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?	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

This inspection took place on 11 April 2017 and was unannounced. A second day of inspection took place on 13 April 2017 and was announced.

We previously inspected the service in April 2016 and found the service was in breach of regulations around the safe care and treatment of people because records and systems did not support the safe management of medicines. During this inspection we found the service had made improvements, details of which can be found within the report.

The Lodge Care Home provides personal care and support for up to 53 people, some of whom are living with dementia. At the time of our inspection there were 46 people using the service. The service does not provide nursing care.

The home 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.

The arrangements for managing people's medicines were safe. Staff supported people with their medicines in a patient and caring manner. Medicines were stored appropriately. All medicine records were completed accurately and regular medicine audits were carried out.

Staff had a good understanding of how to safeguard people and were able to give examples of different types of abuse and potential signs to look out for. Staff were confident how to report any safeguarding concerns they may have and were aware of the provider's safeguarding and whistle blowing policy.

Risks to people's health, safety and welfare were assessed. All measures to reduce risks were identified and put in place. Risk assessments were reviewed regularly and updated in line with people's changing needs. The provider also had up to date risks assessments in place regarding the premises and environment.

We received mixed comments regarding the adequacy of staffing levels. During the inspection we found there were enough staff to meet people's needs and cover was sought in times of staff absence. New staff were recruited in a safe way and all appropriate pre-employment checks were carried out in line with the provider's policy and procedure.

Accidents and incidents were recorded and all identified action was taken. The provider monitored accidents and incidents to identify any possible trends and measures that could be put in place to reduce the likelihood of a recurrence.

Staff had completed relevant training and received updates when required. Staff received regular

supervisions and annual appraisals to discuss their progress and any training requirements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to meet their nutritional and hydration needs. People told us they enjoyed the food in the home. Care plans contained information about people's likes and dislikes in relation to food and drinks as well as details of how to support people with specific dietary needs.

Staff supported people in a caring way and demonstrated compassion and familiarisation when doing so. People and relatives told us staff were caring and they were happy with the support they received.

The provider completed assessments of people's needs prior to them moving into The Lodge Care Home. Assessments were used to devise personalised care plans to guide staff how to support people in line with their needs, preferences and wishes. Care plans were reviewed regularly and updated when required.

People and relatives knew how to raise concerns about the service. Copies of the provider's complaints procedure were on display in the home. The registered manager kept a log of all complaints received and information about investigations and outcomes.

Regular audits were carried out in relation to the service provided to people, as well as the premises and environment.

Views were regularly sought from people who received the service, relatives and visitors about the quality of the service and any improvements that could be made. Results of feedback received were displayed in communal areas and contained any actions taken as a result of suggestions and comments.

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 and relatives told us the service was safe.

Medicines were administered and managed in a safe way.

Staff were recruited following the provider's procedure and appropriate pre-employment checks were carried out.

Is the service effective?

Good

The service was effective.

People and relatives told us they felt staff were appropriately trained. Staff received regular training, supervisions and annual appraisals.

The provider supported people in line with requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to meet their nutritional needs and had access to health professionals.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were friendly, kind and chatty.

Staff supported people in a compassionate way which maintained their dignity. People were treated with respect.

Information in relation to advocacy services was available in the home.

Is the service responsive?

Good

The service was responsive.

A detailed assessment of people's needs was carried out prior to them moving into the home to ensure the service was suitable.

People had a range of care plans in place that were personalised, detailed and reviewed regularly.

There was a wide range of activities available for people to enjoy and they were supported to continue practising their chosen faith.

Is the service well-led?

Good

The service was well-led.

People and relatives knew who the registered manager was and felt confident to approach them.

The service held regular staff and health and safety meetings to discuss the service and any improvements that could be made.

Views from people, relatives and visitors were regularly sought. Positive feedback had been received and appropriate action had been taken where comments suggested improvements could be made.

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 checked 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 comprehensive inspection took place on 11 April 2017 and was unannounced. A second day of inspection took place on 13 April 2017 and was announced.

The inspection team consisted of one adult social care inspector and one expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection took place we reviewed the information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The provider also completed a Provider Information Return (PIR) and this was returned before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We contacted the local authority commissioners of the service, the local authority safeguarding team and Healthwatch. Healthwatch England is the national consumer champion in health and care.

