variety of options to choose from and

drinks and snacks were readily available.

The service had features which supported people who were living with dementia such as themed areas and reminiscence material.

New staff received a comprehensive induction, which included training in key areas. Staff undertook additional training regularly, and received regular supervisions and appraisals.

People spoke positively about the caring and compassionate nature of the staff who cared for them. One person told us, "The staff are really nice and kind, and we all get on so well. I love it here." Another person said, "I'm waited on hand and foot here, I don't need anything at all."

Care plans were detailed and specific to people's individual needs. They were reviewed and updated regularly. When people's needs changed this was acted on promptly.

The provider had an effective quality assurance system and people's views about the service were frequently sought to check where improvements could be made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. The provider's procedures did not support the safe administration of medicines.

People spoke positively about the staff and said they felt safe and cared for.

People's needs around medicines were clearly set out in their support plans.

Thorough checks were carried out on all staff before they started to work at the service, to make sure they were suitable to care for and support vulnerable adults.

Risks to people's safety and welfare were assessed and monitored.

Is the service effective?

Good

The service was effective.

People's healthcare needs were monitored and the service liaised with other healthcare professionals where appropriate.

The service had features which supported people living with dementia.

Staff received regular supervisions and appraisals.

Staff training in a range of key areas was up to date.

Is the service caring?

Good

The service was caring.

There were positive relationships between staff and people who used the service.

Staff knew people's needs and preferences well, particularly those who were not always able to express their wishes fully because of their dementia.

Staff held people's hands and reassured them if they were anxious.

Is the service responsive?

Good

The service was responsive.

Care plans were well written and reflected individual needs and preferences.

When people's needs changed staff responded quickly and appropriately.

Staff knew people's needs, interests and preferences well.

People and their relatives knew how to make a complaint. Complaints were recorded and acted upon.

Is the service well-led?

Good

The service was well-led.

A registered manager had been in post for a number of years.

People told us the service was well-run.

The provider sought frequent feedback from people who used the service, their relatives, staff members and visiting health care professionals.

There were effective quality assurance systems in place.

The Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days. The first visit on 6 April 2016 was unannounced which meant the provider and staff did not know we were coming. The second visit on 12 April 2016 was announced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service, the clinical commissioning group (CCG) and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any information of concern from these organisations.

We spoke with 10 people who used the service and five relatives. We also spoke with the deputy manager, two senior care workers, six care assistants, the chef, two domestic staff and two visiting health care professionals. The registered manager was absent at the time of our visit, but the deputy manager and the provider's regional manager assisted us for the duration of the inspection.

We looked at a range of records which included the care records for four people who used the service, medicine records for 17 people, records for six staff, and other documents related to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed in the right way. Records relating to medicines liable to misuse, called controlled drugs, were inaccurate. One person's controlled drugs had not been entered into the controlled drugs register so the balance of controlled drugs in stock was incorrect.

Prescribed creams were not recorded as administered on topical medicines application records (TMARs), and body maps to highlight where staff should apply the creams and ointments were not in place. This meant we could not be sure prescribed creams had been administered in the right way or at the right frequency, in line with the instructions on people's prescriptions.

Prescribed medicines such as creams, eye drops and paracetamol suspension were not dated on opening, so we could not be sure they were in date and safe to use. This meant that they may not be disposed of at the appropriate times and thus they may not be in an acceptable condition to be considered effective.

Regular checks of the amount of prescribed medicines in stock did not take place. This meant stocks of medicines were not adequately accounted for.

Appropriate codes for the non-administration of medicines were not always used. For example, code X had been used but this was not a standard or correct code for this type of MAR.

Records of the temperature of the treatment room and the fridge where medicines were stored were not available during our visit. When we asked the deputy manager about this they said temperatures were checked and recorded daily, but the file containing these records could not be located. This meant we could not be sure medicines were stored within the recommended limits for safe storage.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs around their medicines were detailed in their care records. For example, people's support plans contained a list of their prescribed medicines, what the medicines were for and what the potential side effects were.

We observed one of the seniors doing the medicines round. They spoke to people in a respectful and kind way, and explained to people what their tablets were for. They were patient and reassuring when administering medicines and said, "I'll help you, just take one at a time and have a drink of water." This meant people were given enough time to take their medicines.

Accidents and incidents were recorded and overseen by the registered manager. However, body maps to record physical harm sustained by people were not always used consistently and sometimes lacked detail such as the extent and colour of any bruising. An analysis of falls led to a trend being identified relating to location and time. The representative of the provider told us they were considering extra staff at night to see

if this would help.

