Black Swan International Limited

Lodge Care Home

Inspection report

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Essex
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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

Summary of findings

Overall summary

This comprehensive inspection took place on the 7 and 8 November 2018. We visited the service on the 7 November 2018 and carried out telephone calls to relatives and stakeholders on the 8 November 2018.

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

Lodge Care Home is registered to provide accommodation with personal care for up to 36 older people, some of whom may have needs associated with dementia. Care is provided in one adapted building across two floors. At the time of our visit there were 28 people living at the service.

This was the first inspection of this service following a change of ownership.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Feedback from people and relatives about the staff and management team was positive. People told us staff treated them with kindness and care provided with dignity and their rights to privacy protected. People were at ease in their surroundings and told us that they felt safe with all of the staff who supported them.

There were systems in place and training provided for staff to safeguarded people from the risk of abuse. Alleged safeguarding incidents were reported and investigated appropriately.

There were sufficient numbers of staff to meet people's needs and this was closely monitored and reviewed. Staff received training relevant to their roles. Opportunities were provided to support staff with regular supervision and annual appraisal. This enabled staff to discuss their work performance as well as their training and development needs. We recommended staff be provided with additional training to meet the needs of people they cared for such as, people diagnosed with Parkinson's, those with in-dwelling catheters and support for people with sight and hearing impairment.

There were safe systems in place to safely store and ensure people received their medicines as prescribed. Staff were trained in medicines management and regularly had their competency to administer medicines assessed.

People's care was planned and reviewed. However, further work was needed to ensure guidance was provided with regular review for staff where people needed support with their catheter care, support for people with a sight and hearing impairment and for those with a history and at risk of skin cancer. We

recommended guidance be provided to staff on how the associated risks should be managed. This should include how staff should undertake regular monitoring of people's skin and prompts as to when to consult with specialists for advice.

Work had been carried out to produce guidance for staff as to people's life history and what was important to them. This was particularly important when caring for people living with dementia.

People's nutritional needs were assessed and met. Professional advice and support was obtained for people where risks such as choking, swallowing difficulties and inadequate food and fluid intake. People were provided with a choice of pleasantly presented food suitable for their individual dietary needs.

People were supported to access when needed, health and social care professionals to ensure they received appropriate care and treatment. However, people did not have access to dental and eye health care checks. The regional manager told us they would address this as a matter of urgency.

The management team and staff understood their roles and responsibilities in relation to the to the requirements of the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards (DoLS). For people who were assessed as lacking capacity, assessments had been carried out to ensure care provided was planned in their best interests. Further work was needed to ensure a regular review of 'Do not Attempt Cardiopulmonary Resuscitation' orders.

There was an open and transparent culture in the service. People's suggestions, concerns and complaints were responded to. An audit trail of people's complaints was recorded and it was evident people had been listened to and their concerns addressed in a timely manner.

The management team had clear oversight with systems in place to review the quality and safety of the service. There was a strong emphasis on continually striving to improve the quality of the service. The management team had a vision for improving systems and ensure sustainability of the service.

Staff morale was high as a result of the management support provided and staff incentives which commended good practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Further work was needed to ensure where people with in-dwelling catheter, at risk of urinary tract infections and skin cancer had these risks identified with guidance for staff to mitigate the risk of harm.

Risks to people's safety associated with improper operation of equipment and the premises had been identified and action taken to reduce these risks.

There were sufficient numbers of staff to meet people's assessed needs.

The provider operated safe recruitment procedures.

There were safe systems in place to ensure people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff received regular training to ensure that their practice was kept up to date.

Staff sought consent, and people were supported to make their own choices as much as they were able.

People had timely access to health and social care services. However further work was needed to ensure people had access to regular dental and eye checks to maintain their health.

People had their nutritional and hydration needs met, received a good choice of what to eat and meals were presented well.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and focussed on enabling people to

maintain their independence.

Staff interacted with people in a patient and compassionate way that respected their privacy and dignity.

People were consulted about their needs and how the service was provided.

Is the service responsive?

Good

The service was responsive.

Individual preferences were considered when planning care and support.

People could access meaningful activities and entertainment appropriate to their needs.

Complaints and issues raised were listened to and responded to in a timely manner.

Is the service well-led?

Good

The service was well led.

Effective quality assurance processes were in place.

The management team had a vision for improving systems and ensure continued improvement with sustainability of the service.

There was an open, transparent culture where the management team were approachable and staff morale was high.

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.

