

B & M Investments 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

The inspection took place on 21 April 2016 and was unannounced. At our last inspection on 20 March 2015, the service was found to be meeting the required standards in the areas we looked at. The Lodge Care Home is registered to provide accommodation and personal care for up to 46 older people who may also may be living with dementia. At the time of the inspection there were 29 people who used the service.

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

People told us that they felt safe, happy and well looked after at the home. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to help keep people safe. Trained staff helped people to take their medicines safely and at the right time. Identified and potential risks to people's health and well-being were reviewed and managed effectively.

Relatives and healthcare professionals were positive about the skills, experience and abilities of staff who worked at the home. They received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff made considerable efforts to ascertain people's wishes and obtain their consent before providing personal care and support, which they did in a kind and compassionate way. Information about local advocacy services was available to help people and their families' access independent advice or guidance.

Staff had developed positive and caring relationships with the people they cared for and clearly knew them very well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained throughout the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were

knowledgeable about people's background histories, preferences, routines and personal circumstances.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community. They felt that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Relatives, staff and professional stakeholders were complimentary about the registered manager, deputy manager and how the home was run and operated. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive improvement.

## 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 were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their independence.

### Is the service effective?

Good 

The service was effective.

Staff established people's wishes and obtained their consent before care and support was provided.

Capacity assessments and best interest decisions met the requirements of the MCA 2005.

Staff were trained and supported to help them meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

### Is the service caring?

Good 

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People's relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People had access to independent advocacy services and the confidentiality of personal information had been maintained.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

Opportunities were provided to help people pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

### Is the service well-led?

Good ●

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

People, staff and healthcare professionals were all very positive about the managers and how the home operated.

Staff understood their roles and responsibilities and felt supported by the management team.

# The Lodge Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 April 2016 and was unannounced. The inspection was carried out by one inspector and an 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 service.

The inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with eight people who lived at the home, six relatives, five staff members, the registered manager and deputy manager. We also reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to two people, two staff files and a range of other relevant documents relating to how the service operated. These included monitoring data, training records and complaints and compliments.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot fully express their views by talking with us.

# Is the service safe?

## Our findings

People who lived at the home told us they felt safe and protected from the risks of abuse and avoidable harm by staff who knew them well. One person told us, "I feel safe and I never have any feelings of fear." A relative said, "We haven't had a moments worry since they have been here. They are safe and staff check on [Relative] at night."

We saw prominently displayed throughout the home, information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers. All staff we spoke with were able to demonstrate verbally how to report abuse. One staff member told us, "I would report any concerns I had to the senior or manager." Another staff member commented, I would report all concerns straight away and document this."

We saw that there were safe and effective recruitment practices in place to ensure that all staff were of good character, physically and mentally fit for the roles they performed. We found that all relevant checks were completed and references were confirmed by the provider. A staff member said, "I was delighted to be offered a job here." We also saw that there was a volunteer who supported the staff they had also received the relevant checks to ensure they were of good character. The registered manager told us that they did not assist with personal care and worked under the supervision of staff. There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively in a calm and patient way.

There were suitable arrangements for the safe storage, management and disposal of medicines. People were helped take their medicines by staff that were properly trained and had their competencies checked and assessed in the workplace. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. We saw that staff supported people to take their medication in an unhurried manner and with plenty of good communication.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as pressure care, where people were at risk of developing pressure ulcers, nutrition, medicines, mobility, health and welfare but also in a way that promoted people's independence and lifestyle choices wherever possible.

Information from accident, injury and incident reports was used to monitor and review both new and developing risks. For example, one person who had experienced a number of falls had their risk assessments reviewed. The registered manager told us that they looked at possible causes and took appropriate actions to reduce the risks. For example, ensuring correctly fitted foot wear the use of a walking frame and pressure mats to help with the prevention of the falls. The GP had also been involved to review medication. This showed that where accidents and incidents occurred people had their risks reviewed and support was put in place to reduce the risk.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe, for example fire alarms. Staff were able to tell us the procedures they would follow in the event of a fire and where the meeting points were. Care plans we looked at contained personal evacuation plans for the people who used the service.

# Is the service effective?

## Our findings

People who lived at the home, their relatives and social care professionals were very positive about the skills, experience and abilities of the staff. One person said, "The staff are very good and I get on well with them." One relative told us, "The staff have been amazing". A social care professional told us, "All members of staff I have come into contact with have been very knowledgeable of residents needs and follow instructions I have given."

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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 in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people were supported to have capacity assessments and best interest meeting to ensure that their best interests were met. The registered manager had applied for authorisations to deprive people of their liberty where appropriate. There had been twenty one applications with two of these authorised with the remaining pending an outcome.

Throughout our inspection we saw that, wherever possible, staff sought to establish people's wishes and obtain their consent before providing care and support. One person told us, "Staff always ask me if it's ok to help." Staff we spoke with confirmed they understood the importance of choice and gave examples of how they promoted choice. One staff member said, "When giving personal care I always give the person choice with what they want to wear, how they would like me to support them." Another staff member commented, "I always offer people choice and I will always take time to explain."

