

The Manor Trust Bedhampton

The Lodge Retirement Home

Inspection report

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Date of inspection visit:
06 June 2019
07 June 2019

Date of publication:
06 August 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Lodge Retirement Home is a residential care home providing personal care to up to 14 people aged 65 and over. At the time of the inspection, 13 people were living in the home. The home provides accommodation over two floors and there is a stair lift available to access the first floor.

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

The provider lacked effective governance systems to identify concerns in the service and drive the necessary improvement. At times, there was a lack of detailed records regarding people's support needs and any potential risks posed to them. Records were not always in place to demonstrate effective monitoring of environmental safety systems such as fire and legionella.

The oversight of infection control procedures needed improving and medicines were not always managed safely. People told us there was enough staff to meet their needs but the provider did not use a systematic approach to ensure sufficient staff were deployed to meet people's needs at all times. We have made a recommendation about this.

Although people told us they were able to make choices about their care, the application of the Mental Capacity Act was not always clear. We have made a recommendation about this.

The planning and provision of meaningful activities for people needed to improve and we have made a recommendation about this.

Despite this, people were happy living at The Lodge Retirement Home and people told us they felt safe. People were positive about the food and were supported to access health care professionals to maintain their health. People were supported by staff who were kind, caring and who understood their likes, dislikes and preferences. There was a dedicated and consistent staff team, most staff had worked at the service for a considerable length of time and they had got to know people well.

The provider was responsive to our concerns and began taking action to make improvements in the service.

Rating at last inspection and update

The last rating for this service was Good (report published 4 October 2016).

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe, Effective, Responsive and Well-led sections of this full report.

We have identified a breach in relation to the governance of the service. We also identified breaches in relation to the management of medicines and the management of risk.

Please see the action we have told the provider to take at the end of this report.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Lodge Retirement Home

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

One inspector and one Expert by Experience conducted the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Lodge Residential Home 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 registered manager had left in April 2019. This meant the service did not have a manager registered with the Care Quality Commission. A new manager had been appointed and was due to commence their employment at the end of June 2019. A registered manager, along with 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 the inspection

Before the inspection we reviewed information we held about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally

required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke to six people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the deputy manger, care workers, a housekeeper, a chef and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included the care and medicine records for five people. We also looked at four staff recruitment and supervision records and records relating to the quality and management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included information about health and safety checks and cleaning.

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 now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The management of medicines was not always safe. We looked at people's Medication Administration Records (MAR) to see if people received their medicines as prescribed. We found some unexplained gaps where staff had not recorded whether a medicine had been administered. For example, one person had four gaps on their MAR for the previous month. Another person was prescribed a medicine to be taken twice a day but there was no record that this medicine had been administered for 13 days. Therefore, it was unclear whether these people had received their medicines or not. This meant that people could have become unwell because they hadn't received their medicines as prescribed. These errors had not been identified or acted on to protect people and ensure the safe management of their medicines.
- We identified some discrepancies between the number of tablets recorded on the MAR and the number of tablets counted. The provider's internal medicine audit failed to identify this shortfall. This meant we could not be assured that people had received their medicines as prescribed.
- There was a lack of protocols in place to guide staff when administering 'as required' (PRN) medicines, such as medicines for pain. As a result, people may receive as required medicines inappropriately or not receive them when they were needed. The deputy manager had already identified this concern and had begun to include appropriate PRN protocols for each person who was prescribed as required medicine. When staff had administered PRN medicines, they had not recorded the outcome for the person after receiving the medicine. This meant the efficacy of the medicine could not be reviewed.
- We noted that some medicines had been handwritten onto the printed MARs from the pharmacy by staff administering medicines at the home. Most had not been signed by the member of staff adding the medicine or countersigned by another member of staff to confirm the instructions were correct, as is best practice considered by The National Institute for Health and Care Excellence (NICE).
- Some tablets were prescribed to be taken as either one or two. Staff had signed the MAR but had not always recorded whether they had given one or two tablets. This meant that it could not be determined how many tablets people had taken. This put people at risk of having too much or not enough of their medicines.
- Some people were prescribed creams to alleviate skin conditions. We found instances where these creams had not been applied in accordance with the prescribers instruction. For example, one person was having their cream applied once a day when the instruction was twice a day. People had most of their creams stored in their rooms. We found that some creams did not have labels on. This meant we could not be assured that these creams belonged to the person.
- Staff had received training regarding medicine management. They had their competency checked before they were able to administer people's medicines but this had not been done since. NICE guidelines stipulate

that staff should be assessed as competent annually. Some staff had been working in the service for more than 10 years. This meant the provider could not be assured staff members were still competent to safely administer medicines.

