

The Lodge Health Care Limited

The Lodge

Inspection report

109a Worksop Road
Swallownest
Sheffield
South Yorkshire
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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

About the service

The Lodge is a residential care home providing personal and nursing care to six people with different health and care needs, including learning disabilities and/or autism, at the time of the inspection. The service can support up to six people in a single-floor adapted building within the residential neighbourhood of Swallownest outside of Sheffield.

People's experience of using this service and what we found

People appeared relaxed in the presence of staff supporting them and family members felt people were safe and well looked after living at The Lodge. Family members praised the staff and quality of the service. Staff knew people well and treated them with dignity, kindness and respect for their individuality, preferences, abilities and needs. Staff used person-centred approaches to support people effectively, using individualised ways to communicate and engage with people positively.

We made a recommendation regarding the service's awareness of Registering the Right Support, as well as the continued development of transitions and planning in line with Positive Behaviour Support (PBS) principles, which the provider was supporting. However, we found examples of the principles of Registering the Right Support and other best practice guidance being applied. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them. Staff did not wear uniforms or anything that suggested they were care staff when coming and going with people. People's support focused on them having as many opportunities as possible for them to gain new skills.

The service's person-centred, inclusive culture and warm, family-like atmosphere were led by a long-standing well-respected registered manager. They and the staff team worked effectively with a variety of other health and social care professionals to achieve positive outcomes for people. People, family members, staff and professionals were involved in the development of the service. The Lodge was well integrated into the local community through regular neighbourhood events.

People were supported to have maximum choice and control of their lives and staff generally supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service was continuously looking to reduce restrictions present in people's support. We discussed with the registered manager further ways to develop this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 23 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

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

interactions between staff and five people using the service. We spoke with one visiting family member and five members of staff including the provider's regional director of operations, the registered manager, a nurse and support workers.

We reviewed a range of records. This included people's care and medication records. A variety of records relating to the management of the service, including recruitment, reports and quality checks, were reviewed.

After the inspection

We phoned three relatives to ask their views about the service. The registered manager sent us additional information, which we reviewed. This included compliments and feedback about student nurse placements, staff supervision and training data, as well as satisfaction survey results.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding responsibilities and procedures, which helped to protect people from the risk of abuse. People appeared relaxed in the presence of staff supporting them and family members felt people were safe living at The Lodge.
- The registered manager worked proactively with the local authority regarding safeguarding concerns. Staff had confidence in the registered manager to address any concerns.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed on an individual basis, to help ensure measures were in place to protect them. We highlighted some development needs regarding plans to safely support people's behaviours that challenge, which the service was addressing.
- Regular checks of the environment and premises took place, to help ensure they were safe for people.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe, although there were a few staff vacancies for which recruitment was ongoing.
- New staff were recruited following appropriate checks, to help ensure applicants were suitable to work with people using the service.

Using medicines safely

- Medicines were managed safely, so people received them correctly and at the right time.
- People had personalised protocols for 'as required' medicines in place. We highlighted a few areas for clarification, which were addressed.
- The service worked with other health professionals to review people's medication regularly. This helped ensure it was appropriate to their needs and avoided overuse of sedative medicines.

Preventing and controlling infection

- A clean and hygienic service helped to protect people from the risk of infection. Personal protective equipment, such as gloves or aprons, were available to support this.
- The service had received the highest possible rating at the last relevant food safety inspection. An infection control link person, or champion, carried out internal audits to help ensure best practice.

Learning lessons when things go wrong

- The registered manager analysed accidents and incidents to learn from them, identify actions to take to

prevent reoccurrence and help keep people and staff safe.

- Verbal debriefs took place with staff following incidents, to reflect on what had happened and make changes if needed. We highlighted to the registered manager that these needed to be recorded.
- We reflected together on how learning from debriefs could be evidenced in care plan reviews, although we saw that people's support continuously developed based on lessons learned.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service needed to update some awareness and implementation of guidance, to ensure people's care was consistently delivered in line with current best practice standards. Although the service was not aware of Registering the Right Support, we could see principles of this reflected in people's care. This is guidance published by CQC regarding services for people with a learning disability and/or autism. Providers must have due regard to this.
- The provider was developing support planning in line with Positive Behaviour Support (PBS) to promote quality of life for people, particularly those who might present behaviours that challenge. Development of the provider's own plans and those developed with other health professionals was in progress.

