

Ian Nicoll

# The Lodge Care Home

## Inspection report

Lodge Lane,  
Collier Row,  
Romford,  
Essex,  
RM5 2ES  
Tel: 01708 780011  
Website: None

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

We carried out an inspection of The Lodge Care Home on 15, 16 and 17 June 2015 and the inspection was unannounced. When we last inspected The Lodge on 23 September 2014 as a follow up inspection we found that they were meeting the regulations we inspected.

The Lodge provides personal care and accommodation for up to 94 older people some of who may have

dementia. At the time of the inspection there were 83 people using the service. The service is a large extended building based over two floors with large landscaped grounds.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at The Lodge, for example one person told us, "I'm safe here definitely". A relative told us, "I'm glad that [my relative] is in here because I know she's being looked after." However we found evidence that there were insufficient slide sheets within the service which meant that people were required to share them. This presented as an infection control risk.

The home had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DoLS) are part of the

Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive.

Evidence held in staff files showed that the service had robust processes in place to ensure staff were vetted for suitability prior to starting employment. Staff undertook comprehensive training to ensure they were equipped with the skills and knowledge to carry out their roles effectively including Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training.

We saw examples of good practice relating to staff interactions with people. Observations carried out during the three day inspection showed staff communicating with people in a professional and compassionate manner. Staff used varying methods of communicating and used their active listening skills to clarify they had understood the person's needs correctly. Staff actively encouraged people to make choices and decisions relating to the care.

A new more in-depth care plan and risk assessment process was being implemented at the time of the inspection. Details relating to all known risks were recorded with clear guidance for staff on how to minimise these risks and maintain people's safety.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Not all aspects of the service were safe. The service had insufficient slide sheets, which meant that people were required to share them. This presented as an infection control risk

Medicines were recorded correctly, stored and administered in line with company policy. This meant that people received medicines in a safe manner.

The service had comprehensive care plans and risk assessments in place to ensure known risks were minimised.

Staffing levels in the day were sufficient to meet people's needs. This meant that people were supported by a suitable volume of staff and did not need to wait for long periods of time before being attended to.

Requires improvement



### Is the service effective?

The service was effective. Staff received comprehensive on-going training including MCA to ensure they maintained the most up to date and effective skills and knowledge.

Staff received regular supervisions and appraisals.

People's nutrition was monitored and reviewed regularly. People had access to food and drink throughout the day and could help themselves where appropriate.

Good



### Is the service caring?

The service was caring. Staff treated people in a kind and compassionate manner. We observed staff supporting people who appeared distressed in a caring manner, using their knowledge of people to de-escalate the situation.

Staff involved people in what was happening throughout the day, offering them choices regarding all aspects of their care.

Staff showed concern for people's wellbeing and responded to people's needs quickly.

Good



### Is the service responsive?

The service was responsive. Staff used a person centred approach to the delivery of care.

People told us they felt the staff listened to them and took their comments seriously. This meant that people's opinions were valued.

Assessments were tailored to the individual and took reference to people's preferences. Staff were respectful of people's individuality.

Good



# Summary of findings

The service had a wide range of activities available to all throughout the day including board games and external entertainers visiting which people told us they enjoyed.

Complaints were acted upon in a timely manner and where possible lessons learnt to ensure incidents were not repeated.

## Is the service well-led?

The service was well-led. The registered manager had an open and transparent approach to managing the service.

The registered manager carried out regular audits of the service seeking feedback from people who use the service, their relatives and other health care professionals.

Records relating to staffing, care plans and risk assessments were clear and concise and in line with legislation.

**Good**



# The Lodge Care Home

## Detailed findings

### Background to this inspection

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

The inspection took place on 15, 16 and 17 June 2015 and was unannounced. The inspection team consisted of two adult social care inspectors 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 care service.

Before the inspection we gathered information we held about the service. For example we looked at statutory notifications the service had sent us over the last 12 months.

During the inspection we spoke with seven people who use the service, seven relatives, five care workers, three care managers, the provider, the pharmacist, the chef and the registered manager by telephone. We looked at eight staff files, seven care plans, records relating to health and safety, training, concerns and complaints, policies and procedures and audits carried out by the service.