This comprehensive inspection took place on 7 and 8 November 2018 and was unannounced.

This inspection was carried out by two inspectors and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their experience was in caring for a person living with dementia.

We reviewed all the information we had available to us about the service including notifications sent to us by the registered manager. Notifications are information about important events, which the registered manager is required to send us by law.

We spoke with nine people who used the service, seven relatives and one health care professional. We also spoke with the registered manager, senior regional manager, operations manager, cook and five care staff.

We reviewed the care records for five people who used the service, staff recruitment, staff training, medicines management, meeting minutes, complaints, surveys and records in relation to quality and safety monitoring of the service.

Requires Improvement

Is the service safe?

Our findings

Risks were not consistently well managed. Risks such as those related to moving and handling, prevention of pressure sores, and the risk of choking had been assessed. Risk monitoring tools such as Malnutrition Universal Screening Tool (MUST) and Waterlow assessments (pressure ulcer prevention) were in use. Actions to reduce identified risks were well documented in care plans and were subject to regular review. However, we found for one person who with an in-dwelling catheter and at risk of acquiring urinary tract infections (UTI's), with a history of sepsis, they did not have a catheter plan of care in place. Catheter associated infections can be a problem in long-term care such as care homes, where older people who may be catheterised for prolonged periods are consequently at risk of recurrent UTI's and complications associated with infection, such as sepsis. This meant that staff did not have the guidance they needed with steps they should take to mitigate the risk of harm. For example, guidance as to the regularity of bag changes needed, if there was the need to change from a day to night catheter bag and checks to ensure the person received regular fluid intake and how this would be monitored. We also noted from a review of clinical specialist records on file that one person with a history of skin cancer there was no care plan in place with regards to mitigating this risk. We recommend preventative guidance be provided to staff to ensure regular monitoring of this person's skin with body maps to note any changes and prompts to notify specialists for advice.

Accidents and incidents were logged and analysed by the provider but actions taken were not always clearly documented. This included medicines errors logged with some action taken in response such as, contacting the person's GP for advice and support. However, there was no record of any action taken in response to staff members who had made mistakes in not administering prescribed medicines but had signed to say they had. For example, to describe what action had been taken to mitigate the risk of the incident being repeated such as a review of the staff member's competency and or further training provided. We discussed this with the regional manager who assured us steps would be taken to instruct those involved in audits to consider this and record as required.

All the people and their relatives we spoke with were complimentary about the care and support they received. They said they were safe and felt secure. One person told us, "I feel safe with all the staff, they are wonderful, kind and lovely." Another said, "I feel safe because they are always checking on you, my bed is always made, my room always clean." One relative commented, "It is perfect, got no complaints whatsoever, I come every day and [Relative] is always clean, glasses on, bed tidy, always a clean room and friendly staff."

Staff demonstrated a good awareness of safeguarding procedures to follow should they have concerns, including a knowledge of who to report to if they witnessed or heard any allegation of abuse. The registered manager had demonstrated their knowledge of local safeguarding protocols as they had managed previous incidents well, reporting appropriately and carrying out investigations when required.

Environmental risks to people's safety had been assessed and their safety monitored but actions were not always documented or taken promptly to resolve issues. Window restrictors and radiators covers were in place to prevent the risk of scalding. Fire equipment, lifting equipment and call bells were tested regularly and serviced appropriately. One record indicated that an emergency lighting outlet located within the

Ground Floor lounge was identified as faulty 'needing rewire' on 4 October 2018 and was subsequently identified on a further check on the 5 November 2018 and remained unresolved. It was also noted a similar fault to the emergency lighting unit in the kitchen, this also remains unresolved. We discussed this with the regional manager who told us action would be taken to rectify this immediately.

Water tests were carried out to ensure the water temperature did not pose a risk to people. The risk of legionella bacteria had been assessed and actions taken to reduce the risk. Health and safety audits were carried out but action plans had not always been produced or where provided followed up where shortfalls were identified.

We found a number of unstable wardrobes which presented a risk of injury to people. We discussed this with the regional manager who informed us the day after our visit that work had been carried out to secure wardrobes where people had access to the wall to mitigate the risk of harm.

Technology, such as sensor mats were used to alert staff if a person at risk of falls got out of bed to reduce the risk of injury from falling. A business contingency plan was in place with an up to date list of people, and details for staff on who to contact in an emergency such as a fire, flood and lift breakdown.

