B & M Investments Limited

The Lodge Care Home

Inspection report

Broad Street
Hemel Hempstead
Hertfordshire
HP2 5BW
Tel: 014442 244722
thelodge@bmcare.co.uk

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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

Overall summary

This unannounced inspection was carried out on the 20 March 2015.

The Lodge provides accommodation and personal care for up to 45 older people. At the time of the inspection there were 24 people living in the home.

The service does not have 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. At the time of the inspection the manager had applied to be registered.

During the last inspection carried out on the 26 August 2014 we identified a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These had now been met.

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Summary of findings

The provider had effective recruitment processes in place, and there were sufficient numbers of staff employed and they were deployed effectively on a day to day basis.

People were protected from avoidable risks and staff were aware of their duty of care to the people. Staff were trained to recognise and respond to signs of abuse. Risk assessments were carried out and reviewed regularly.

There were sufficient staff on duty to ensure the safety and welfare of people. Staff were appropriately allocated to ensure a good skills mix.

Medication was administered, recorded and managed appropriately.

The staff had appropriate training, supervision and support, and they understood their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

There was a variety of choices available on the menus, snacks were freely available throughout the home and people were supported to have sufficient food and drinks to meet their dietary needs.

People were supported to access other health and social care professionals when required, and encouraged to continue their relationships with their family members and friends.

Staff were caring, kind and compassionate and cared for people in a manner that promoted their privacy and dignity. People felt listened to and had their views and choices respected.

People were involved in the decisions about their care and their care plans provided information on how to assist and support them in meeting their needs. The care plans were reviewed and updated regularly.

The home was managed in an inclusive manner that invited from people, their relatives and staff.to have an input to how the home was run and managed.

The home had systems in place to assess, review and evaluate the quality of service provision.

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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?
The service was safe.

People and their relatives told us that the home was safe.

Medicines were managed safely.

Staff were trained to appropriately meet people's needs. There were enough staff to provide the support people needed.

Safeguarding and whistleblowing guidance enabled the staff to raise concerns when people were at risk of abuse.

Good

Is the service effective?
The service was effective.

Staff had an understanding of their responsibilities under the Mental Capacity Act 2005 (MCA), and the associated Deprivation of Liberty Safeguards (DoLS).

People were supported to eat sufficient and nutritious food and drink.

People had timely access to appropriate health care support.

The staff had received regular training, supervision to enable them to effectively meet the needs of the people they supported.

Good

Is the service caring?
The service was caring.

The staff respected people's wishes and choices and promoted their privacy and dignity.

We observed positive and respectful interactions between the staff and people who used the service.

The staff we spoke with demonstrated that they knew the people they supported well and that they understood their needs.

Relatives were encouraged to visit whenever they wanted.

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed and reviewed in a timely manner, and they were supported to follow their interests or hobbies.

Care plans were up to date and contained clear information to assist staff to care for people.

Care was delivered in an individualised manner.

There was a complaints process in place for people to use.

Good

Summary of findings

Is the service well-led?

Good

The home was well led.

The quality systems in place recognised areas for improvement.

People were enabled to routinely share their experiences of the service and the provider used this information to further improve on the service.

The staff were well motivated and felt that their views were listened to and respected.

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 20 March 2015, and was unannounced. The inspection team consisted of one inspector.

We reviewed the information available to us about the home, such as notifications and information about the home that had been provided by staff and members of the public. A notification is information about important events which the provider is required to send us by law.

During our inspection we carried out observations and used the Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us due to their complex needs.

We reviewed information we held about the service and this included reports from previous inspections and a review of the notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with two people who used the service, one relative, six care staff, the deputy manager and the manager. We also observed how care was being provided in communal areas of the home.

We looked at the care records for six people who used the service and reviewed the provider's recruitment processes. We also looked at the training information for all the staff employed by the service, and information on how the service was managed.

Good

Is the service safe?