# Is the service safe?

## Our findings

People told us they felt safe living at The Lodge. One person told us, “I’m safe here, definitely.” A relative told us, “I’m glad that [my relative] is in here because I know she’s being looked after.”

Staff told us that there were insufficient numbers of hoists and slide sheets within the service to safely support people with their mobility. We discussed this with senior staff and the registered manager who showed us evidence that additional mobility aids had been ordered. We found that there were insufficient slide sheets within the service which meant that people were required to share them. This presented as an infection control risk. We spoke with the manager who agreed to purchase sufficient numbers of slide sheets, which would mean that each person had their own and no longer needed to share. Subsequent to the inspection we have seen a copy of the order of new slide sheets.

**We recommend that** the service familiarises itself with current guidance on the handling of mobility aids and updates their practice accordingly.

During the inspection we spoke with the pharmacist that provided the medicines to the Lodge. He told us, “There are very few people who require antipsychotic medication within this service, that says a lot. The staff do a good job with all aspects of medication, I am very impressed.”

We carried out an audit of the medicine held by the service and reviewed seven medicine files. We found some areas of good practice, for example, medicine was regularly audited, stored and administered correctly. We also looked at the controlled drugs (CD) log and found that this was kept in line with guidance and managed well. This meant that people were protected against the risk of poor management of medicines.

The service had comprehensive and personalised risk assessments in place in order to minimise known and unknown risks. We looked at risk assessments and found that these had details of the identified risk, the likelihood of the risk occurring, what outcome it may result in and how the staff were to respond in a proactive manner. The risk assessments viewed covered health and safety, mobility, use of mobility aids, medical risks and eating and drinking. Risk assessments were reviewed regularly and when it had been identified that people’s needs had changed. Staff

confirmed what senior workers told us, that all changes to risk assessments were cascaded throughout the team in handovers to ensure all staff were aware of the changes. This meant that people were effectively protected against known risks.

We looked at the levels of falls that took place within the service over the last 12 months. We found that there had been a significant number of falls with some resulting in people requiring medical treatment. The home showed us evidence that they had liaised with a Local Authority Falls Prevention Team, who were reviewing current systems in place and making recommendations. The service had implemented additional fall aids to minimise the risk of further falls occurring prior to the inspection and on the advice of the falls prevention team. Discussions with the manager confirmed that a review of staffing levels at night were taking place. Since the inspection the service provided us with a comprehensive action plan detailing additional steps to be taken to review the number of falls. This meant that people were being supported by staff who were actively seeking to minimise the risk of falls.

Staff had a clear understanding of safeguarding and its purpose. Staff told us, “I would report any concerns to my manager or the local safeguarding team.” Another staff member told us, “I’d always report any thing that I thought wasn’t right.” Staff were also familiar with the whistleblowing policy held in the service and could confidently tell us the purpose of the policy and their responsibility within it. This meant that people were supported by staff who would raise concerns on their behalf.

The service had enough staff on each shift, for example during the morning shift there were nine care workers, two care coordinators, one care manager, one team coordinator and a care manager. At the time of the inspection the registered manager was on holiday. However, we noted the registered manager was in the service from Monday to Friday. We observed sufficient numbers of staff throughout the three day inspection supporting people. This meant that people did not have to wait for long when requesting direct support.

The service had comprehensive practices in place when recruiting new staff. We looked at records relating to staff working at The Lodge and found that all staff had undergone specific checks before starting employment to ensure they were suitable to work with people. For

## Is the service safe?

example, we saw Disclosure and Barring Services (DBS) certificates, references and forms of identification. We also saw that staff folders contained pre-employment questionnaires. This meant that people were supported by staff who were assessed as appropriate to work in the service.

The service demonstrated good practice in relation to health and safety of the premises. There was a comprehensive management of health and safety at work risk assessment. This covered all known risks such as the

rear garden pond, exterior walk ways, kitchen utensils, fixed appliances and furniture. Audits were carried out weekly, monthly, six monthly and yearly to ensure maintenance of all aspects of the building were compliant with legislation. The service had a full time maintenance man working at the home. However, at weekends another maintenance man would be on call to respond immediately to any priority issues. This meant that people were living in a well maintained and safe building.