Staff were required to complete a structured induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received training and regular updates in a range of subjects designed to help them perform their roles effectively. These included areas such as moving and handling, food safety, medicines, first aid, nutrition and hydration and dementia. Most of the training was provided on site. Five staff member were qualified to provide training to other staff members. The registered manager was a champion for nutrition and there was also a champion for safeguarding. One staff member said, "The induction was good I looked at policies and had lots of training. I was shadowed by other competent staff and I am happy with my skills but would always ask for help if I was unsure." Staff were also encouraged and supported to obtain nationally recognised vocational qualifications and take part in additional training to aid both their personal and professional

development. This meant that staff had the right training to meet people's needs.

Staff told us they felt supported by the management team and were encouraged to have their say about any concerns they had and how the service operated. They had the opportunity to attend regular meetings and discuss issues that were important to them. We saw and staff confirmed that they had regular supervisions where their performance and development was reviewed. A staff member commented, "I love working here we have a good team. The manager is very approachable and fair, we have regular staff meetings and I feel we have a voice."

The chef was very knowledgeable about people's nutritional needs and planned menu's to ensure they were provided with a healthy balanced diet that took full account of their preferences and met their individual dietary requirements. One person said, "The food is very good and I have no complaints." Another person commented, "The food is excellent and I like the salads". One staff member said, "I have to watch what I eat but I eat the food here, it's lovely." A relative told us, "They [Relative] likes everything to eat and are very happy with the food".

We observed lunch being served and saw that staff provided appropriate levels of support to help people eat and drink in a calm, patient and unhurried way. The registered manager explained that they staggered the meal times to ensure that people received the support they required. Staff made considerable efforts, and used a variety of effective communication techniques, to help people decide what they wanted to eat and drink. We saw that people chose where they sat, who they socialised with and clearly enjoyed their meals in a pleasant environment with a relaxed, warm and homely atmosphere, people were also offered sherry with their meal.

People were supported to access appropriate health and social care services in a timely way and received the on-going care they needed. We saw that guidance provided to staff contained detailed information about how to meet people's care and support needs in a safe and effective way. We found that people were supported to see other professionals such as: dentist's opticians and GPs. People received care, treatment and support that met their needs in a safe and effective way. Staff were knowledgeable about people's health and care needs.

## Is the service caring?

### Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person told us, "I can't fault the staff at all, they work very hard and they are very respectful". Another person said, "The staff are very good and I get on well with them".

We saw that staff helped and supported people with dignity and respected their privacy at all times. They had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One person told us, "I don't seem to have any problems whatsoever, and I'm treated with respect". A relative said, "[Name] is always treated well. I've witnessed everybody being treated with respect." A staff member said, "I assist and support people to do as much as possible. This is their house, I respect what they want."

People were supported to maintain positive relationships with friends and family members who were welcome to visit them at any time. One person said, "I have a good relationship with the staff that are very good". A relative commented, "My [Relative] has a good relationship with the staff".

We saw where one person was supported to celebrate their birthday, the staff had provided the party food and the celebration was attended by family and friends. There was an area of the home that was used as a party room and we saw relatives hug staff to thank them for what they had done. We could see the relationships between relatives and staff were good. Relatives were very positive about the staff who worked at the home.

We found that people and their relatives had been fully involved in the planning and reviews of the care and support provided, something that was reflected in the guidance made available to staff about how people wanted to be cared for. One staff member said, "I always make time to read people's care plans and speak with them and their families." The registered manager told us that every person had a key worker who updated the care plans and there were six monthly reviews where the person and family were be involved with updating their care plans. Where people lacked capacity they would be supported to do this with the appropriate professionals where required. Staff confirmed this happened.

We found that confidentiality was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure. Information about local advocacy services and how to access independent advice, was made available to people and their relatives when required.

## Is the service responsive?

### Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their individual preferences, health and welfare needs. This included detailed information about people's preferred routines and how they liked to be supported with personal care. One person said, "The staff are very kind and let me do what I want". One relative said, "They are safe, clean and well looked after."

The guidance provided about one person gave staff practical information about how to help them with maintaining good skin care that were both an important and necessary feature of their health care. The person had been identified at high risk of developing pressure ulcers. The registered manager ensured they had a hospital bed in place with a pressure relieving mattress and cushion to support their care needs. They were on a repositioning chart, weighed regularly and there was good guidance for staff on how to support and monitor the person.

Another example, the registered manager had arranged for one person who was finding it difficult to eat and had lost weight to be assessed by the district nurse. A nutrition plan had been put in place to support the person's needs, which included fortified foods and a nutritional supplement. The person's weight was monitored weekly and at the last check the person had gained weight. They had also been provided with a pureed diet as they were finding it difficult to swallow. We saw that the Speech and Language Therapy Team (SALT) had been contacted to come and assess the person as the registered manager suspected the person may have swallowing difficulties.