Our findings

During this inspection we found that the people who used the service were kept safe from avoidable harm. The home was proactive in recognising and where possible reducing risk to the people. Most of the people did not have verbal communication skills, however we saw that they looked relaxed and responded well to the staff. We saw that staff cared for people in a manner that was safe. The home had the appropriate equipment in place to move people safely. We saw the staff assisted people to move about the home in a manner that protected them from injury and was safe for both the staff member and the person.

Staff demonstrated that they were able to identify any safeguarding concerns and were clear that they were responsible for protecting people. They told us that people's safety was discussed at all team meetings so that they remembered their responsibilities. The manager was aware of her responsibilities in promoting the safety of people. Our records showed that safeguarding concerns, accidents and incidents had been reported to the CQC and the local authority appropriately. Staff were aware of who to report any concerns to and how to escalate their concerns should they need to. They said that the manager was proactive in ensuring all staff were aware of their duty of care to report any concerns they had. Staff said that this made it easy to raise any concerns they might have.

We saw that the risk to people was identified and where possible reduced or eliminated. Risk assessments were personalised and were reviewed monthly or when there was a change in the person's needs. People who were at risk of pressure areas had been identified and appropriate pressure relieving equipment had been put in place. Risk assessments had been carried out on footwear, transfers into and out of bed, the number of falls and skin integrity. Where possible the people or their representative had agreed to the identified measures. The home had sufficient numbers of hoists to ensure people who needed hoists to assist their movement had access to them.

Risk assessments on the environment had been carried out to ensure risk such as trip hazards were identified and eliminated. There were emergency plans in place should the home need to be evacuated and staff were aware of what to do in the event of a fire. There was an ongoing maintenance plan to ensure the upkeep of the building. At the time of the inspection part of the home was being re-decorated and an appropriate risk assessment had been completed and put in place to keep people safe.

There was a robust recruitment process in place to ensure that staff who worked at the home were of good character and were suitable to work with people who needed to be protected from harm or abuse. Staff confirmed that they did not take up employment until the appropriate checks such as, proof of identity, references, satisfactory Disclosure and Barring Service [DBS] certificates had been obtained. The staff records we looked at showed a clear audit trail of the recruitment processes including interview questions and the checks carried out.

The staff on duty were skilled in caring for the people and there was sufficient staff on duty to care for people in a safe manner. Staffing levels had been calculated using a recognised staffing tool. We saw that there was enough staff on duty and we saw that people's requests for assistance were responded to in a timely manner.

Medicine was administered by senior staff who were trained to do so, and had their competency checked on a regular basis. We saw that medication was ordered, stored and recorded appropriately. We observed staff administer medication and saw that when people were offered their medication staff explained what it was for and gave each person time to take it at their own pace. The staff member took care to record as people took their medicine, and we saw that there were no gaps in the medication administration record (MAR). A review of records showed that when medication was refused, clear and detailed records were kept on the MAR chart. If a person continued to refuse their medication, their GP was contacted so the person's health could be assessed and monitored. Anticipatory medication for pain relief was available for those people who were at the end of their life. This was recorded on the MAR sheet so that this information was readily available to the district nurses who administered it. Medication was given covertly to one person, this was done in accordance with regulation and in consultation with the individuals family, and involvement and the GP and pharmacist.

Good

Is the service effective?

Our findings

Most of the people were not able to give verbal consent to care. Staff told us that this was not a problem as they understood the person, their needs and wishes. The staff said that all of the people were able to show if they were unhappy and did not want something done.

We saw that staff routinely asked people for their consent before delivering care throughout the inspection, and care plans had been drawn up with the person or their representative.

Where people did not have the capacity to consent to their care or treatment, we saw that mental capacity assessments had been completed and a decision made to provide care or treatment in the person's best interest. This was in line with the requirements of the Mental Capacity Act 2005 (MCA). One person had an authorisation in place in accordance with the Deprivation of Liberty Safeguards (DoLS) and others had been applied for. All of the staff had been trained in the MCA and DoLS, all had a good understanding of their roles in relation to this. The manager had supplied all the staff with an easy guide to the MCA and there were posters throughout the home to remind staff of their responsibility to assume capacity and to allow people time and space to consent to care or to make a decision.

