

# Tamaris Management Services Limited

# The Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 11 and 13 April 2017 and rated it 'Good'. After that inspection we received some concerns in relation to the safety and governance of the service. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Lodge Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The Lodge is a residential care home situated in South Shields. It provides accommodation and personal care for up to 53 people with physical and mental health related conditions. The service does not provide nursing care. At the time of our inspection 44 people used at the service.

There was an established registered manager in post who was employed to manage the service and had been registered with the Care Quality Commission (CQC) to provide regulated activities since October 2010. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

In May 2017, CQC received some information of concern from a relative of a person who used the service. The concerns related to general care issues which we shared with the local authority safeguarding team and contracts monitoring team. Subsequently the local authority conducted an unannounced visit to the service and fed back some further concerns to us at a multidisciplinary information sharing meeting. These concerns related to several aspects of the service including updating care plans and assessments, daily recording, communication and governance.

Following the local authority's visit to the service, a multi-agency decision was made to place the service under South Tyneside Council's 'Provider Concerns' process. This meant the provider had to produce an action plan to address the issues which would be closely monitored by the local authority contracts monitoring and safeguarding teams. The provider also agreed not to admit any new residents for a period of time.

Additionally, in June 2017 we received an adult protection alert from the Fire Service, following an incident they had attended when one person was accidentally locked in a bedroom.

A follow up visit was conducted by the local authority on 26 July 2017 where improvements were noted but some actions were yet to be completed or sustained. It was acknowledged that new processes had been implemented to improve the service and reduce the identified risks. However, the local authority raised further concerns about safety. This related to medicine management, people using a wheelchair without the lap strap fastened and people not wearing appropriate footwear.

The CCG reported no additional concerns had been raised by their staff and the link GP for the home had provided positive feedback about better communication. The local district nursing team had also shared positive feedback and had noted a more proactive approach being taken by the staff to monitor and manage health conditions.

The improvements and the additional matters were discussed at a further multi-disciplinary meeting and a decision was made to remove the service from the 'Provider Concerns' process as the level of risk was considered to be minor. It was agreed by the multi-disciplinary team that the home's ongoing improvements should be closely monitored in line with the local authority's quality assurance programme.

CQC used all of this information to inform their decision to conduct an urgent focussed inspection to check the safety and governance of the service.

At our inspection, we found that the service had made further progress with the newly implemented processes and procedures. We discussed the additional safety matters with the registered manager and were satisfied with their explanation and the action they had taken to reduce risks.

Overall medicines were managed safely; however we found some discrepancies with the records related to topical medicines, such as prescribed creams and medicines which are required 'as and when needed' such as pain relief. We have made a recommendation about this.

The governance of the service was robust. Additional audits and checks of the service had been implemented by the provider and registered manager. We were able to review the most recent documentation which demonstrated that the senior management team had thorough oversight of the service and that they had been proactive with their response to the concerns raised.

## 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 not consistently safe.

Medicines were not managed consistently and in line with the provider's policy.

Other safety issues which had been identified had been addressed and some were on-going to ensure people were protected from risk.

**Requires Improvement** ●

### Is the service well-led?

The service remained good.

**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.

We inspected the service against two key questions that we ask. Is it safe? Is it well-led? This focused inspection took place on 1 August 2017 and was unannounced. The inspection was conducted by one adult social care inspector.

Prior to the inspection we reviewed all of the information we held about The Lodge Care Home, including any statutory notifications that the provider had sent us and the additional safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

Additionally, we spoke with staff from South Tyneside Council's contracts monitoring team and safeguarding team and from South Tyneside Clinical Commissioning Group (CCG). We used this information to help with the planning of our inspection.

During the inspection we spoke with four people who used the service. We spoke with five members of staff, including the registered manager, the deputy manager, two senior care workers and a care worker. Four representatives from the provider's organisation were also visiting the home during the inspection and we were able to talk to them about their involvement and the governance of the service. We reviewed a range of care records and the records kept regarding the quality and safety management of the service. This included looking at three people's care records in depth, eight people's medicine administration records and three people's food and fluid intake charts.

