

Four Seasons (Bamford) Limited

The Lodge Care Home

Inspection report

Bridge Street
Killamarsh
Sheffield
South Yorkshire
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Tel: 01142476678

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: The Lodge was a residential care home that was providing personal and nursing care for 39 people at the time of the inspection, some of whom were living with dementia. Accommodation was provided in a purpose built home across two floors, with communal areas on each floor.

People's experience of using this service:

People and their relatives were very positive about the service and the care provided. A relative said, "I think the care is excellent. I can't think of anything they could do better." A person using the service summed it up in one phrase, "I am happy here." Another person said, "The staff are marvellous; nothing is too much trouble."

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Sufficient staff were available to meet people's needs and people told us when they needed assistance, staff responded promptly. People received their medicines regularly and systems were in place for the safe management and supply of medicines. Incidents and accidents were investigated and actions were taken to prevent recurrence. The premises were clean and staff followed infection control and prevention procedures.

The service continued to be effective. People's needs were assessed and care was planned and delivered to meet legislation and good practice guidance. Care was delivered by staff who were well trained and knowledgeable about people's care and support needs. People were provided with a nutritious and varied diet and they were complimentary about the quality and choice of food offered. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

People were cared for by staff who were kind and compassionate. The atmosphere within the home was friendly and welcoming and staff were warm and considerate towards the people they cared for. People and their relatives felt involved and supported in decision making. People's privacy was respected and their dignity maintained.

Staff were responsive to people's individual needs and wishes and had an in-depth knowledge about each person. A person said, "Nothing is too much trouble for them." Staff engaged with people very well and offered them choices on an ongoing basis. People had access to a range of activities and entertainment that they enjoyed. People's views and concerns were listened to and action was taken to improve the service as a result.

The service continued to be well led and benefitted from clear and consistent leadership. The registered manager was praised by people, their relatives and staff, for their positive and supportive approach and their prompt resolution of issues. Systems were in place to monitor the quality of care provided and

continuously improve the service. The management team and staff engaged well with other services and had developed positive relationships.

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

Rating at last inspection: Good (report published in July 2016)

Why we inspected: This was a scheduled inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

The Lodge Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was conducted by one inspector and an Expert by Experience with experience of care of older people and those living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.'

Service and service type:

The Lodge is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. We assessed the information in the provider information return. This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with nine people who used the service, to ask about their experience of the

care provided and eight visiting family members. We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We spoke with six members of staff including the deputy manager, care staff, a housekeeper and an activities coordinator. We also spoke with the registered manager.

We reviewed a range of records about people's care and how the service was managed. This included looking at three people's care records and a sample of people's medicines administration records. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the records of accidents, incidents, complaints and quality assurance audits the management team had completed.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with, who were able to respond, told us that they felt safe and family members told us that they are satisfied that their relatives are safe. One person said, "I feel very safe as the staff look after me really well."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority. The registered manager was aware of their responsibilities for reporting concerns to the CQC.
- Information was available for people and for staff on adult safeguarding and how to raise concerns.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Risk assessments were completed to identify risks to people's health and safety such as their risk of falls or risk of choking. Staff reviewed the risk assessments monthly and put actions in place to reduce these risk. For example, ensuring a person was provided with a pureed diet and modified texture fluids.
- A person told us, "I had a few falls when I was at home on my own, but not since I've been here. They (staff) are careful not to let me fall."
- Staff used an alert sheet at the front of each person's care record entitled, "Clinical Hotspots," that identified specific risks, allergies and alerts, that staff needed to be aware of, so they could see them at a glance.
- When people had pressure relieving equipment in place this was checked regularly and checks we completed during the inspection, indicated the equipment was set and functioning correctly. We observed people being assisted to move from wheelchairs to armchairs safely and people being reminded to use their walking aids where appropriate.
- Risk assessments were completed in relation to the premises and general activities in the home such as visits from a pat dog, and a garden fete . An emergency evacuation plan was in place for each person, to describe the support they would need in the event of a fire or other emergency evacuation of the building. These were up to date and reflective of people's current needs.

Staffing and recruitment

- People we spoke with told us that they felt that there were enough staff available and the service very rarely used agency nurses. They told us staff absences were normally covered by other members of the permanent staff. No one told us of any long waits for assistance and a relative said they had never seen anyone wait long for help.
- The registered manager used a staffing and dependency tool for guidance on the number of staff required, and staff rotas showed planned staffing levels were being achieved. Staff told us they felt their were enough staff to meet people's needs.

- Safe recruitment practices were in place to ensure staff were safe to work with vulnerable people.

Using medicines safely

- Peoples' medicines were managed safely. Processes were in place for the timely ordering and supply of medicines and medicines administration records indicated people received their medicines regularly. This was confirmed by the people we spoke with.
- Staff completed training to administer medicines and their competency was checked regularly.
- The management team completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. We observed staff using personal, protective clothing and equipment safely.
- The environment was visibly clean and people told us staff were thorough in their cleaning. We noticed some unpleasant odours in some of the communal areas and the management team told us the carpets in the communal areas were due to be replaced. We received confirmation during the inspection that the replacement had been approved by the provider.
- Housekeeping staff followed cleaning schedules to ensure all areas were systematically and regularly cleaned. They knew the action to take when a person had an infection to reduce the risk of it spreading to others.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents at group supervision and on an individual basis.
- The provider had a system in place to facilitate the analysis of incidents and accidents and the registered manager used this to identify themes and learning. For example, if incidents were occurring at a specific time of day or in one place.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff assessed and documented people's needs and preferences in relation to their care and planned care based on this.