People's needs were met by a stable staff team. We observed sufficient staff available during our visit to the service. Staff and people who used the service told us that apart from occasional agency usage to cover for staff absences there was sufficient staff available to meet their needs. One person told us, "They do come pretty promptly when you call for help. There are always those times when of course they are busy and we all want attention at the same time, but we are never waiting too long. They always answer the bell promptly at night." Another told us, "They always find time to sit and chat with you." A relative told us, "They could do with more staff at the weekends, we visit around 10:00am on Saturday and Sunday and two out of ten times we wait at the door, they are busy helping people up." Another relative said, "They have regular staff who know [Relative [very well, we cannot fault them."

The management team used a dependency assessment tool to determine staffing levels according to people's needs. Senior staff reviewed care plans monthly and used this information to consider how many staff would be needed.

Staff employed had been through a robust recruitment process before they started work. This included checks in place from the Disclosure and Barring Service (DBS) to establish if they had any criminal record which would exclude unsuitable staff from working in this setting. Character references and from the most recent employer had been obtained. Interviews also took place to establish if staff had the skills and qualities needed to carry out the role safely and effectively.

There were systems in place for the ordering, storage, administration and disposal of medicines including controlled drugs. Information about what people's medicines were for and how they liked to take them was comprehensive and made very clear to staff. Protocols were in place for as and when required (PRN) medicines. PRN medicines are given only occasionally and not on a consistent basis, such as pain relief medicines.

We carried out an audit of stock against medicines administration records (MAR) including controlled medicines. We found all items tallied. Regular medicines audits took place but it was not always clear what action had been taken where shortfalls had been identified. For example, where gaps had been found in staff signing to confirm administration of prescribed creams and lotions.

All staff who administered medicines had received relevant training and their competency was checked regularly to ensure their practice remained safe and effective.

People were protected by the prevention and control of infection. People spoke highly about the standard of cleanliness in the service and the high standards of the domestic staff. Measures were in place to reduce the risk and spread of infection and ensure the regular cleaning and deep cleaning of the service. Staff, including domestic staff, were knowledgeable about infection control and received training with regard to COSHH (Control of Substances Hazardous to Health) regulations.

Good

Is the service effective?

Our findings

Staff worked well as a team to ensure they delivered personalised care and support to people. Staff told us, working as a team ensured people received care in a consistent way. Handover meetings took place between shifts to support effective communication and ensure people's up to date needs were effectively communicated.

The regional manager told us that staff received regular, planned supervision with an annual performance appraisal. This was confirmed by the staff we spoke with. Supervisions and appraisals were used to monitor staff performance and plan for training and any additional support needed.

Staff received training and induction to their work. Staff told us training was delivered to them via a mixture of face to face and e-learning. Whilst staff knew people well further training would improve staff skills and knowledge. We recommend staff be provided with additional training to meet the needs of people they cared for such as, people diagnosed with Parkinson's, those with in-dwelling catheters and support for people with sight and hearing impairment.

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 with appropriate legal authority. 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 management team and staff understood their roles and responsibilities in relation to the to the requirements of the MCA and related Deprivation of Liberty Safeguards (DoLS). For people who were assessed as lacking capacity, assessments had been carried out to ensure care provided was planned in their best interests. However, further work was needed to ensure a regular review of 'Do Not Attempt Cardiopulmonary Resuscitation' orders (DNACPR). For example, where health professionals had produced a DNACPR having deemed a person to lack capacity to consent to this decision whilst in hospital but their capacity to make decisions had improved since moving to the service. Following our feedback the management told us they would take action to review of all DNACPR's currently in place.

People were supported to have access to a balanced, nutritious diet. Everyone we spoke with was complimentary about the quality and variety of food provided. Comments included, "The food is very good.

You get to choose what you have to eat with plenty of choice available." And "There is always plenty to eat and nicely presented."

We observed the lunch time meal. Where people required additional assistance, this was provided in an engaging and patient manner. Staff were attentive and the dining experience for people was enhanced with jovial interactions. Alternative meal options were offered to people if they did not want the main options on offer.

A pictorial menu board was available which clearly displayed the choice of meals on offer. People were offered a choice of drinks throughout the day as well as a glass of wine with their meal. Staff were attentive and supported people where required with the cutting up of their food, this was carried out in a discreet, dignified manner.

Those people who had been assessed as being at risk of not eating or drinking enough were sensitively supported with their diet. People's weight was regularly monitored. Where concerns had been identified whereby people continued to lose weight or at risk of choking they were referred to specialists such as the dietician or speech and language therapist for further advice. We saw that staff followed the recommendations for specific textured diets and had a good knowledge of people's dietary needs and preferences.