# Is the service effective?

## Our findings

People told us that the care workers were knowledgeable. For example, one person told us “What I’ve seen of [staff], they do a good job.” Another person told us, “On the whole, I wouldn’t complain.” Relatives were complimentary about the staff and told us, “They’re very good. They do their very best. They’re consistent and sociable, I haven’t seen one with an off day yet.”

Records confirmed that staff had received an induction week upon starting employment. We saw evidence that the service followed the National Care Framework when providing new staff with inductions. For example, staff were assessed and supported to understand the principles of care, the organisation and the role of the worker, maintain safety at work, communicate effectively, recognise and respond to abuse and neglect and to develop as a worker. Staff told us that they found their induction effective in getting to know the expectations of the service and how best to support people. This meant that people were supported by skilled and competent staff.

Staff told us that they received comprehensive training which enabled them to carry out their role effectively. We reviewed evidence that staff had undertaken on-going comprehensive training. For example, we reviewed documents which showed staff had received, MCA, DoLS, safeguarding, health and safety, moving and handling, National Vocational Qualifications (NVQ) and other mandatory training. This meant that people were supported by knowledgeable staff.

Staff were aware of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and how these related to their role within the service. At the time of the inspection no one was under a DoLS authorisation. Discussions with the Care Co-ordinator showed that the service was in contact with the local DoLS team to obtain further guidance with DoLS applications. Staff had a clear understanding of the importance of ensuring people were given choices relating to all aspects of their care. For example, one care worker told us, “It’s about people being able to make choices for themselves. Yes we may need to support them to make these choices but we give them all the information they need to make their decision.” Another

care worker told us, “It’s about being aware of the different types of abuse, protecting the individual from every form of abuse and maintaining their rights.” This meant that people were supported by knowledgeable staff.

People told us that they could move freely around the service as they wished. For example, one person stated, “I’ve got the freedom to walk round. I go around the whole of the building quite a few times a day because I do it for exercise and I always take a walk round the garden and pond.” We observed people being encouraged to walk around the building and gardens as frequently as they wished. This showed that people’s freedom was not restricted.

The Care Manager told us and records confirmed that a new supervision style document was being introduced. Previously used supervisions were based on observations by the senior member of staff. The new style supervision focused on the needs of the staff member and any further support they feel they needed. The document was comprehensive and ensured that all aspects of the workers’ role and responsibilities were covered. Staff told us they found supervisions were a good way to learn more about areas they were doing well in and where further support was required. One staff member told us, “It’s a great opportunity to ensure any problems are discussed so that they are acted upon.” Staff received an appraisal yearly which they told us was helpful to their professional development.

A handover between staff on each shift took place three times a day. The handover was a comprehensive meeting whereby all accidents, incidents, changes to people’s needs and staffing were discussed to ensure that all staff were up to date with the latest information. We observed a handover taking place and found that staff communicated the activities of the previous shift clearly and identified any issues that needed to be addressed on the following shift. Senior staff then communicated this to their team. This meant that people were being supported by staff who had up to date information regarding the delivery of care.

We saw evidence that people’s health was regularly monitored, for example staff recorded information regarding people’s weight, fluid intake, behavioural changes, mobility and changes to their body. People were supported to access good healthcare, a GP visited the service weekly and could be contacted throughout the



## Is the service effective?

week for consultation. We also saw evidence that the service had made referrals to health care professional when required. This meant that people had access to external health care professionals.

People told us they were offered lots to eat and drink throughout the day. One person showed us a small kitchen on the first floor which was used by people to make their own drinks if they wished. People's dietary needs were reviewed regularly and specific requirements such as diabetic and vegetarian meals were provided by the chef. The chef told us that if there were any changes to people's diet that staff informed him, he could ensure the ingredients were adjusted accordingly. People who required a diabetic diet were offered the same food as others who did not require such a diet. The chef told us that he would use different ingredients but would create the same meals so that people did not feel isolated and different from others. This showed that the service was responsive to people's needs.