We asked people and their relatives if the service was safe. People spoke positively about the staff and said they felt safe and cared for. One person told us, "It's good here. We get well looked after." A relative said, "My [family member] is safe here. They're not worried about anything. Staff keep a check on [family member] through the night and this makes them feel safe." A GP who was visiting the service during our visit told us, "People are safe here. Staff are aware when people are at high risk of falls. Staff do a good job."

The service employed approximately 60 staff. There was one deputy manager, two senior staff, six care assistants and one activities co-ordinator on duty during the days of our inspection. Staff rotas we viewed showed these were the typical staffing levels for the service. Rotas for the week prior to inspection showed the deputy manager was allocated two roles, covering for the registered manager who was absent and also senior care worker 'on the floor'. This meant we could not be sure there was adequate management cover whilst the deputy manager was covering the duties of a senior care worker and standing in for the registered manager. The service also employed laundry and domestic staff, kitchen staff and one maintenance person. Night staffing levels were two seniors and four care assistants. Call bells were responded to promptly and people were supervised appropriately.

The registered provider used a specific dependency tool called 'CHESS' to determine staffing levels in the service. The regional manager told us people were categorized into low, medium and high dependency based on their individual support plans, and this was reviewed regularly.

The premises were clean, comfortable and largely well maintained, although the dining room on the ground floor and some communal areas needed repainting. The kitchen area in the dining room on the ground floor was untidy during our visit.

Regular planned and preventative maintenance checks and repairs were carried out by the maintenance person. These included daily, weekly, monthly and annual checks on the premises and equipment such as fire safety, window restrictors and water temperatures. External contractors also carried out required checks on gas safety and electrical installation.

Risks to people's health and safety were recorded in people's care files. These included risk assessments about pressure damage and people's potential for falls. Each person also had a personal emergency evacuation plan (PEEP), which had details about the physical and communication needs that people had. This would help people to be evacuated safely in the event of a fire, according to their individual needs. The fire alarm system and fire extinguishers were checked regularly, and fire drills happened regularly.

There were thorough recruitment and selection procedures in place to check new staff were suitable to care for and support vulnerable adults. Eligibility checks had been carried out, proof of identification had been provided and appropriate references had been received from previous employers. A disclosure and barring service (DBS) check had also been carried out before staff started work and was repeated every three years which was good practice. These checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Staff told us, and records confirmed they had completed training in safeguarding vulnerable adults. This was completed as part of their induction and updated regularly. Staff were able to describe different types of abuse and told us they would report any concerns immediately.

Good

Is the service effective?

Our findings

A comprehensive staff training programme was in place which consisted of online learning and some classroom based learning. New staff completed an induction programme which included dementia care, safeguarding vulnerable adults, first aid and moving and positioning. Staff completed further training at regular intervals on issues such as the Mental Capacity Act (MCA) 2005, infection prevention and control, safe handling of medicines and allergen awareness. Training records showed training the provider classed as mandatory was up to date.

Staff told us they received appropriate training to meet the needs of the people they cared for. One staff member told us, "I've had plenty of training but am always keen to learn more. I like seeing things done the right way." Another staff member said, "We have plenty of online training, but think we would benefit from more face to face training in a classroom."

Staff told us, and records confirmed, they had regular supervision sessions and an annual appraisal with their managers. The purpose of supervision was to promote best practice, offer staff support and identify any areas for development. Records confirmed staff had individual supervision sessions six times a year. Supervisions were up to date and covered relevant issues such as falls and pressure care. Staff told us they didn't wait until the next supervision as they could approach their managers at any time.

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's care records contained best interest decisions which corresponded to the information contained in the DoLS authorisations. Where people required a DoLS authorisation there was a record of when applications had been submitted to the local authority and when authorisations had been granted. The registered manager kept a record of DoLS expiry dates so new applications could be made in a timely manner. All DoLS for people in the service were up to date.

People we spoke with said they were satisfied with the meals. One person told us, "The food is good here." Another person said, "The food is lovely. I really couldn't ask for better." Meals were well presented and looked appetising. People were given a choice of meals. Staff told us if people had limited communication

they knew from people's support plans what their food preferences were.

Tables in the dining rooms were set with table cloths, placemats, cutlery, condiments and serviettes. Meal times were relaxed and people were offered a choice of drinks. Where people needed support to eat this was done discreetly and efficiently by staff. There was good interaction between people and staff at meal times, and staff said things like, "Are you enjoying that? Do you want a hand with that?" People were asked whether they wanted an apron to protect their clothes or not. Staff waited until people had finished their main course before asking people if they wanted dessert. There were enough staff to support people to eat. Drinks and snacks were available throughout the day, or people made their own in the communal facilities.