- Regular audits of people's medicines were completed at the service but these were ineffective at identifying and resolving medicine issues.

The failure to ensure the safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The ordering, storage and disposal of medicines was safe. People told us they received their medicines as prescribed.
- The nominated individual and deputy manager were responsive to our concerns. They told us of their plans to manage medicines in a safer way and CQC also informed the local authority so additional support could be gained.

Assessing risk, safety monitoring and management

- The management of risks associated with people's conditions needed to be improved. Some people were at increased risk of malnutrition, dehydration and skin breakdown but these risks had not been assessed. Although we found the lack of risk assessment had not negatively impacted upon people at the time of our inspection, we were concerned that people could be at increased risk of harm.
- Risk assessments regarding people's specific health conditions were not in place. For example, one person had diabetes and was at risk of their blood sugars falling too low which could result in a hypoglycaemic attack. There was not a risk assessment in place about this. The staff we spoke with could recognise the signs and symptoms of the risks associated with diabetes and understood what treatment a person may need. This reduced the likelihood of harm however, newer staff may not know this information and would need detailed risk assessments in place to manage an incident of this kind.
- Despite a lack of recorded risk assessments associated with people's specific health conditions, staff demonstrated a good knowledge about people's individual risks and support needs. They monitored and mitigated people's risks well. One person told us, "When I arrived, the staff did not know much about [health condition], but they have all learned about it now. I am still alive because of the skill of the staff."
- Environmental risks were not always safely managed.
- A fire risk assessment had been carried out in March 2019. Areas of risk that had been identified had mostly been actioned although two were outstanding. This could put people at risk of harm in the event of a fire.
- Although the nominated individual told us systems were in place to ensure the fire alarm system, emergency lighting and firefighting equipment were working and in good order, records of this were not able to be found.
- Water systems were monitored to prevent the risk of legionella and a recent sample showed no bacteria was detected. However, not all legionella control activities were being undertaken and recorded as required, such as the flushing of little used water outlets and descaling of shower heads. This could increase the risk of legionella.
- The majority, but not all, windows above ground floor level were safe. An upstairs window on the upper floor had no restrictor applied. This posed a risk for people as it was accessible to them. Following the inspection, we were informed all windows now have restrictors in place.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection. They confirmed that appropriate risk assessments either had been or were in the process of being put in place for people. All the actions from the fire risk assessment were being addressed and plans to ensure suitable checks of the environment were made, including legionella and fire checks.

Preventing and controlling infection

- Improvements were required to ensure the service was clean at all times.
- Some areas of the home were in a good state of repair. However, other areas were in need of attention such as worn carpets, marks on walls and damaged paintwork. This made it harder to clean these areas effectively. The nominated individual told us that plans were in place to upgrade and redecorate the home which would improve these areas.
- Most areas of the home were clean and free from odour but one communal room was not. Following the inspection, the nominated individual told us of their plans to rectify this.
- The provider employed one housekeeper who worked 29 hours per week. They did not work weekends and when they were on holiday, sufficient cover was not organised. One member of staff told us they felt this impacted on the cleanliness of the home. Following the inspection, the nominated individual told us that adequate cover had been organised.
- The provider was unable to demonstrate how they audited the home to ensure infection control practices were being followed. Following the inspection, the nominated individual sent us cleaning schedules and told us that auditing of the environment would take place to ensure it was clean.
- Staff were seen to follow infection control procedures such as washing their hands and wearing personal protective equipment appropriately. The service's kitchen had received a five-star hygiene rating.