We used a number of different methods to help us understand the experiences of people who lived at The Lodge Care Home. As part of the inspection we conducted a Short Observation 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.

During the inspection we spoke with five people and seven relatives. We also spoke with the regional manager, the registered manager, deputy manager and four care staff. We looked at three people's care records and seven people's medicine records. We reviewed three staff files, including records of the recruitment process. We reviewed supervision and training records as well as records relating to the

management of the service. We also completed observations around the service.

Good

Is the service safe?

Our findings

At the last inspection in April 2016 we found medicines were not always managed in the right way. Records relating to medicines liable to misuse, called controlled drugs, were inaccurate. 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. Prescribed medicines such as creams, eye drops and paracetamol suspension were not dated when opened. Regular checks of medicines in stock did not take place and there were some medicine administration records (MARs) that contained inappropriate codes for the non-administration of medicines.

During this inspection we found improvements had been made. All controlled drugs administered were recorded in the dedicated book with two staff signatures and a stock count was carried out each time which corresponded with stock levels. Each person who had prescribed creams had a topical medicines application record in place completed by staff as well as an associated body map to guide staff where to apply the cream. The majority of medicines were contained in blister packs which were colour co-ordinated to the time of day they needed to be administered. Prescribed medicines stored separately to the blister packs had a date recorded when they were opened. During the inspection we didn't see any opened medicines out of date which meant medicines were given when they were considered to be effective.

We spent time with a staff member whilst they were completing their medicines round. We noted medicines were administered in accordance with good practice and people were treated with respect and patience. The senior care worker approached people gently and spoke softly when asking them if they could take their medicines. They waited with each person ensuring they had taken their medicines before recording on the MAR. We observed the senior care worker chatting with people during the medicines round and asking if they had enjoyed their lunch or if they were joining in the upcoming activities. People appeared relaxed and at ease, engaging with the senior care worker and happily taking the medicines.

People we spoke with who lived at The Lodge Care Home told us they felt safe living there. One person said, "Yes, no bother, the staff are kind." Another person told us, "They treat me all right and they help with everything." A relative commented, "Yes, [family member] has been here two years and is well looked after. [Family member] has had no incidents or accidents since they have been here." Staff we spoke with had the same views. One staff member said, "Yes the residents are safe."

Staff had a good understanding of safeguarding and were able to name different types of abuse and potential signs to watch out for. Staff told us they felt confident in their roles to keep people safe and safeguard them from abuse. One staff member said, "I would report it straight to the manager, no matter who they were as there is no call for it." The registered provider had a whistle blowing policy in place which was displayed on noticeboards around the home. Staff told us they were aware of the policy and knew how to use it.

People had risk assessments in place where required. Risk assessments were stored within care files and were regularly reviewed. All identified risks had appropriate care plans in place which detailed how care was

to be provided to prevent those risks. For example, a person had a falls risk assessment completed following their first fall. Appropriate health care professionals' intervention was sought and the service had arranged for appropriate equipment to be put in place. Equipment included a walking frame and wheelchair. The person's moving and handling risk assessment was also updated to reflect the changes.

The provider also had risk assessments completed for the premises and environment which included first aid, manual handling, fire, heat wave and slips, trips and falls. Risk assessments were stored centrally and reviewed at least annually to ensure they were relevant and up to date.

We received mixed comments regarding staffing levels from people and relatives. Most people and relatives told us they felt there were enough staff on duty to meet their needs. One relative told us, "There is always someone about." Another relative said, "There always seems to be enough staff on call when I visit." However, one person told us, "Most times they come but it takes a while," and "You have to wait ages sometimes." A relative told us their family member had recently returned from hospital and said, "I didn't think they would be able to meet her needs as there's not enough staff."

Staff told us they felt there were enough staff on shift to support people and meet their needs safely. One staff member said, "Yes I think there's enough staff and the activity co-ordinator is on the floor as well. It's very rare we have agency staff." We spoke with the deputy manager about staffing levels and requirements and they informed us they continuously monitored the staffing requirements for the home based on people's dependency needs. They went on to tell us, "We try and get cover from existing staff if there's any sickness." They went on to tell us they would use agency staff if they couldn't get cover from existing staff.