We carried out an inspection of the kitchen and found all food was stored in line with good practice. For example, food opened and in the fridge was covered, temperature was checked and labelled as to when it was opened and needed to be disposed of. The kitchen was cleaned throughout the day and the service followed the Safe Food Better Business guidelines to ensure that all areas of the kitchen were safe, clean and in line with legislation. People received a variety of choice regarding their meals. Whilst the four week rolling menu had two choices on the menu for people to choose from, the chef told us that people could have anything they requested and that the menu was flexible. This was confirmed by people we spoke with. People told us that there had been a significant improvement in the quality of food since the chef had been employed.

# Is the service caring?

## Our findings

People told us that staff and all others working at The Lodge were caring. One person told us, “Some of them are very good”. A relative told us, “I’m glad that [my relative] is in here because I know [they are] being looked after.”

Staff spoke respectfully and with compassion when talking about the people they supported. One staff member told us, “It’s not just a job, the staff and people are like a family to each other. When someone’s unhappy we all work together to find out why. We are all team players that’s why it works well.”

Staff greeted relatives to the service by their first names and were clearly known by the care staff. One relative told us, “These guys [staff] are fantastic, nothing is too much trouble. They call me to update me with any information about my relative. You can have a laugh with these lot, they really do care, more than we thought possible. I’ll be coming here when it’s my time to have support.” Another relative told us, “I have absolutely no concerns whatsoever regarding the care provided to my [relative]. The staff are tremendous and I’m thankful my relative is here.”

Throughout the three day inspection we observed staff interacting with people in a respectful, kind and compassionate manner. Staff were observed greeting people in an open friendly manner and were seen to always be smiling. We observed staff engaging with people in a person centred manner. One person told us, “[Staff] treat me kindly, we laugh together and share jokes. They look after us so well and go out of their way, I cannot complain about anything it’s really that good.”

We observed staff supporting one person who was agitated. Staff were compassionate to the person’s needs and spent time listening to their concerns and explained the different types of support they could offer. Staff then asked the person which support method they wanted to choose. This showed that people were supported by staff who explained what was happening.

Staff treated people’s privacy and dignity with respect. We observed on several occasions staff speaking quietly to people so that others could not overhear what was being said. For example, a staff member was seen offering someone direct support to use the bathroom. They did this

in such a manner that no one around them was aware of what was being said. We also observed staff waiting to be invited into people’s rooms and not just entering without permission. This meant that people’s privacy was respected.

Staff told us that they encouraged people to be as independent as possible. One staff member told us, “I’m here to support people, not to do everything for them. I will help them of course but why take away a skill from them?” Staff were observed encouraging people to do things for themselves, for example, cut up their own meal and walk from one area to another. Staff were on hand to give encouragement and direct physical support if required. This meant that people were supported by a team of staff that encouraged independence.

Staff gave explanations to people throughout the inspection with regards to what was happening now and later on. We observed staff asking if people wanted to join others in the dining room for lunch or wished to eat in their rooms. Staff were patient when giving explanations to people and were often overheard repeating themselves until the person understood what they were saying.

This showed that people were being supported by staff who imparted information and were patient in doing so.

The registered manager actively encouraged open communication between all those working and living at the service. We observed staff using different communication techniques when engaged with people. For example, staff were seen using active listening skills to aid communication with people.

Staff had a clear and vested interest in people’s well-being. We observed staff supporting the district nurse on their rounds so that they could update the district nurse accordingly. Staff were observed taking their breaks later than planned as they wanted to complete the support they were delivering before having a break.

Staff had a clear understanding of the importance of maintaining people’s confidentiality. Staff told us, “It’s important not to talk about people in front of others, I wouldn’t like it if it were me.” Another staff member told us, “Don’t leave confidential documents where others may find them.” This meant that people were protected against breaches of confidentiality.

# Is the service responsive?

## Our findings

The service provided a person centred approach to all aspects of the delivery of care. People told us they were happy with the management of the home. One person said, "People are always around, you can't get lonely in this place, no you can't." Another person told us, "They've [staff] been marvellous with me."