# Is the service safe?

## Our findings

At our last comprehensive inspection we found that the service was safe and the arrangements for the administration of medicines were appropriate.

Local authority staff told us they had recently observed gaps in medicine administration records, some topical medicines not were labelled, stock rotation was not routinely carried out, disposal of some medicines was not in line with nationally recognised guidance and PRN protocols were not always completed. Topical medicines are those applied to the skin, for example, creams and ointments and PRN medicines are those medicines which are taken 'as and when' required.

During our inspection we spent time in the treatment room, spoke with two senior carer workers and the deputy manager who were responsible for medicine administration on that day and we looked at eight people's medicine administration records (MARs).

We did not find any gaps in the individual MARs which had been supplied by the prescribing pharmacy; each person's medicine including topical and PRN medicines were signed for. However, the service also used their own corresponding topical medicine administration record (TMAR) and a PRN administration record. It was these documents that we found contained gaps.

We spoke with the senior staff about this and they explained that most of the time care staff applied topical medicines such as 'Hydromol' cream when they assisted people with personal care, however the senior care staff still administered stronger creams or gels such as 'Ibuprofen'. Senior care staff checked with care staff to ensure the topical medicines had been applied before signing the MARs. We identified occasions when some senior staff had not transferred this information to the provider's TMAR. We cross checked the gaps in the provider's TMAR's and found that all were signed for on the original MARs. We also found that when senior staff administered PRN medicines, they signed the original MAR but where medicines had not been required or refused, they had not always transferred this information onto the provider's PRN protocol and administration record.

We found that the provider's topical medicine protocol and PRN medicine protocol documentation was not always completed for each person, however written instructions were printed on the prescribing pharmacy's MARs. This meant that the senior staff responsible for ensuring medicines were administered correctly did have access to any special instructions or guidance; however this was not consistent with the provider's medicine policy. Those protocols which were in place described when people were likely to require the medicine and the reasons why they may need them. Specific information such as words or facial expressions which people who can't effectively communicate used to show pain was also noted.

We found there had been no impact on people's health and well-being from the inconsistent record keeping as there was no indication that people's pain was not managed and certain skin conditions were under control. We had also received positive feedback from external professionals about the support people currently received at The Lodge.

We relayed the anomalies that we had identified to the registered manager and the provider's regional manager. The registered manager told us they had requested support from the local NHS medicines optimisation team and an independent pharmacist was due to visit the service the next day to conduct a thorough medicine audit. This meant the registered manager would have thorough oversight of medicine management throughout the home.

We recommended that the registered manager and senior staff reviewed the arrangements for recording medicines in line with NICE (National Institute for Health and Care Excellence) guidance and the provider's medicine policy. They told us this would be rectified immediately and any issues related to staff practices would be addressed.

We checked two medicine trollies and a refrigerator where medicines were stored. We found that safe, secure storage and disposal systems were in place. Fridge temperatures were monitored. We saw that topical medicines were labelled with an opening date to enable staff to monitor when the medicines were most effective and when they should be discarded.

The service had a separate controlled drug's cabinet which was securely fastened to the wall, inside a locked cupboard within the treatment room. Controlled drugs (CD's) have tighter legal controls as per the Misuse of Drugs Act 1971 as they are medicines which are most liable for misuse. CD's were appropriately counted, recorded and signed for by two members of staff.

The deputy manager or registered manager conducted a daily check of the medicines to ensure they were handled properly and that systems were safe. They recognised that improvements had needed to be made with the monitoring process and had already implemented changes. Any issues which had been identified during their checks were promptly addressed.

There had been a concern raised that people were observed without appropriate footwear and were at risk of slips or falls. On the day of our inspection we saw people wore appropriate footwear, such as shoes or slippers. We spoke with the registered manager about the observations of the local authority staff and they told us that one person who lives with a dementia related condition had a habit of removing other people's slippers and hiding them. The registered manager said that the staff were aware of this behaviour and it was closely monitored in order to discreetly retrieve the items without causing distress to the people involved. They also told us, there were a small minority of people who didn't like to wear shoes or slippers and in order to reduce any risks of slipping, staff would speak to relatives with regards to purchasing 'non-slip' slipper style socks.