Staff were knowledgeable about people's healthcare needs and current health conditions. Records showed that people had access to a variety of healthcare services including GPs, district nurses, occupational therapists, dieticians and chiropodists. People told us staff responded quickly if they became unwell. One person said, "The doctor visits us regularly. If you need the doctor they sort this for you and they arrive promptly thereafter." A relative told us, "[Relative] is looked after very, very well. We know if they need to see the GP the staff arrange this and always keep us informed of the outcome." We found further work was needed to provide regular, planned access to dentists and opticians to support people to maintain their oral and eye health. We discussed this with the registered manager who told us they had found it difficult to find a dentist in the local area willing to visit care homes. They reassured us they would look into this further.

People's rooms were personalised according their preference and taste. There had been a recent programme of works carried out to enhance the premises with redecoration, new furniture and carpets to bedrooms and communal areas. A new conservatory had been installed and natural lighting with skylights installed to areas previously dimly lit areas. Communal gardens were attractive and had been well maintained.

Good

Is the service caring?

Our findings

All of the people and their relatives we spoke with were positive about the standard of care provided and the kind and caring manner of the staff. Comments included, "The staff are all very kind, they show you respect, they usually knock on the door and they tell me why they have come in", "Everyone is so thoughtful and kind." And "It's just so lovely here, it's calm and relaxed. The staff are always kind, not one of them is unkind.

We observed positive interactions between staff and the people they supported. We saw that people were comfortable in the presence of staff as people were treated with genuine warmth and there was lots of laughter. Staff and the registered manager were highly motivated and passionate about the care they provided. Staff told us, "We are here for the people we care for. We listen to what they want, how they wish to live and treat them as we would want to be treated ourselves."

People were encouraged to be involved in the choices around all aspects of their care such as what they had to eat, what time they got out of bed, what they wear and the gender of care staff supporting them. We saw that those choices were recorded in people's care plans and were in line with the care that people and their relatives told us they received.

People told us family and friends were able to visit without restriction. One relative told us, "There are no restrictions when you visit. We are always made to feel welcome."

People's dignity and privacy were respected. We spent time observing the care practices in the communal areas and saw that people's privacy and dignity were maintained. Staff knocked on people's doors before entering and made sure they were happy for them to enter the room. Staff were not rushed and respected people's choices as to how they spent their day. One person told us, "They [staff] say, 'do you want to want to get up', I might choose to stay in bed a bit longer in the morning, and in the evening, I might be watching tv and the programme does not finish until 11:30pm and they still accept what I say, I know it is my choice to watch TV in my chair or in my bed when I want and they respect that."

Good

Is the service responsive?

Our findings

People told us staff and the management of the service involved them in all aspects of their care and treatment. We received only positive reviews from people, their relatives and representatives. Comments included, "This is a wonderful place. They treat you like a human being", "we have meetings where we get to talk about the things we like and the things we don't like so much. It's nice to know your opinions count for something." And, "They are always asking if you are alright and take time to talk to you."

Staff provided care and support in a personalised way. People's needs had been assessed prior to admission. Care plans were personalised and contained comprehensive information to guide staff in meeting people's needs. Where able, care plans were signed by the person in receipt of care as people had been involved in the planning of their care and support. Comprehensive life story information provided staff with information as to people's previous work and family background. This was particularly important for staff to access when caring for people living with dementia.

People were provided with the care and support they needed to stay independent. One person told us, "I have got my own key and lock my door in the daytime, I buzz about 6.00am and they come and help me. I like to be independent and I do my face and front, they do the back, they are all very lovely and help me, they have been very good to me."

People had access to a range of varied activities. The activities coordinator was enthusiastic and, along with another coordinator and care staff, was focussed on creating a vibrant community. They told us they were guided by people's wishes and aspirations when organising activities. People told us they had access to a varied range of group and meaningful activities with regular outside entertainers visiting. They told us, "There has been a big improvement in the number of activities we get. I do like the flower arranging best and [tutor] gives a talk and we can take the flowers to our rooms when we've finished", "I do pottery and have got several bits and bobs I have made in my room. I love it. We have been to a couple of shows, one in the summer and one at Christmas, we went with the activity ladies." And, "We do lots of arts and crafts the activity lady arranges something every day. The pottery is wonderful and here in my room I have got several things I have made, a heart and a pot. I am very proud of my handy work."