We recommend the service familiarises themselves with Registering the Right Support, to review people's support against its principles and related guidance and continues to develop the planning of proactive support and the reduction of restrictive practices.

- People's needs were assessed prior to them moving into the service, to plan their support and help achieve positive outcomes. The service had had a particularly positive impact on the life of one person, who they supported to access educational services and move into more independent accommodation.
- The service referred to a variety of other guidance, to ensure for example people's health care was provided to current best practice standards.

Staff support: induction, training, skills and experience

- Staff were well supported to be competent and skilled to provide people's care. The registered manager had arranged additional and refresher courses to update and further staff knowledge.
- Staff received comprehensive induction and regular supervision to guide them in their role.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink enough. Staff encouraged people to eat a balanced diet, while being mindful of individual preferences.
- Staff were aware of people's specific dietary needs and supported them effectively. This included particular needs related to people's religious faith.
- When staff were concerned about people's weight, they made appropriate referrals to relevant professionals for advice and guidance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- The service worked effectively with a variety of health and social care professionals to ensure people's health needs were met, as well as promoting their wellbeing. Staff had worked with professionals to develop a protocol for one person which helped reduce hospital admissions.
- Community health professionals visited people regularly to carry out 'safe and well' checks and ensure care and support was delivered effectively. Staff supported people to have annual health checks to help maintain their wellbeing.
- People had assessments and care plans in place to promote good oral health. The registered manager had liaised with the local authority to arrange specific training.
- The registered manager had identified learning points from recent transitions into the service to help develop and plan people's moves more effectively in partnership with others. However, stakeholder feedback praised staff's transition work and there was clear progress in supporting people who had recently moved into The Lodge.
- The service was designed to be easily accessible for people and their bedrooms were decorated to individual taste and preference. The service was working with professionals to assess and meet people's individual sensory differences and preferences.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found that they were.

- Staff sought people's consent before providing care and supported them to make choices.
- Assessments of people's mental capacity regarding decisions had been completed. The service made appropriate applications to the local authority to deprive people of their liberty and worked effectively with assessors to maintain people's best interests.
- We discussed with the registered manager ongoing review of restrictions present in people's support as part of this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness, dignity and respect. Staff engaged with people in personalised ways that showed they knew each other well.
- People appeared relaxed in the presence of staff. We observed that people overall appeared content and interactions were positive. Family members had no concerns about the service and one told us, "[We are] very happy with everything. They [staff] love [name] and they love the staff."
- Interactions between people and staff were warm, caring and personal. They were reflective of the close, family-like atmosphere the service had created to make people feel included and cared for. A staff member told us, "It is very rewarding working here. I like to see service users happy and make their day better, that is what we are here for. It is nice to see the change in them."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express themselves in their own ways. Staff acknowledged people's individual signs, sounds or gestures and voiced them out, letting the person know they had been heard and listened to.
- Staff encouraged and promoted people to make decisions and take the lead over their care. Staff offered people choices and respected their decisions, while also ensuring they observed closely for people indicating wishes. Care plans explained how people indicated their consent, how they showed they were happy or not happy with something.
- People and their family members had been involved in the planning of and decisions over care. When people needed someone to speak up on their behalf, the service worked in partnership with people and their independent advocates.