Staff were trained and supported to care for people. This included regular supervision and appraisals to enable them to carry out their role effectively. Most of the people who used the service were living with dementia and we saw that staff had received on how to care for them. We saw that this training was effective and staff were able to recognise people's needs. For example we saw that staff created a calm atmosphere, were patient in their communications and ensured that they knew the person's needs had been met before they left the. Other training included care of people who had pressure areas, moving and handling, first aid and food hygiene. The staff we spoke with told us that they received sufficient and relevant training for their roles. We saw that staff had received training on how to assisted people to move safely, which also included the safe use of hoists. The home had a very positive attitude to training and staff told us that they were encouraged to review their own training needs on an ongoing basis.

We saw that people enjoyed their food and that there was a variety of food available to them. The lunch menu offered two choices with other options available should people have changed their minds or forgotten what they had ordered. Staff were aware of people's eating habits and knew how to tempt them to eat. We saw that people were assisted to eat at their own pace and in a manner that promoted their dignity and allowed them to have optimum nutrition. People were offered fortified drinks as appropriate. Snacks were available throughout the home at all times. We saw that every effort had been made to make the snacks appealing. They consisted of a mix of bite sized chopped fruit, savoury crackers and cheese and sweets and sweet biscuits. The kitchen produced a desert trolley at lunch time. We saw that this was very popular and people could see all the deserts available. Many had more than one dish. The trifle proved very popular and was available every day.

Drinks such as tea and coffee were available throughout lunch and we saw that this was very popular. The staff created a relaxed atmosphere through lunch and we saw people smile and chat with each other making lunch an enjoyable experience. Wine was available to those who wanted it. People told us that the food was good and they had food in abundance and at any time.

The provider used a Malnutrition Universal Screening Tool (MUST) to regularly monitor if people were at risk of not eating or drinking enough. Records showed that where people were deemed to be at risk of not eating and drinking enough, the provider monitored how much they ate and drank on a daily basis, and their weight was checked regularly. Where necessary, appropriate referrals had been made to the dietetics service and treatment plans were in place so that people received the care necessary for them to maintain good health and wellbeing.

People had access to health care professionals. We saw that their physical and mental health needs were promoted. People who were at the end of their life had access to professionals from the local hospice and the district and McMillan nurses to ensure their end of life was comfortable and where possible pain free. People had access to dentist, opticians and GPs. We saw that advice was sought from continence support nurses to ensure people maintained their independence for as long as possible.

Good

Is the service caring?

Our findings

All of the people we spoke with told us that they were well cared for and that staff were very kind and compassionate. We saw people were treated with dignity and that their privacy was promoted. People confirmed that staff were very careful to ensure their care was delivered in a manner that promoted their dignity and privacy. One person told us, “I love it here the staff are so kind and gentle.”

The staff we spoke with were knowledgeable about the people they supported and what was important to them. One person told us, “The staff are always here when you need them.” Another said “It’s just like the old days all helping each other.”

We saw that relatives were welcomed to the home and that they were free to make use of tea and coffee facilities in the dining area. One relative told us that the staff listened to their relative and assisted them to make their own decisions. Another said. “Staff are there to give you an update on how [relative] was doing.” We noted that there was a relaxed atmosphere in the home and we frequently heard people and staff laugh and share a joke.

Staff were skilled in caring for people. We observed interactions that were kind and gentle. We saw that staff made eye contact with the person, didn’t rush the person and ensured they understood what the person wanted to say before they left them. We saw and people confirmed that they felt listened to and that their confidentiality was respected. Staff knocked on people’s doors and waited for a response before entering.

Good

Is the service responsive?

Our findings

We saw that people were supported to be in control of their lives and that they were occupied and were encouraged to follow their interests. We saw one person was busy folding laundry, another assisted staff with dusting and another assisted staff to set the tables. We saw staff showed their appreciation and that this made the person feel good. There was an abundance of objects of comfort and stimulation such as soft objects and books available, and we saw that staff respected how people used these.