We reviewed staffing rotas for a four week period and found staffing levels to be consistent and noted there had been some changes due to absences. During our inspection we observed staff available on both floors, supporting people when needed and call bells were answered in a timely manner. People were sat in lounges and dining rooms with enough staff to support them.

The registered provider's recruitment process was followed so staff were recruited with the right skills and experience. All necessary pre-employment checks were carried out for each new member of staff including references and disclosure and barring service checks (DBS) prior to someone being appointed. DBS checks are used to determine if someone has a criminal record or is barred from supporting vulnerable people.

Accidents and incidents were recorded in a log. Appropriate records were kept which included details of events that had happened, people involved and subsequent action taken. For example, reviewing risk assessments and care plans, carrying out observations more frequently and ordering appropriate equipment to prevent recurrences.

The home was clean, homely and well maintained with appropriate test certificates for fixed electrics, portable appliances testing (PAT), gas safety and fire alarms. All checks were complete and up to date.

Personal emergency evacuation plans (PEEPs) were in place for every person who used the service. These included details about the support each person required, how many staff were needed and any equipment to be used should they need to be evacuated from the building in an emergency. We saw plans were updated in line with the changing needs of people.

Good

Is the service effective?

Our findings

People and relatives we spoke with told us they thought staff were trained to be able to meet their needs or their family member's needs. One person said, "Yes, they do everything very well." Another person told us, "Yes, they are helpful getting me out of my chair. Yes, they help me with everything." One relative commented, "I've never had any reason to question the staff training." They went on to tell us about an incident involving their family member and explained how staff dealt with the situation professionally and appropriately. Another relative said, "Yes, I see [family member] being looked after."

Staff had up to date training including safeguarding adults, moving and handling, safe handling of medicines and fire safety. Staff we spoke with felt they received enough training to support them to carry out their roles. One staff member said, "We have done e-learning and moving and handling but I'd like to do an NVQ." Another staff member told us, "I've got my NVQ two and three. We do e-learning as well."

Staff told us they received regular supervision and annual appraisals. Supervisions are regular meetings between a staff member and their manager to discuss how their work is progressing and to discuss training needs. Discussions included attendance, punctuality, infection control, documentation and team work building. Staff appraisals were tailored to each individual staff member depending on their role and any issues or particular goals they had. The registered manager had a matrix in place to monitor and ensure staff received regular supervisions and annual appraisals. All staff appraisals were up to date for staff apart from two who were on maternity leave at the time of inspection.

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. 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.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff understood the principles of MCA assessments and when they may be completed. Staff also had an understanding of DoLS including what they were, when they were used and understood that some people living at The Lodge Care Home had a DoLS in place. At the time of the inspection there were 26 people with a DoLS authorisation in place.

Care files contained MCA assessments, best interest decisions and information about authorised DoLS. We saw this was detailed in a care plan, which clearly described any imposed conditions and how these were

being met. This ensured the person's needs were being met in the least restrictive way. Best interest decisions had been made to keep people safe, such as the use of bed rails to reduce the risk of someone falling out of bed.

People told us they enjoyed the food in the home and there was always enough to eat. One person we spoke with said, "Yes, my favourite is sausage and chips and there are plenty of drinks, water, tea and juice." Another person told us, "Yes, I like everything." A third person commented, "Yes, I have a problem with eating and I'm a 'picky' eater but I love their Sunday dinners."

We observed a meal time experience in the dining rooms. The atmosphere was relaxed and people were served their food in a polite, respectful manner. We saw staff encouraged people to eat independently where possible but provided support if people needed it. People who required support to eat their meals were patiently supported at a pace comfortable to them. Staff also prompted and encouraged others where needed. Tables were set nicely with place mats, napkins, cutlery, condiments and cups.

During the inspection we saw people were offered regular refreshments between meals. Staff offered people hot and cold drinks as well as snacks such as biscuits and cakes. This meant there was always a variety of food and drinks available for people throughout the day.