Staffing and recruitment

- The provider did not use a formal system to determine the numbers of staff required taking into account the needs and dependency of people in the home. However, staff told us they were able to have an extra staff member on duty if they asked for it. They gave a recent example of where a person required extra support because they were receiving end of life care and they had an extra member of staff on duty in the afternoon.
- Two members of care staff were usually on duty during the afternoon and some staff told us this was not always sufficient. For example, one member of staff told us, "If we are helping [Name] who sometimes needs two of us, there is no one around for the other 12."

We recommend the provider seek advice and guidance from a reputable source about using a systematic approach to ensure sufficient staff are deployed to meet people's needs at all times.

- People told us there were enough staff to meet their needs and staff responded promptly to their requests for support. People had access to call bells should they need to summon assistance or help. During the inspection we observed these being answered without a delay.
- There was a long standing and consistent staff team, as such people were supported by staff that knew them well and agency staff were not used.
- Safe recruitment practices were followed before new staff were employed to work with people. The relevant checks were made to ensure staff were of good character and suitable for their role.

Systems and processes to safeguard people from the risk of abuse

- Processes were in place and followed to protect people from abuse.
- People and staff thought the service was safe. One person told us, "I feel safe because there are always people around to ask questions and resolve any worries."
- Staff had completed training in safeguarding people from abuse and were aware of the types and signs of

abuse and how to report any concerns. All staff were confident that the nominated individual would take any concerns seriously.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded confirming any actions taken to prevent similar incidents from occurring. For example, a sensor mat had been put in place for one person who had fallen. This alerted staff to when they were on the move and the deputy manager confirmed they had not fallen since.

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 now deteriorated to Requires Improvement.

The application of the Mental Capacity Act 2005 was not always clear. People's needs and choices had not always been assessed in line with guidance and the law

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.

- The majority of people using the service had capacity to consent to their care. People told us they were happy to be living at the Lodge and consent was gained when staff supported them with day-to-day decisions.
- We were told by staff about two people who may lack capacity to make all decisions. The care plans of these people did not have any mental capacity assessments in place to determine their level of capacity to make specific decisions and there was no information in their files on what decisions they could make.
- One person was deemed by staff to have fluctuating capacity although this had not been assessed. Staff had not worked in accordance with the MCA to ensure that this person's capacity was assessed when making a specific decision about the consistency of food they should eat.
- There was not a mental capacity or consent policy in the policy file to guide staff on how to adhere to the MCA and some staff did not demonstrate good knowledge around this subject, although staff had received training regarding the MCA.
- The deputy manager confirmed that no DoLS applications had been made to the local authority. We asked staff whether people would be able to leave the home without staff support and two members of staff told us that most people would not. Records demonstrated that one person who had attempted to leave the

building was supported back to The Lodge as staff were concerned for their safety. Staff felt this person did not always have the capacity to decide where they should be and although they had asked for external support from health professionals, there was not a DoLS in place. This meant that people could potentially be unlawfully deprived of their liberty.

We recommend the registered person seeks guidance from a reputable source to ensure the MCA is adhered to and appropriate records are maintained.

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

- People's needs were assessed before the service started supporting them. This assessment was used to form a plan of care which was updated as the provider learnt more about the person. However, people's care plans did not always contain specific information to assist staff to provide effective care. There was a lack of information on how to manage specific health conditions and risks to people.
- Nationally recognised assessment tools were not used for all areas of care. This has been reported on in the Safe domain of the report. However, the service monitored people's needs and supported them appropriately.
- Staff made appropriate use of technology to support people. An electronic call bell system enabled people to call for assistance when needed. Pressure relieving equipment was used safely and in accordance with people's needs.

Staff support: induction, training, skills and experience

- Staff had mostly received sufficient training to ensure they had the skills and knowledge to support people effectively and staff told us they had access to a range of training which equipped them for their role.
- However, some staff were using a blood sugar monitoring machine to monitor the blood sugar levels for some people who had diabetes. Diabetes UK 2010 recommends that no member of staff perform blood sugar monitoring unless they have received training on blood sugar monitoring using the meter specific to their place of employment and are aware of how to interpret the readings obtained and subsequent action to be taken. Staff confirmed they had not received this training. After discussing this concern with the deputy manager, they told us they had organised for this training to take place.
- Staff had completed a comprehensive induction which included the completion of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in the care sector.
- Staff had an annual supervision and an annual appraisal. This meant that staff did not have a formal way of discussing their work at the service, personal development or their well-being on a frequent basis. Despite this, staff told us they felt supported by the deputy manager and felt able to gain support from them at any time. Following the inspection, the nominated individual sent us a new supervision policy which stated that staff would have supervision every three months.