Staff also received specific training about the complex health conditions that people lived with to help them deliver care more effectively in a way that was responsive to people's individual needs. For example, staff were trained and had access to information and guidance about how to care for people who lived with dementia. This meant that people were supported by staff that had received appropriate training to meet their needs

Opportunities were made available for people to take part in meaningful activities and social interests relevant to their individual needs and requirements, both at the home and in the community. One person told us, "I like to go on the trips out to tea dances." We spoke with the activities and lifestyle facilitator about the weekly activities programme. These involved arm chair exercises, ball games, book club, quiz games, scrabble, knitting, reminiscence sessions from the 40's, 50's and 60's and sing-alongs, one person said, "I go to my club every Wednesday". Another person commented, "When a man came to play the organ I liked the music and singing".

The activities person had recently attended a course called "Enhance Engagement Facilitator Pathway training" with the local authority. This enabled them to provide and deliver chair based exercises that may help to improve people's walking, their stability. For example, getting up from a chair and reduce the risks of falling. In addition to this a person from an outside organisation supported people to participate in

movement and mobility exercises. There were four sessions per month at the home. The activities person confirmed that there were times throughout the day that some people required one to one interaction and this was scheduled into the activity programme. Another group which they organised was called the "gentleman club". This was where some of the gentlemen met in the bar area and enjoyed games and conversation. We saw evidence of outings and recently people had attended the great British tea dance.

People and their relatives told us they were consulted and updated about the services provided and were encouraged to have their say about how the home operated. They felt listened to and told us that staff and the management team responded to any complaints or concerns raised in a prompt and positive way. We saw that information and guidance about how to make a complaint was displayed at the home. This information was also in service user guides that were kept in people's rooms. One person told us, "I don't get on with everyone, but we don't have a lot to complain about". People and their relatives knew how to make a complaint if required. We saw where complaints had been received these had been reviewed in line with the service complaints policy. We also looked at lots of compliments that had been sent to staff and the registered manager.

## Is the service well-led?

### Our findings

People who lived at the home, relatives, staff and professional stakeholders were all positive about how the home was run. They were complimentary about the registered manager and deputy manager in particular who they described as being approachable and supportive. One person told us, "I see the management and they are always available". A relative commented, "We looked at four other homes in the area and this one was the best because of its cleanliness and the staff".

A staff member commented, "We have good team work and the manager is extremely approachable, their door is always open. I have never had a manager who wants to know what's going on and they are very involved." Another commented, "I think this is a nice home I wouldn't work here if it wasn't. The manager is lovely if you have a problem you can go to them."

Staff told us, and our observations confirmed that the management team led by example and demonstrated strong and visible leadership. The registered manager was very clear about their vision regarding the purpose of the home, how it operated and the level of care provided. For example the registered manager told us that they did not accept all referrals to the home as it was important that the person's needs could be met.

The registered manager and deputy manager were very knowledgeable about the people who lived at the home, their needs, personal circumstances and relationships. Staff understood their responsibilities and what was expected of them. The registered manager completed routine tours of the home to ensure good practice was maintained but also to maintain an open culture and be accessible to staff, people and their relative's. The duty manager told us that they were not allocated to a particular unit in the home, this allowed them to be available to support staff where required and helped them understand the staffing needs of the home.

There had been regular audits completed across a range of areas. These included medicines, care plans, personnel files and health and safety. The registered manager used quality assurance survey responses received from professionals, people who used the service and their families to improve the service. We found that the views, experiences and feedback obtained from people who lived at the home, their relatives and staff had been actively sought and responded to in a positive way. For example, the registered manager had taken steps to improve a range of issues, such as staffing levels within the home and promoting an open culture.

The registered manager told us they had support from other managers within the organisation and could call them for advice at any time. There were regular audits and spot checks performed by operational directors to support best practice. There was also a manager's forum to discuss issues and ideas. Managers met quarterly to share ideas and had regular training and development days. There were annual meetings held to discuss the development of the organisation. The organisation also used other independent professionals to support best practice. This meant that the registered manager was supported in their role and had access to training and regular updates to best practice and new ideas.

As part of their personal and professional development, staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively. This included specific awareness about the complex needs of the people they supported such as dementia training. The registered manager confirmed that staff were encouraged to develop further to enable better care.

Information gathered in relation to accidents and incidents that had occurred was personally reviewed by the manager who ensured that learning outcomes were identified and shared with staff. We saw a number of examples where this approach had been used to good effect. For example, we saw people had received reviews that led to the use of walking aids to support peoples changing needs.

Measures were in place to identify, monitor and reduce risks. These included audits carried out in areas such as medicines, infection control, care planning and record keeping. The manager was required to gather and record information about the homes performance in the context of risk management and quality assurance. The manager also carried out unannounced 'out of hour' visits of the home to check on the environment, performance of staff and quality of care and support provided.