We saw that people's needs had been assessed and appropriate, easy to read, detailed, care plans were in place. This ensured that staff had the information to support people effectively. People told us that their preferences, wishes and choices had been taken into account in the planning of their care and treatment, and the care plans we looked at confirmed this. We saw that when 'do not resuscitate' forms were used, they had been completed and reviewed by the appropriate professionals. People confirmed that getting up and going to bed was at times that suited them. We saw that people were involved in drawing up their care plans and they or their representative had signed to say the plan represented their care needs and wishes

The home had recently developed a document 'The Personal Story of…' This documented the person's life to date highlighting the significant events in the person's life, what was important to them, and how to ensure their needs were met. We saw that this had been completed with families or staff observing people. For example for one person, who did not have verbal skills, the staff had observed that they liked to unravel knitting wool that had become tangled. Staff made sure they had knotted knitting wool close by at all times. Chairs were strategically placed around the home to accommodate those people who liked to walk, but needed to rest at regular intervals.

People felt listened to and they were encouraged to share their experiences. The home had many ways of consulting people on how the home was run, these included residents and relatives meetings. The manager had included an introduction to living with dementia at relatives meetings to assist families to better understand the condition their relative was living with.

For those people who did not like to join in group activities, this choice was respected by staff, who maintained regular visits to these individuals during the day to stop them feeling isolated.

There was a complaints system in place and the details on how to make a complaint was available in communal areas of the home. We saw that the manager kept a record of complaints made and that these were investigated and responded to. An example of this was a people going into other people's rooms. This was resolved by putting seats, snacks and interesting objects in the corridor to occupy the people and prevent them from entering people's rooms. At the time of the inspection there were no outstanding complaints in the home. We saw that the home had many complements on the care provided.

Good

Is the service well-led?

Our findings

During the inspection carried out on the 26 August 2014 we identified that the home had not completed assessment under the MCA as required. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was now met.

During this inspection we found that there were systems in place to ensure, where appropriate, that people's mental capacity was assessed and that appropriate DoLS referrals had been sent to the Local Authority.

During the inspection carried out on the 26 August 2014 we found that the provider did not have an effective system in place to review the quality of the service in the home. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was now met.

The manager had a quality monitoring system in place. This was used to drive improvements in the care of people. For example she had recognised that the home was unable to meet the needs of some of the people and had made appropriate referrals to ensure the health and welfare of those people was met. There were effective audits in place, these included audits of care plans, risk assessments and of the administration of medication. We saw that staff were provided with clear information to enable them to support people in the manner they wanted. These were reviewed monthly or sooner if the person's conditions changed.

The service did not have a registered manager, however there was a manager in post and they had applied to CQC for registration. There was a management structure in place to support staff. Staff said that the structure worked well and they knew their role and responsibilities within it. Staff told us that the manager was visible and promoted a personalised culture within the home by leading by example. Staff confirmed that morale was good and they felt well supported by the manager who was fair and would listen to them about any issues they were having. They told us that on a day to day basis the needs and wishes of the people were central to how the home was managed.

There were systems in place to capture and act on people's views in order to provide individualised care. These included an open door policy by the manager, regular reviews of care and welfare of people and the input from people who used the service and their relatives. The people we spoke with told us that the manager was easy to talk to and that there were no worries about 'talking to her about anything at all.' We saw that the manager knew people, their needs and wishes. A formal questionnaire had not yet been sent out this year to capture people's views.

Incidents and accidents were recorded and investigated to enable the home to learn from them and to minimise the risks to people. For example footwear was reviewed regularly to ensure that ill- fitting shoes or slippers did not present a risk of falling.

We observed a handover between shifts and found that they were detailed and covered an overview of each person, even if there was no change in their condition. This assured that staff they were given all the information that was available and up to date, each day so that continuity of care was maintained. We saw that there was a staffing structure in place and that staff were aware of their responsibilities and accountability within the staffing structure.

Staff told us that they felt empowered to raise issues and told us that whistle blowing had been covered in training. Information on who to call was available throughout the home should they need to. They felt that there would be no need to use it as the manager would respond to their concerns, however should this change they would have no hesitation in using it.

People told us that any issue they raised were taken seriously and investigated. Because the manager was available and listened to concerns, these were sorted out straight away.