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

- People's dietary needs were met. They were provided with a nutritious and balanced diet that met their needs and preferences.
- People were positive about the meals they received. Comments included, "The food is very good," "I like the meals, I like plain old-fashioned food," and, "The food is brilliant, a la carte." People were offered a choice of food and drink and throughout the inspection we observed people received a variety of food and drink according to their preferences.
- We observed the lunchtime experience and found that people enjoyed their meals and were supported in an appropriate way.

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

healthier lives, access healthcare services and support

- People were supported to access services to maintain and improve their health. They told us they received healthcare support when they needed it. One person said, "They [staff] will call for a doctor if I need one."
- Care records showed specific healthcare needs were being appropriately met. Where people had a specific known medical need such as diabetes, records showed routine monitoring was undertaken appropriately. Records also showed medical advice was sought appropriately when required.
- When people were admitted to hospital, staff provided written information about them to the medical team, to help ensure the person's needs were known and understood.
- Staff felt they worked well as a team to ensure everyone was aware of a person's support needs or any change in these. Daily handovers took place to ensure important information about people was shared.

Adapting service, design, decoration to meet people's needs

- The adaption of the service was suitable for the people who lived there. There were communal areas for people to be together, appropriately adapted bathrooms and access to the garden. People had their own rooms and were able to personalise these as they wished.
- Although the service was in need of some redecoration in places, it was mostly homely, warm and welcoming.

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.

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

- Most people told us they could choose how they spent their day. However, we noted that some areas of care provision followed a set routine. For example, staff told us that a bath rota was in place and people had allocated mornings between Monday and Friday where they could have a weekly bath. The nominated individual and staff told us that if people asked for a bath at a different time, this would be accommodated. However, one person told us, "I take a bath on the appointed day. I don't think you can have it any other time because it takes so long to prepare a bath." A staff member told us, "If they [people] don't want one in the mornings, I'll do it in the afternoon but not everyone [staff] does it." This meant that people may not have maximum choice and control over their care. We discussed this with the nominated individual who told us that they would ensure people would be given a clear choice as to how they spent their day.
- Records did not always demonstrate that people were involved in decisions about their care. Despite this, people told us that decisions they had made about their care were respected by staff. For example, one person told us, "I do not want bed rails because then I cannot get up and go to the toilet on my own, I would need to call staff to help. That would reduce my independence." Staff had respected this.
- Meetings were held with people and family members. Records of these meetings were kept and suggestions were invited from people about changes to the service provided.

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

- People told us they were cared for by kind and compassionate staff. One person told us, "The carers are brilliant and very kind."
- Our observations of staff interactions with people showed that people were treated with kindness, compassion, dignity and respect. Staff demonstrated they knew people well and understood their likes, dislikes and preferences.
- People's birthdays were celebrated and people were given a present, birthday cake and a card. This made people feel they mattered.
- The deputy manager and staff told us that they would always aim to ensure people's equality, diversity and human rights needs were respected and supported. Whilst they did not always ask questions about all protected characteristics during the assessment stage, they told us they would ensure they looked at any specific needs during care planning. The deputy manager was confident people's protected characteristics would be supported and that no discrimination would take place or be tolerated. Staff confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was promoted and people were respected.
- Staff had a good understanding of their role in maintaining people's dignity and independence and people felt able to be as independent as they could be. One person told us, "I am always given a flannel in the bath so I can cover myself. When I am washed, I do the top half myself... Staff respect me and I don't feel out of place". Another person told us, "I am encouraged to do things for myself. "
- People's privacy was protected. People received support with their personal care in private and staff were observed knocking on people's doors before they entered. Care files and information regarding people who used the service had been stored securely and only accessible by authorised staff when needed. This demonstrated people's confidential information had been stored appropriately in accordance with recent changes in legislation.
- Relatives confirmed there were no restrictions when they visited and they were always made to feel welcome.

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 now deteriorated to Requires Improvement.