We spoke with the chef who was knowledgeable about people's nutritional needs. For example, they told us how meals were available in different options such as fork mashable. They also told us about people's allergies and specialist diets such as lactose free.

People were supported to access appointments with healthcare professionals such as the optician, falls team, speech and language team, dentist and dietician. The service had a good relationship with the local GP surgery. The deputy manager told us, "The local GP comes in once a fortnight and we give them a list of people we want them to see. It's the same GP who comes every time so we have a really good relationship with them now. We can ask them for advice at any time and they're happy to give it." The local GP, who visited the service during our visit said, "Staff are quite comfortable asking me for advice and they are good at following any advice given."

Staff said they worked in partnership with health care professionals. One staff member told us, "We have a good relationship with the community nursing team. They'll help with any queries."

A member of the community nursing team, who visited the service during our visit said, "Staff act on my advice so I feel comfortable delegating to them. We always give feedback to the seniors and we write in people's care plans."

The first floor of the service provided accommodation for people living with dementia. There were themed areas such as sport, music, beach and garden. Reminiscence material and items of visual or tactile interest were throughout this unit, such as a coat stand with coats and handbags, old money and album covers. People's bedroom doors had familiar items on them to help people recognise their own room. This meant the service had features which supported people living with dementia.

People's rooms were all different and decorated to each individual's taste. Sofas and other seating areas were placed along corridors so people and visitors could use these if they didn't want to sit in their rooms or the communal lounges. The large lounge on the ground floor had a television area, an activities corner with games and puzzles, and a seating area with views of the garden for people to sit with their relatives. This meant that people had options about where to spend their time.

Good

Is the service caring?

Our findings

People were positive about the caring and compassionate nature of the staff who cared for them. One person told us, "The staff are really nice and kind, and we all get on so well. I love it here." Another person said, "I'm waited on hand and foot here, I don't need anything at all."

One relative said, "I think staff have a vocation, they are caring." A second relative told us, "It's absolutely brilliant here, there are no problems at all. It was the best decision for [family member] to move here, it's been a blessing in disguise. [Family member] loves the company here." A third relative said, "Staff promote independence. My [family member] can dress themselves and staff respect this. The staff are thoughtful and brilliant with [family member]. The staff are brilliant and treat people lovely."

Some people were unable to fully communicate their views about the care they received, but throughout the inspection staff addressed people in a kind and considerate manner. Staff knew people well, particularly those who were not always able to express their wishes clearly. Staff told us about people's likes and dislikes, what was important to that person and what support they needed. For example, one staff member knew what music a person liked so they would sing to them and the person would join in which they enjoyed very much.

There was a good rapport between staff and people who used the service, including the kitchen, domestic and maintenance staff. Staff were seen reassuring people if they were anxious and using appropriate touch to comfort people. This meant staff were compassionate. Staff knocked on people's doors and asked permission before carrying out care tasks such as helping people to cut up their food or helping people to go to the toilet. This was done discreetly and sensitively. People told us they felt their dignity and privacy were upheld by care staff.

A staff member told us, "We do our best to provide good care as that's what people deserve. Each person is an individual and we respect that." Another staff member said, "We care about doing a good job and making people happy."

A GP who was at the service during our visit said, "Staff are lovely, they definitely care. When I do my rounds staff always respect people's privacy."

During our visit staff communicated with people in an appropriate manner according to their needs. For example, when staff assisted a person to move from their wheelchair to a chair in the lounge they were supportive, reassuring and competent.

Access to independent advice and assistance such as an advocate was well advertised throughout the service.

The service had received several written compliments from family members of people who used the service. One relative wrote, 'No issues with [family members] care at all. They are happy here.'

Good

Is the service responsive?

Our findings

People had been fully involved in their own care planning, where capabilities allowed. Some people had limited involvement in their care planning because their specific needs meant they could not always communicate their wishes fully. Relatives we spoke with said they felt involved in planning and reviewing their family member's care. A relative told us, "We are always involved in everything and get invited to reviews and so on. We are asked if we want to come in when [family member] is seeing the GP."

The six care records we looked at included clear guidance for staff about how to support people with their specific needs such as nutrition, mobility, personal care and medicines. They also contained information about people's food preferences and preferred activities. For example, one person's care plan said, '[Person] loves going on outings in the minibus, playing dominoes and bingo and entertainment afternoons with a singer.' Care plans contained specific detail around people's daily routines and whether they had a preference for male or female staff. Care plans were well written and detailed which meant staff had appropriate guidance on how to provide person-centred care to people. Care plans were reviewed regularly or when people's needs changed.

The representative of the provider told us, "We treat people as individuals and focus on each person to give them a good quality of life."