Respecting and promoting people's privacy, dignity and independence

- The service promoted and respected people's independence. Care plans noted people's strengths and abilities to do things for themselves, as well as what they required support with.
- Staff supported people to develop skills to become more independent and included. Staff had supported one person to develop and access education, as well as moving into more independent accommodation. In a thank you card a family member praised, "You have done [name] a world of good, they have been most happy and secure with you. We could not have wished for better."
- Staff maintained people's dignity and respected their privacy. People's confidential records were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care was person-centred and responsive to their individual needs, which was supported by personalised plans.
- Staff used particularly person-centred approaches when providing 'end of life' support, which respected people's individuality and wishes. An example was that a person loved a certain type of TV programmes, involving train journeys or fire places. Staff put on a different programme depending on the time of the day and how the person was feeling, as well as matching this with different types of aroma diffusers.
- Individualised care plans guided staff to provide personalised support to people. Plans gave information about people's needs, backgrounds and goals.
- Additional person-centred plans had been developed together with people and families, to give an insight into people's life stories. These were reviewed regularly and included preferences, what was going well or not and what helped the person to have a good day or might lead to a bad day.
- We highlighted to the registered manager a few areas for review, to personalise some goals and ensure reviews reflected people's progress effectively.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff supported people's communication needs effectively and continuously looked to learn more about people's individual 'language'.
- The service made important information, such as guides or procedures, available in different formats, to make them easier for people to read and understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were based on people's interests and helped to stimulate them as well as engage them in the wider community and reduce isolation. This included people going on holidays to different destinations.
- The activities coordinator completed a monthly audit of people's engagement, to help ensure support provided meaningful involvement and maintained people's important relationships.

Improving care quality in response to complaints or concerns

- The registered manager recorded and resolved complaints effectively, taking action to make

improvements in people's care when needed. Only one complaint had been received in 2019 and this had been discussed with the complainant and positively resolved.

- Staff listened to people's needs and wishes through understanding individual expressions. Regular review of people's person-centred plan helped to reflect on what was not going well for people and make appropriate changes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive, inclusive and person-centred culture that promoted people's individuality and diversity, as well as offering effective staff support. This culture was led by a well-respected manager, who staff praised by saying, "[Name] is lovely, very supportive, always supported me with anything I need." Student nurse feedback stated, "The Lodge was an excellent environment to be in, always putting the service [user] needs first and working in a person-centred way."
- Staff were respectful of people's diversity and needs linked to this, such as faith-based requirements. A 'protected characteristics' champion had been appointed to help ensure going forward diversity and inclusion topics were discussed at team meetings.
- A family-like, open atmosphere had been created and the service was continuously developing its supportive culture. A 'mental health first aider' had been appointed to help promote the team's wellbeing. A staff member said, "Even on days when we do not see eye to eye, we are still here for each other."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their regulatory responsibilities. Statutory notifications about specific events had been sent to CQC and ratings from our last inspection displayed, in line with legal requirements.
- The registered manager understood their responsibilities under the duty of candour, but no applicable events had recently occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people, families and staff in the design and delivery of people's care. The provider conducted satisfaction surveys for staff, to seek their opinions and act on them. The service sent letters to relatives to invite them to share and discuss their views.
- Regular meetings took place to keep everyone involved and informed. The registered manager kept in regular contact with family members. Family members told us, "They are fantastic, it is the best place, we looked at quite a few" and "The staff have been very nice to us, they keep us informed of everything."
- The service actively linked in with the local community, to promote people's good integration into the neighbourhood and reduce isolation. The service held regular events for families and the community to attend and people took part in neighbourhood activities and celebrations.

Continuous learning and improving care; Working in partnership with others

- A variety of checks and audits helped to ensure the safety and quality of people's care. These had effectively identified improvement needs and actions to take.
- We considered debriefs with staff following incidents needed to be recorded and used as reflection tools, to continuously develop support and people's care, in line with best practice. Individual staff action folders had been introduced to support development.
- The registered manager and staff took part in a variety of networks, to continuously develop their knowledge of best practice in other organisations and help improve people's care.
- The service worked effectively with stakeholders, to achieve good joint-up working and promote quality care for people. Feedback from commissioners was very positive and praised the service's good collaboration, helpfulness and effectiveness.
- The Lodge offered placements for student nurses, which contributed to their success and considerations of a career of working in care homes for people with learning disabilities. Compliments praised, "The lodge provides excellent experience to meet the learning outcomes of the Nursing & Midwifery Council (NMC). The placement provided me with the experience of working inter-professionally."