Requires Improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individual care plans that provided staff with information about their needs, preferences for support and background history. Some care plans needed more information so staff had sufficient guidance on how to support people in the most person-centred way. For example, on one person's care plan it stated that they had become more agitated and confused at night, however there were no details around what may make them agitated or what staff could do to alleviate this. Despite this staff knew the person well and could tell us how they would support them.
- Care plans did not always contain information about people's health conditions. Although staff had good knowledge about people and their associated support needs, detailed information in care plans would provide staff with more understanding of their health conditions. Additionally, staff who were unfamiliar with people would need to rely on the information in people's care plans and the lack of information posed a risk that they would not have enough information to support people in the most effective way.
- Although some areas of care plans lacked personalised information about people, people and their relatives felt staff had a good knowledge of the needs of those they supported.
- The deputy manager confirmed that people were initially involved in the implementation of their care plans and some people's records confirmed this. However, people were not involved in any ongoing reviews. The deputy manager and nominated individual told us they had plans to do this. Despite this, people and relatives told us they were involved in decisions about their care.
- All people in the service had a fluid intake monitoring chart in place. Not all people needed one as some people drank well. These were additionally used in a generic manner and not personalised to each person. The deputy manager told us they would review this practice.
- Staff had attended a course designed to support them to identify the signs of deterioration in a person so care could be escalated if necessary. This meant staff could be more responsive to people's changing needs.

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.

- The service was working within the AIS. Information about people's communication needs were in care plans. Staff understood people's communication needs and used this so people could make decisions in

their day to day life.

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.

- Although there was an activities programme in place, we found that activities needed improvement to be more creative, person centred and frequent. Activities on offer included: arts and crafts, watching a film, listening to classical music and afternoon tea.
- Most people spent the majority of time in their room and staff told us it was difficult to motivate people to participate in activities. One staff member told us, "They're [people] all in their rooms, a bit isolated, they get so used to being on their own." And another said, "We try to encourage but they don't want to come out of their rooms, it's a tough one, there are only three residents that come to activities."
- We asked people about the activities in the home. Comments included, "I don't do much. Sometimes I chat with [another person's name], we chat socially." and "There are not many activities, but I am not one to join in ... I don't go to the aerobics because who wants to sit there waving their arms in the air, they seem silly."
- Another person was asked if they would be joining in with arts and crafts. They told us, "I won't because I sleep in the afternoon, but then they have a schedule that I have to fit into." We asked a member of staff if they had thought about offering activities at a different time of day such as mornings and they replied, "They [people] have a bath in the mornings." This meant activities were not centred around individual needs and wishes.
- The nominated individual and staff told us that people were encouraged to maintain links with the local community. This included attending coffee and books mornings, fetes and talks which took place in a neighbouring service also run by the trust. However, we were told that only one person went to these at present. Staff confirmed they did not take people on outings and one staff member said, "No, we don't take people out, I think it's something to do with insurance."
- We observed an arts and crafts session in the afternoon which three people enjoyed. During other times of the day there was a lack of stimulation and engagement for people.

We recommend the registered person seek guidance and advice from a reputable source about the planning and provision of meaningful activities for people.

- Some people were encouraged by staff to partake in household chores and it was clear that people enjoyed this.
- One person told us they enjoyed the activities in the home and most people enjoyed the company of the cats who lived in the home. One relative told us, "Mum has had cats all her life so it's nice, they have them here."

Improving care quality in response to complaints or concerns

- A complaints procedure was available, and people knew how to access this. People were confident that if they raised concerns these would be addressed, and appropriate action taken as a result.
- The nominated individual confirmed that no formal complaints had been received in the last year.

End of life care and support

- The service supported people and their families in relation to end of life care although no one was receiving end of life at the time of our inspection.
- Care plans were in place which detailed people's wishes regarding end of life care. Some of these care plans needed further detail and the deputy manager told us they were in the process of updating these.