People's outcomes were good. For example, one family member told us, "The staff are brilliant. I don't know what they've done, but when my relative first came here, they wouldn't get out of bed, had no interest in anything and wasn't eating. Since they've been here, (family member) has completely changed. They join in with things, they're eating well, and they've made friends. It's very reassuring for us."

- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. Care interventions, such as re-positioning to prevent pressure ulcers, were completed consistently.

- We observed information on best practice guidance was available for staff in the clinical rooms and staff bases.

Staff support: induction, training, skills and experience

- Staff told us they had access to ongoing training and development relevant to their role. Nurses were provided with refresher training and updates in clinical skills such as enteral nutrition and said the clinical lead was readily available for advice when needed.

- The provider's training spreadsheet showed a high compliance of staff with the required training.

- Staff told us and records confirmed they received regular supervision on a one to one or group basis, and had an annual appraisal. Staff found these constructive and said they were encouraged to further develop their knowledge and skills.

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

- People were supported to eat a varied and nutritious diet based on their individual preferences. We saw that people were shown the different meal options on the plates at lunchtime, so that they could select which they wanted at the time. When someone said they didn't want the offered options, they were asked what they would like and it was provided.

- People told us they enjoyed the meals and we observed snacks, including home made cakes were offered between meals. One person said, "I think the food is really good. I enjoy all the meals here and the cakes are lovely."

- We did note there was a delay in assisting some people who required support, after the meals were provided in one area and this affected the temperature of the food. The manager said they would address this, by ensuring improved liaison between catering staff and care staff.

- Staff assessed people's nutritional needs and any risks related to their eating and drinking. They monitored people's weight and when they were at risk of losing weight they monitored the amount they ate. They sought the advice of specialist professionals when they identified a need.

- Staff ensured people who required their nutrition through a tube into their stomach, received their nutrition as prescribed and they liaised with other professionals when necessary to ensure any problems were addressed promptly.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had good relationships with other professionals who had contact with the service. The manager emphasised to us the importance of developing positive relationships to maximise the benefits for people using the service.

- A GP from the local GP practice visited the service weekly to review people and staff told us they could request a visit at any time if necessary. They had regular contact with the practice nurses and community matron.

- On the day of our visit three social workers and a community physiotherapist were visiting different people in the home. We spoke with a visiting professional, who visited the service regularly. They told us staff were very good at communicating with them about issues and concerns and were open about identifying any risk issues. They said, "Engagement and communication is fantastic."

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

- The premises and environment were designed and adapted to meet people's needs. Corridors were wide enough for easy wheelchair access. There was clear signage for people, including pictorial signs, and the layout of the home was straightforward to facilitate way finding. The community areas were pleasantly decorated and people's bedrooms were personalised with items they had brought with them and pictures they had chosen.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff obtained consent for people's care and support. Staff had a good understanding of the principles, of the MCA and people were supported wherever possible to make their own decisions.

- When people could not make a decision, staff completed a mental capacity assessments and the best interest decision making process was followed and documented.

- DoLS applications had been made when required. No one had conditions associated with their DoLS authorisation.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were very kind, caring and friendly and we saw that interactions were warm. A person said, "They (staff) are marvellous. Nothing is too much trouble for them." A relative said, "The staff are really good. I come every day and I've seen nothing but kindness towards people here. They can't do enough for people."
- There was generally a very caring and friendly atmosphere in the home between staff and people using the service. Staff clearly knew people very well and were able to tell us about individuals and their lives and families. This enabled them to engage well with people, and we observed them chatting, which increased people's sense of well being. It was also reflected in the laughing and joking we observed during a quiz that people were participating in.
- People's diverse needs were respected and care plans identified people's cultural and spiritual needs. People and relatives all told us they had felt they were treated fairly and were free from discrimination. They were able to discuss any needs that were associated with their culture, religion, sexuality.
- We observed the home had scored consistently highly in feedback surveys completed by people and their relatives, including feedback left on independent websites.