We saw people had access to a wide range of health professionals including GP's, district nurses, speech and language therapists and dieticians. Records of any professional visits to the home or appointments were kept, as well as contact notes of discussions staff had with health professionals or treatments people had received

The service had redecorated the first floor to make it more dementia friendly. Different colours were used for different areas to help people orienteer around the home and identify different areas. Handrails were brightly painted. We observed people moving round the home between the lounges, dining room and their own rooms.

Good

Is the service caring?

Our findings

People and relatives told us they found the service and staff to be caring. One person said, "Yes, I ring for them to get me out of bed, they are very good, they chat away and listen." Another person told us, "The carers are lovely." A third person commented, "Oh they (staff) are no bother. They are very kind and come and talk to me when they have time." A relative told us, "[Family member] seems happy enough." Another relative commented, "The girls are lovely."

Staff told us they liked working in The Lodge Care Home and supporting people who lived there. One staff member said, "I love working here. I love looking after the people and spending time with them."

During our inspection we observed staff supporting people with daily tasks, such as eating, drinking and doing activities. We observed people receiving physical support when moving around the home with and without equipment. People were supported to make individual choices and decisions where possible. For example, whether to go into the lounge or their room from the dining room following their meal.

We observed one person liked to feed the birds and staff were speaking with the person about it. The person had torn up bits of tissue they referred to as bread for the birds. Staff opened the window for the person and offered to throw the 'bread' out for them. The person nodded, smiled and gave staff the 'bread'. Staff then imitated throwing the 'bread' out of the window much to the delight of the person. They then turned to the person and said, "There were go, they'll like that."

Throughout the inspection we observed staff treated people with dignity and respect. For example, during a lunch time we observed two people wearing clothing protectors with staff telling them "it's to keep your pretty clothes clean". Staff spoke to people in a respectful and polite manner, and referred to them by their preferred name. Staff were observed knocking on people's doors and waiting for a response before entering. Staff explained support they were offering to people and gained permission before providing it. A relative told us, "[Family member] keeps her dignity when she is having a shower. They try to keep her independent by letting her wash (some of her body) herself."

Relatives said they were kept up to date about their family member. They told us they felt involved in their family member's care and support needs and were involved in ongoing support planning. One relative told us, "The staff tell me about any problems and I get regular updates."

At the time of inspection no one received support from advocacy services. We spoke with the deputy manager about advocacy services and if people ever accessed them. They told us people received support from relatives when making decisions about their care. We observed information about advocacy services on display in communal areas. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld.

Good

Is the service responsive?

Our findings

Most people we spoke with were happy that the staff knew what care they needed and did not feel they needed to be involved in their care planning or reviews. One relative told us, "Oh yes the girls are good at meeting their needs." Another relative said, "[Family member] is definitely more settled here (than where they previously lived)."

Before people started receiving a service a detailed assessment was carried out of their needs and capabilities. The assessment was used to gather personal information about each person to help staff better understand their needs. This assessment covered areas such as mobility, nutrition, personal hygiene, continence and communication.

People had a range of care plans in place to meet their needs including personal care, eating and drinking, medicines, skin integrity, continence and mobility. Care plans were personalised and included people's choices, preferences, likes and dislikes. Care plans contained relevant detail and clear directions to inform staff how to meet the specific needs of each individual.

Care plans were reviewed on a regular basis, as well as when people's needs changed. All care plans we viewed were up to date and reflected the needs of each individual person. People and relatives told us they were involved in reviewing care plans.

The service employed a full time activities co-ordinator. During the inspection we saw people taking part in activities with the co-ordinator and other members of staff as well as watching television and listening to music. The service had an activities programme which included morning walks, gardening, bingo, baking, ball and board games, pamper sessions and reminiscence activities.

People told us they enjoyed activities, saying, "I like the activities, making cakes and cards, playing bingo and dominoes, sometimes they bring snakes and dogs in to stroke." Another person commented, "I can't do many activities as my hands don't work but I like it when the singers come in". A third person commented, "It's a happy environment, quiet and happy. I'm a catholic and I get communion every Tuesday from the priest. I think that's very important."

The service held bi-monthly resident and relative meetings in the home. The deputy manager told us the meetings were organised to enable people and relatives to raise any issues or ideas for improvements in the service. A relative told us, "My [family member] went and said it was informative, they discussed how they could improve the menu."