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 now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was not a registered manager in post. They had left the service in March 2019. The nominated individual told us they felt the previous manager had not fulfilled the requirements of their role and this had led to deterioration in the service.
- Although the provider had recognised there was deterioration in the service, they did not have effective systems and processes in place to ensure they had a good oversight of all aspects of service provision. Additionally, the shortfalls identified by the provider had not been quickly resolved. This included the process of moving from paper to electronic care plans which had been in progress for approximately one year.
- The provider had not ensured that there were effective systems in place to monitor and assess the quality of the service, to drive improvements and to ensure compliance with the Regulations. There were minimal audits and no action plans to demonstrate how they planned to improve the service. Care plan audits had not been undertaken for people who lived in the service and as such, person-centred information was not always available to staff.
- The provider had not identified all of the areas of concern that were found during the inspection. This included medicines management, the application of the MCA, activity provision and a lack of records pertaining to fire and legionella management. We have reported on this in more detail in the Safe, Effective and Responsive domains of the report.
- The deputy manager was quite new in their role and although was doing their best to maintain the day to day running of the home told us it was "overwhelming" at times. One member of staff told us, "[Deputy] has been thrown in at the deep end, we are trying to support her ... We're looking forward to having a new manager, it will take the pressure off."
- The nominated individual told us they had previously relied on the registered manager to ensure the quality and safety of the service. They went on to say that they had learnt from this and would gain advice as to how to implement effective quality assurance systems so they had a good oversight of the service and ensure people received safe and high-quality care.

The failure to have effective systems and processes in place to ensure the safety and quality of the service and to maintain an accurate, complete record in respect of each service user was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual was responsive to our feedback and implemented an action plan following the inspection.
- A new manager had been recruited and although they hadn't yet commenced employment, they had been in the service regularly. They were present during the inspection and demonstrated a good understanding of the improvements needed. They brought in audit tools and discussed concerns with staff and had begun to make plans for improvement.

Continuous learning and improving care

- The nominated individual told us they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. They belonged to the Hampshire Care Association, to learn from others and share good practice. However, breaches of regulations were identified at this inspection and we found that best practice guidance was not always utilised. Additionally, the quality assurance systems did not effectively drive improvement. This meant the rating of the service has deteriorated from good to requires improvement.
- Whilst we acknowledge the nominated individual responded and acted during and after our inspection to rectify some of the shortfalls found, the current arrangements for monitoring the quality of the service needed to be reviewed and embedded. This was to ensure all areas for improvement are identified, and a clear action plan is put in place to address concerns and evidence continuous improvement.

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

- Improvements were needed to ensure people consistently received high-quality care and good outcomes. These have been reported in the safe, effective and responsive domains of the report.
- However, people and relatives told us they received personalised care and were happy with the service. One person told us, "My life is the best it has ever been, no complaints from me, it is a home from home." The culture of the home was positive and people lived in a homely and friendly environment
- Staff said they enjoyed working at The Lodge. Comments included, "It feels like we are like a big family, I enjoy coming to work, the residents come first.", "I love all the residents, we've got a brilliant team and I enjoy my work," and, "I love it here, I wouldn't have worked here so long if I didn't."
- Staff said they had not always been supported by the previous manager but felt more supported by the deputy. One staff member told us, "[Deputy] is supportive, she's good at listening and will act on any feedback if she can." Most staff also told us that the nominated individual was approachable and took the time to listen to them.

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 provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements. CQC were notified of all significant events.
- The previous performance rating was displayed in the home's entrance hallway making it available to all visitors and people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf. We found that the feedback gathered was predominantly positive. We saw that where people had made suggestions, these were acted on. For example, one person had asked for a timetable of activities and this had been implemented.

- A newsletter was given to all people who used the service and this helped to keep them informed about the service.
- Staff were also encouraged to contribute to the development of the service through meetings and surveys. Staff told us they felt valued and listened to.
- The provider had a policy regarding the 'maintenance of individual lifestyles, citizens rights, sexuality and relationships'. We found that people and staff were treated fairly and individually respected.
- The staff team worked closely with other professionals to ensure people received effective, joined up care.

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 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 The failure to ensure risks were assessed and effective plans implemented to mitigate these and a failure to ensure safe management of medicines. Regulation 12 (1)(2)(a)(b)(d)((g)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance A failure to have effective systems and processes in place to drive continuous improvements, to assess, monitor and mitigate risks relating to the health and safety of people, and the failure to maintain an accurate, complete record in respect of each service user. Regulation 17 (1)(2)(a)(b)(c)(e)(f)