A further concern had been raised with regards to wheelchair lap belts. During our inspection, people who used a wheelchair had their lap belt secured. The registered manager told us they had reminded staff of the importance of ensuring lap belts were always used appropriately to prevent falls. A recent audit conducted by 'Wheelchair Services' had identified that some older wheelchairs required updating and new equipment had been ordered.

The fire service alerted us to their concerns after they had been called out at 3:40am to rescue a person who had become accidentally locked inside a room. The fire officer raised concerns because there were other people up and dressed at this time of the morning. The room in which the person was locked in had no bedding on the bed and the staff did not appear to be concerned. We spoke to the registered manager about this incident who told us it had been thoroughly investigated. They said that the person had wandered into an unused room which had previously been an office and therefore it did not have the same unlocking safety mechanism on the door as the other bedrooms did. Staff eventually found a key to the

room as the fire officers arrived. Although this room was furnished as a bedroom, it was currently unoccupied which is why there was no bedding present. Staff had failed to properly explain these circumstances to the fire officer. Once the fire officer left, staff assisted the person back to their own room and made them comfortable. The registered manager also told us that there were some people with dementia related conditions who experienced restless nights and wandered around the home or chose not to put nightwear on. The registered manager gave their assurance that people were appropriately cared for by the night staff, however they planned to undertake spot checks of the home through the night to ensure people were safe. We arrived to inspect the service at 7.50am and found only a small minority of people were dressed for the day. Care staff were in the process of assisting people out of bed, to get dressed and have their breakfast.

People told us they felt safe living at The Lodge. One person said, "I'm happy here" and another two people acknowledged they felt safe when we asked them some questions about their safety and their medicines. We observed a calm and relaxed atmosphere throughout the day and people appeared safe and were well presented. We observed medicines being administered safely and hygienically and we witnessed staff moved and handled people properly using appropriate equipment.

Safeguarding of vulnerable adults training for staff was up to date and through discussions with us, staff demonstrated an understanding of their responsibilities. The service currently had 90% compliance with all staff training. Where necessary the registered manager had referred safeguarding issues to the local authority and had notified CQC when required.

There had been three safeguarding incidents which the local authority had recently been involved with and the registered manager and provider had been proactive with their investigations and action. The local authority safeguarding team confirmed that all of these investigations were now closed.

Other types of incidents, accidents and near misses continued to be recorded and monitored. The registered manager maintained a monthly analysis of these to identify any patterns or trends in order to reduce a repeat occurrence. An improved falls analysis report had been implemented and the registered manager had recognised a trend around the time of day people fell. Staff had been made aware of this pattern in order to increase their vigilance around these times. Falls training for staff had been sourced through an external training provider.

Risk assessments which detailed the individual risks people faced in their everyday lives were in place to reduce the likelihood of them coming to harm. This meant the service took appropriate action to mitigate known risks and reviewed care plans to ensure people's individual needs were met. The care plans and risk assessments we examined had been recently reviewed. One person's care records were in the process of being re-written as irregularities with the information had been identified.

## Is the service well-led?

### Our findings

The established registered manager had been employed to manage this service since October 2010 and was registered with the Care Quality Commission (CQC) to provide a regulated activity. This meant they had accepted legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service was run.

At our last inspection we found that the service was well-led. However, following some recent information of concern received from three external parties we decided to conduct this focussed inspection to check the leadership of the service and the governance arrangements. We found that the provider and registered manager had been proactive in their response to the findings and they expressed a commitment to protecting people and enhancing the service.

The provider and registered manager had developed an action plan to ensure the issues were addressed. With support from the local authority, the management team had taken appropriate steps in a timely manner to address each issue. We found that some actions were completed and, with the implementation of new procedures, other actions were on-going. The registered manager told us they were dedicated to sustain the on-going actions until all of the issues raised were resolved.

We saw that where any immediate risks to people's health, safety or well-being had been highlighted, the registered manager had taken timely action to mitigate any risks, investigate the matter and had reviewed documentation to ensure its accuracy. For example, care plans which were found to contain inaccurate or outdated information, were fully audited, updated and in some cases fully re-written. An on-going programme was in place to audit every individual care plan, with a target of completion scheduled for October 2017.