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

- People told us they were able to choose how and where they spent their day. We saw staff checked with people before providing support and encouraged them to express their views and wishes.
- Some people we spoke with were familiar with a care plan and all the family members we spoke with told us that they felt involved in the care of their relative and were kept informed.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity and we saw that staff were careful to close doors when assisting people. They knocked on people's doors before entering and ensured they were covered when using equipment such as a hoist to move them.
- The home had a dignity champion. They had completed additional training and following this, they had developed a wide range of resources to cascade their learning to other staff. They explained how they provided training and used their knowledge during their day to day work to improve standards. They also completed some observational audits within the home and provided a report from this to discuss with staff and share learning.
- Staff spoke with us about the work the dignity champion had done, in promoting dignity and increasing staff awareness of the issues.
- People were encouraged to be as independent as possible. A person said, "I try to manage some things on my own, but I need a bit of help when I get dressed and they (the staff) are very good about helping me."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff who had a good understanding of their care and support needs and their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual.
- People's care plans contained detailed information for staff on how best to support them with personal care, eating and drinking, medicines and other day to day activities. They also included detailed information about their health needs and the care people required to manage their long term health conditions.
- Communication care plans described support people needed to enable staff to understand their wishes and when people were unable to communicate verbally, how staff should observe their facial expressions to gauge their preferences.
- The registered manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards. They provided large print information, pictorial information and the talking books library visited regularly. They described how they always made sure one person had notepads and pencils to enable a person who couldn't communicate verbally to express their wishes.
- My choices documents within people's care records provided information about their life history, cultural and spiritual needs and activities they enjoyed.
- Staff developed scrapbooks with people that contained picture of items relevant to their lives; their previous jobs, their families and the things that interested them. These were very personalised and used a range of items to remind people of different activities and parts of their lives. For example, staff had used the internet to obtain pictures of where a person had lived and pictures of their workplace. People really enjoyed and engaged in the activity and they were also used to support reminiscence.
- People had access to a range of group activities such as games and exercise classes along with entertainment and external trips. Family visitors brought their dogs with them and a local cat visited regularly and people enjoyed this. The registered manager explained the checks they had undertaken to mitigate any associated risks.
- People were supported to undertake individual activities based on their interests and some one to one time was allocated for people who were unable to participate in activities without support. A visitor commented that it would be beneficial to have more time for personalised one to one activities for people with advanced dementia and the registered manager told us they were exploring ways to further increase the time staff were able to spend with people.

Improving care quality in response to complaints or concerns

- The management team took complaints seriously, investigated and provided a timely response. They also kept a record of any minor concerns or issues discussed with them and the action they had taken in response.
- None of the people we spoke with, could recall having had a need to raise a complaint. One relative said

there had been a few 'little niggles,' but everything they had raised had been promptly addressed.

End of life care and support

- When people were nearing the end of the life or were admitted for end of life care, staff assessed their needs and developed detailed end of life care plans with information about how their symptoms would be managed, and their choices and wishes in relation to their future care. For example, a document to describe the steps staff would take if they developed specific health issues was agreed with them and their family.
- Detailed information was available as to how to keep the person comfortable and maximise their well-being. Staff ensured medicines were obtained to manage any future symptoms such as pain, so they were available when needed.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff were aware of the values of the provider and of the service. They told us the dignity champion linked their training about dignity to the provider's values of being respectful, trusted, caring and going the extra mile to make a difference to people's lives.
- The registered manager and all the staff we spoke with, demonstrated a commitment to provide person-centred, high-quality care. They placed people using the service at the centre of everything they did. Several of the staff we spoke with talked about the satisfaction they gained from making someone happy. For example one member of staff said, "It is lovely to get someone to smile and hold your hand. I love making someone happy. Trust is so important."
- A relative said, "We've recently been asked by someone if we could recommend a care home and we said there is nowhere better than here."
- The management team completed a full range of quality audits on a monthly basis and we saw that actions were identified and addressed to bring about improvements. Audit results were monitored by the provider and representatives of the provider visited monthly to provide support and undertake their own quality monitoring.

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

- The service was well led by an experienced registered manager and a supporting management team. The registered manager described how they were developing staff to ensure succession planning within the service. Staff were clear about their responsibilities and the leadership structure.
- The registered manager was clear about her responsibilities for reporting to the CQC and the regulatory requirements. Risks were clearly identified and escalated where necessary.
- Staff were extremely positive about the skills and leadership of the registered manager. A member of staff said, "We are really well led; the manager has such experience and mindfulness of individuals." Another member of staff said, "(Name) is the best manager I have ever had."

People and their relatives also gave very positive feedback. For example one relative said, "The manager is fantastic. She is very approachable, and nothing is too much trouble. I would give her 12 out of 10. She's not afraid to roll her sleeves up and help."

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

- People and staff were encouraged to contribute their views on an ongoing basis informally and through

regular feedback surveys.

- Meetings for people using the service and for relatives were held monthly and a wide range of topics were discussed. There was also an activities committee to discuss future activities and trips people would like to participate in.

- The service's dignity champion had won the provider's national care awards and were a regional winner in the national care awards for the work they were doing within the service and externally at other services.

Continuous learning and improving care; Working in partnership with others

- We found a open and transparent culture, where constructive criticism was encouraged. Managers and staff were enthusiastic and committed to further improving the service delivered for the benefits of people using it.

- The registered manager had an action plan to take forward improvements to the service based on feedback they gained from a variety of sources and the findings from quality audits.

- The registered manager was finalising their agreement to participate in an end of life care project with the county lead for end of life care. This would provide additional regular training for staff on end of life care and facilitate best practice. The county lead was due to speak at a forthcoming relatives meeting.