People were supported to maintain links to the local community. For example, where people could no longer attend church due to mobility needs, representatives from various churches attended to support their spiritual needs. For example, a local vicar and nuns from a Catholic order to administer communion.

Staff understood the importance of supporting people to have a good end of life as well as living life to the full whilst they were able to do so. People had been consulted about what would be important for staff to know about their needs, wishes and preferences. People's last wishes in relation to their end of life care had been well documented. Care plans contained information about their preferred place to receive care and any religious or spiritual needs. They also recorded discussions with people where they had been given the opportunity to talk about any concerns or fears about dying.

People were encouraged to air their views at residents' meetings, reviews and raise any concerns directly with staff and the registered manager. None of the people we spoke with had raised any concerns or complaints. We saw there was a system in place to respond to any concerns, complaints and suggestions as well as a log of compliments. We were assured from discussions with staff and the registered manager that any concerns and complaints would be taken seriously. A review of the complaints log showed us that concerns and complaints were logged with an audit trail of responses and outcomes.

People's views were assessed through regular satisfaction surveys. We saw from the last review the majority of responses were positive. Where suggestions for improvement had been made there was a clear audit of actions taken in response.

Good

Is the service well-led?

Our findings

There was an open, transparent culture evident from our discussions with the registered manager, regional and operations manager. Whilst we identified some shortfalls at this inspection there was an immediate response to rectify issues where they could do so. The management team had a vision for improving systems with clear plans to improve, innovate and ensure sustainability of the service.

People, their relatives and staff told us the service was managed well and were complimentary about the changes that had taken place since the new provider took ownership of the service. People who used the service told us, "This, [pointing to the registered manager] is our beautiful lady, I don't know what I would do without her, she is a very nice lady", ""The manager is very nice, she has been very good to me, she helps me when I am a bit down and she talks to me if I look a bit sad, she takes time to talk and cheers me up", "There has been some very real changes, they have spruced the place up and there are lots more things to do." And, "The manager brings me the newspaper. This is a nice, well managed place to live and I am very happy here. They always ask you if you are happy and if not ask what can they do to make things better."

A visiting entertainer told us, "I come once a week and do exercises interspaced with fit bingo. It is a beautiful home, good atmosphere, the staff are all very friendly and there is a real family environment." A medical health professional told us, "The place has improved a great deal. The staff keep us informed when they need to. The only thing I would say is they need to help their staff understand it is not always appropriate to request medicines to manage people's behaviour but apart from that, the improved activities are helping people's wellbeing."

A relative told us, "The people living here used to be withdrawn, now since the changes and the upgrade to the building staff are a lot happier, people are engaging much more. Where people used to be sat asleep in their chairs, now I walk in and they are awake and have something to look forward to, more activities are taking place that did not go on before." Another told us, "I cannot speak highly of the place, it is not five star but six stars. [Relative] is in the best place, it is exemplary. We visit regularly and they keep us well informed, I cannot speak highly enough about the place."

Staff told us, "We have got a good atmosphere here, there is good team work, we all work as a team, seniors are really nice and we get on well with them, the manager is really nice." And, "I have a good relationship with the manager, I can go and speak to her when I need to. The regional manager is always approachable I know we can give him a call if he is not here. He knows all the residents by name, he gives them time and genuinely wants them to have good care. There are good incentives for staff with employee of the month. All the staff can vote as can relatives and visitors and you get a big box of chocolates and wine, they seem to appreciate staff here which helps our morale." Another told us, "We are a good team, work together and are happy in our work. I certainly made the right choice coming here, it is nice to see the residents happy and enjoying themselves."

We found the registered manager and staff team sought to provide consistent joined up care for people by working collaboratively with other agencies. This included engagement with a range of health professionals

such as the local surgery, community nurses, chiropodists, speech and language therapists and social care professionals. This meant staff sought support from other specialists to improve outcomes for people.

The quality assurance systems in place included lots of checks carried out by the management team and the provider's quality assurance team. The management team took on board our feedback in relation to audits not always having actions planned with timescales where shortfalls had been found. Whilst we were told action had been taken this was not always evidenced. The regional manager immediately amended audit documents to prompt those responsible for auditing to record this information where needed.

The management team were aware of their responsibility to report significant events to the CQC. This information is used to monitor the service and ensure they respond appropriately to keep people safe. Where referrals had been made to the local safeguarding team we saw that thorough investigations had been carried out by the service and the regional manager had kept CQC well informed throughout.