Care assessments were person centred and tailored to the individual. We reviewed comprehensive care plans which detailed people's likes, dislikes, preferences and where possible people had been involved in their care planning. We observed in the front hallway a notice to people and their relatives informing them that they were in the process of changing the care plans and if they wished to be involved to please speak with a member of the staff who could arrange a suitable time. This meant that people were actively encouraged to participate in all aspects of the delivery of their care.

People told us they knew how to make a complaint if they needed to. We observed the complaints procedure was situated in the main hallway for people, their relatives and visitors to see. During the inspection we spoke with staff about having an easy read complaints form available for those who may find reading the form difficult. This was being created during the inspection and showed that the service was responsive. The service had a robust procedure in place when dealing with concerns and complaints. We reviewed the complaints book where complaints were

logged, including the time, date, who raised the complaint, details of the complaint and what action was taken. This meant that people's complaints were listened to and acted upon in a timely manner.

Staff told us they actively encouraged people to make choices for themselves where possible. We observed staff offering choices throughout the inspection with regards to what activities people wanted to engage in, what they wanted to eat, whether they wanted to access the garden. Staff were observed encouraging people to engage in activities with others as opposed to spending time alone to avoid social isolation. However, staff told us they were aware that some people did prefer their own company, and they respected this.

The activities provided included chair exercises, bingo, quizzes, cards, walks around the landscaped gardens and external entertainer's visits. We looked at the scheduled activities board which was situated in the main hall for all to see and noted that the upcoming visits included singing, dancing, gospel church singing, ballet from a local children's group. One person told us that they liked to keep busy and now distributed the morning papers to those within the service. The person told us, "It gives me a chance to get some exercise and talk to people."

People told us that they enjoyed some of the activities on offer. For example, one person stated, "I've never played bingo until I came here. I like it." Another person told us, "I like it when entertainers come in." During the inspection we observed one person who had chosen to spend some time sunbathing in the garden. This meant that people were supported to engage in a variety of activities.

# Is the service well-led?

## Our findings

People told us the registered manager was approachable and supportive. “I find her suitable enough. Definitely. She does listen and thanks me for my suggestions.”

Staff told us, “I genuinely love working here, we are a team. We respect each other and the people we support.”

Another staff member told us, “I look forward to working here.” Staff told us that they worked as a team to ensure that they supported people effectively. Staff felt that if someone wasn’t working as a team member, then they would be happy to speak with the registered manager.

The registered manager was newly in place having recently undertaken the registration process with the commission. However, she had worked at the service for the last eleven years and had comprehensive knowledge of the people living at The Lodge.

The registered manager was on holiday at the time of the inspection. However, we spoke with her by telephone and she told us that she operated an open door policy. This meant that people could speak with her as and when they wished. Staff told us that the manager was approachable and had been supportive not only professionally but also personally.

The provider told us that it was vital to recognise the accomplishments of staff and in doing so staff took greater pride in what they did. For example, upon entering the building in the main entrance, staff’s certificates were displayed. This showed that the provider and registered manager actively celebrated staff achievements.

All members of the management team led an open and transparent service, where accountability was taken by

those responsible at all times. The care manager told us, “If we get things wrong which we do because we aren’t perfect, we always learn from that experience. We want to be the best we can be and we will be.”

The registered manager maintained clear and concise records in almost all areas. Records were available for staff to access. However, in the absence of the manager staff did not always know where documents were stored. These were confidential staff documents which were needed to be accessed by the registered manager and provider and did not have impact on the quality of the service if they were not available to staff.

The registered manager actively sought feedback on the quality of the service. For example, quality assurance documents were sent to people and their relatives yearly. We saw evidence of the reports and actions taken on feedback given. The service had regular house meetings where people and their relatives were welcomed to attend and share their views. This showed that the people’s views were respected and actioned where appropriate.

Audits of the service were carried out, weekly, monthly and six monthly. We saw evidence that audits relating to the health and safety of the premises, fire prevention, food hygiene and medicines were carried out in line with good practice.

The registered manager told us that she was supported by the provider on a daily basis and that he was available to discuss matters outside of the normal working day. The provider played an active role within the service and was observed offering guidance and support to staff throughout the inspection.