The service had a complaints procedure that detailed each stage of a complaint and how it would be managed. Copies of the complaints procedure where on display around the home for people and their relatives to see. People and relatives told us they knew how to make a complaint if they were unhappy with something in the service and they felt comfortable raising issues with the registered manager, deputy manager or staff. One person said, "It's very good really. I can't grumble. I have no complaints but if I did the

manager would sort it." A relative told us about their disappointment with how a hospital discharge for their family member had been dealt with and informed they were pursuing this with the hospital and the service to determine who was at fault. They commented they felt it could have been handled better for a smoother transition. We spoke with a senior care worker about this and they told us they hadn't received appropriate information from the hospital when the person was discharged. The deputy manager was investigating the matter at the time of the inspection.

The registered manager kept a log of all complaints received and detailed investigations that had been carried out. Outcomes of investigations and responses communicated to complainants and others concerned were also stored appropriately. For example, one complaint related to a dirty carpet in a person's room which resulted in the carpet being cleaned.

Good

Is the service well-led?

Our findings

People and relatives told us they knew who the registered manager was and felt they could approach him with any problems that they had. One relative said, "I get the feeling that this is a home not an institution. It's homely and the manager is very approachable." Another relative told us, "It's a nice atmosphere here, well led with a good variety of food." One relative did tell us they didn't really see the registered manager and commented, "The manager sits in the office and doesn't come out. I've never seen him come out." We noted the registered manager completed daily walks around the home and had made arrangements to be accessible during different times including evenings and weekends.

The service had a registered manager who had been in post for over six years. They were fully aware of their registration requirements and had ensured that the Care Quality Commission (CQC) was notified of any events which affected the service. The registered manager was only available for a short period of the time of our visit, but the deputy manager and regional manager assisted us for the duration of the inspection.

Staff told us the registered manager operated an open door policy in the home which most staff said made them feel supported. We were told by a staff member that the registered manager wasn't always "very compassionate" if they needed time off but said they still felt confident approaching them and didn't feel discouraged. All other members of staff told us they could approach management with any concerns or issues or to seek guidance.

Throughout the inspection visits there was a management presence in the home with either the registered manager, deputy manager or regional manager readily available for staff, people who use the service, relatives and visiting professionals to speak to. During out of hours, the deputy manager told us, "They (staff) can contact me or [registered manager]." Contact details were available in the main office should staff need to speak with them.

Staff meetings took place on a quarterly basis. The deputy manager told us, "If we receive any negative feedback it's shared in staff meetings and we look at how we can improve the service." Minutes we viewed included discussions around maintaining people's dignity, daily notes, dementia, falls, safeguarding and records.

The service also held quarterly health and safety meetings. Discussions included health and safety policies, any incidents or near misses, emergency contingency plan, first aid, fire warden responsibilities and any other general health and safety issues. Actions from previous meetings were followed up during the following meetings to check on progress or completion.

The provider continued to have an effective auditing system in place to monitor the quality of the service provided. Regular audits were carried out in relation to infection control, medicines, health and safety and care records. Monthly checks were completed for each person which included reviewing their care files, risk assessments, equipment, rooms and dining experiences. Any actions identified were recorded and reviewed to ensure they had been completed. For example, reminded all staff to ensure dining tables were set up

correctly with cutlery, condiments and napkins.

Feedback was continuously sought from people, relatives and visitors through an electronic iPad system in the home that was always accessible. The provider also sent out questionnaires on a regular basis. All feedback was positive from the latest questionnaires received in March 2017. Comments included "I'm happy to live here" and "I'm getting well fed".

All results and feedback received were displayed in the home covering what was asked, what could be done better and what was said. Points raised included visitors wishing to have some access to games and reminiscence objects to use with people when they visited the home and the registered manager and deputy being available to speak with about issues at different times. The home took appropriate action by purchasing some items to put in the lounges for visitors to engage with people. Also, the registered manager arranged to be available at different times on evenings and weekends for relatives and visitors to speak with should they need to. The dates and times were advertised on noticeboards in the communal area.

We asked people if there was anything they thought the service should change or improvements they could make. Comments received were positive and included "I don't think they could do much more really, other than take us out in the better weather."