There were clear examples of staff responding to and acting on people's changes in needs. For instance, one person had experienced a few falls so staff referred them to the falls team and GP so their blood pressure could be monitored; equipment was ordered on the advice of other health care professionals and the person's care plan was updated accordingly. On another occasion there was an issue with a person's medicine for diabetes so staff contacted the GP and the situation was resolved quickly.

A GP who was at the service during our visit said, "People's needs change frequently and staff are quick to act on this like when someone's blood sugar levels drop." A member of the community nursing team who visited the service during our visit said, "I've not been coming to the home that long but I know people who live here and staff now. Staff are nice and helpful and know people well."

The service employed an activities co-ordinator who organised a range of social events, activities, entertainment and outings. People told us they enjoyed art and craft classes, playing board games, bingo watching films and entertainment afternoons. The activities co-ordinator had a good rapport with people who used the service.

On the day of our visit staff had brought in a selection of homemade scones, pies and cakes for people and their visitors to enjoy during an afternoon concert. The activities co-ordinator had arranged for a local singer to provide entertainment in the large communal lounge. This was attended and enjoyed by over 30 people who used the service. People spoke enthusiastically about this, for example one person said, "I love singing as my father used to do the clubs, and I can remember all the old songs." Another person said, "It was great, a wonderful afternoon."

The provider had a clear complaints procedure which was given to people when they moved in and kept in their care plan. Four complaints had been received in the last 12 months. Records we viewed showed appropriate records of complaints were kept and further action was taken where required. For example, one complaint resulted in further guidance being given to staff.

One relative told us, "I've never had to make a complaint. If I did I would speak to the manager or deputy straight away." Another relative told us how they needed to complain about an item of clothing getting spoiled. They told us, "My complaint was dealt with appropriately, it was dealt with well. I would have no problem going to the office in future."

People who used the service and relatives we spoke with said they would speak to care staff, the deputy manager or the registered manager if they had a concern or a complaint. People and their relatives told us they felt confident issues would be taken seriously and appropriate action would be taken.

The registered provider used a real time electronic system for gathering feedback from people, family members and visitors using devices located in the reception area. This meant feedback could be given anonymously at any time and analysed immediately by the registered provider. We viewed recent feedback which had been positive.

Good

Is the service well-led?

Our findings

The service had a registered manager who had been in post for over five years. The registered manager was absent at the time of our visit, but the deputy manager and the provider's representative (regional manager) assisted us for the duration of the inspection. The deputy manager told us, "I've worked here for more than 10 years and I love it. We treat everyone like family. We're a big happy family here." The provider's representative said, "I've got confidence in the management team here. The registered manager is very dedicated and the deputy manager is flexible. They are a good team."

People, relatives and staff members we spoke with felt the service was well-run and the management team were approachable. A relative told us, "The management team are approachable and I wouldn't hesitate speaking to them." A staff member said, "The management listen to our views."

People's views were frequently sought to check where any improvements could be made. The provider's representative told us that they set a weekly target for receiving feedback from people who used the service, relatives, visiting professionals and staff as annual surveys sometimes resulted in a low response rate. This meant that feedback was captured regularly. Feedback from people who used the service between January and March 2016 was positive in all areas.

People and their relatives could also give their views on the service at regular residents and relatives meetings. Recent meetings had not been attended by any relatives, but the registered manager had met with people who used the service who had no concerns. When we asked the representative of the provider why relatives had not attended such meetings recently, they said that if people had any concerns they would approach staff straight away and not wait for a meeting. Relatives we spoke with confirmed this was the case.

Staff meetings were held on a quarterly basis, or more often if required. Minutes of these meetings were produced so staff not on duty could read them at a later date.

The provider had an effective quality assurance system in place to monitor the quality of the service provided. All aspects of care were audited at regular intervals, such as care records, health and safety, fire equipment and food safety. The registered manager completed monthly audits which were followed up by a 'quality visit' from the provider's regional manager. They completed an improvement plan with timescales which set out areas which required attention, and this was reviewed to ensure appropriate action had been taken.

For example, a recent dining audit identified the need for tables to be cleared and set correctly after each meal time. This happened during our visit which meant audits were effective in improving the quality of the service. Also, an audit of staff recruitment files identified some documents were missing and this was rectified.

Senior staff at the service (the registered manager, deputy manager and senior carers) attended 'quality and

clinical governance' meetings every few months. Minutes of a recent meeting showed staff had discussed the need to monitor people's dietary needs so people who were a potential choking risk could be kept safe.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services were not protected against the risks associated with unsafe or unsuitable care and treatment because records and systems did not support the safe management of medicines. Regulation 12 (2) (g).