The action plan had been shared with senior members of staff who worked in the home and all the staff we spoke with confirmed they were aware of the improvements that were needed. Staff meeting minutes documented the actions that were required by staff which included improvements in body mapping, recording of professional visits, weight monitoring, nutritional monitoring and MAR charts. One to one themed supervisions had also taken place with care staff. We reviewed supervisions carried out in June and July 2017 and saw they covered, tissue viability, body map and nutritional training. Senior care staff had attended supervision sessions which covered evaluating risk assessments, rewriting care plans, compliance with company policies, recording and safeguarding alerts. The registered manager had also introduced a 'Policy of the Month' system. In July, staff were required to read and sign a statement of understanding in relation to the Mental Capacity Act policy. The aim was to roll out a different policy each month until staff knowledge was completely refreshed.

On the day we arrived, we observed the registered manager attending the morning handover meeting to ensure staff were fully aware of their responsibilities and that delegated tasks were completed promptly. The registered manager told us that they strived to attend both handover meetings most days to give them a daily oversight of the service. An additional communication book had been introduced to ensure handover

notes were more detailed and staff could record the actions they had taken in response to people's changing needs.

An external professional told us they had received feedback from the local district nursing team. They said there had been a "marked improvement" with the care staff being proactive in involving the district nurses and following care plans correctly. They added that the link GP for the home described, "Good communication."

The records we reviewed which were kept to monitor people's health and well-being such as food and fluid intake charts and weight records were completed to a good standard. There had been a concern raised that these charts were poor and some necessary follow up input had not been sought. The action plan showed that staff had received training from external dietitians on entering the correct information into care records in order to provide an overall view of people's needs. On the day of our inspection, local NHS dietitians visited the home to provide further nutrition training to staff. Other training had been provided by internal managers to care staff such as body mapping, report writing and safeguard referrals.

We saw a new version of the food and fluid intake charts had been implemented which contained comprehensive information, such as the amount of fluid which should be achieved and the actual amount achieved. Records had also been improved to show what action had been taken when targets were not consistently achieved. These actions included encouragement from staff to drink more fluids, increased fortified diets and referrals to GP's, nurses or dietitians.

The registered manager told us they carried out daily walk-arounds of the home and recorded any action to be taken. These daily checks as well as weekly and monthly checks on the quality and safety of the care provided to people was monitored through an electronic iPad system which fed the information directly to the provider's quality assurance programme. The system was set up to analyse care plan audits, medicines audits, health and safety audits, housekeeping, human resources and home governance which included staff meetings and customer feedback. The regional manager told us they had a complete overview of the service and made regular assurance visits to check on the service. We were able to review the most recent 'regional manager's' report which confirmed the increase in audits.

The provider's 'Resident Experience Care Specialist' had also been involved in the service improvements. They were present on the day we inspected the service as they had planned to deliver additional training to staff. We spoke with them about their involvement with the action plan and they explained their role and commitment to the service. Other senior staff from the provider's organisation were also working at The Lodge. A peripatetic manager and another home's manager had commenced care plan audits and a nutritional audit to provide the registered manager with a peer review of the service. This demonstrated there were robust arrangements in place to oversee the governance of the service.

Staff from the local authority and the CCG had also made visits to the service to offer support to achieve the desired outcomes and monitor compliance against the action plan. The local NHS medicine optimisation team were due to visit the home to provide a through audit of the medicine arrangements. The registered manager's collaboration with these teams meant that they were able to work in partnership with them to implement the necessary improvements and acquire and apply best practice advice and guidance.

The provider's 'Quality of Life' electronic feedback process continued to reflect positive comments from visitors to the home. A computer system which was available in the foyer gave relatives and visitors an opportunity to record their immediate opinions about their experience of the service. We saw in the period of May 2017 to August 2017 a positive result of 98% was achieved from 120 responses submitted.

The regional manager told us they planned to organise some fun events for staff team building. The purpose was to focus the activities around effective communication in order to improve staff skills and boost morale.