

Badgers Lodge Limited

Badgers Lodge

Inspection report

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Date of inspection visit:
21 June 2023
29 June 2023

Date of publication:
02 August 2023

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Badgers Lodge is a nursing home that provides personal and nursing care to up to 10 people with complex learning disabilities or mental health and physical health care needs. At the time of this inspection there were 10 people using the service.

People's experience of using this service and what we found

Right Support:

The service provided care and support in a well-equipped, well-furnished, and well-maintained environment that met people's sensory and physical needs. The service enables people living there to access the local community and its amenities. The premises did not feel unfriendly, intimidating or institutionalised. People were able to use communal areas as they wished and to have 'quiet time' if they wanted to be alone.

People were supported by staff to take part in activities both 'in-house' and within the local community. Staff enabled people to access healthcare provision and services as needed. Staff communicated with people in ways that met their needs having received formal training in specific communication language programmes such as Makaton.

Right Care:

People received care and support that was kind and caring. Staff protected people's right to privacy and ensured they were treated with dignity and respect.

Staff understood how to protect people from harm and abuse.

People's care plans reflected their needs and the level of support to be required by staff. Relatives confirmed they had been involved with their family member's care plan and were aware of the information recorded.

Right Culture:

Staff were responsive to people's care and support needs.

Staff felt valued and supported.

Staff were aware of the ethos and values of the provider.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement [Published 29 June 2022]

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Badgers Lodge

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 1 inspector.

Service and service type

Badgers Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. [Care home name] is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 21 June 2023 and ended on 29 June 2023. We visited the location's service on 21 and 29 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 2 people who use the service about their experience of the care provided. Where people were unable to talk with us, we observed people's interactions with staff. We spoke with the registered manager, 4 members of staff and the service's chef. We also spoke with the nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider was present during the inspection. We reviewed 3 people's care files and 3 staff personnel files. We looked at the provider's arrangements for managing risk and medicines management, staff training and supervision data, complaint, and compliment records. We also looked at the service's quality assurance arrangements.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection to the service in April and May 2022, risks to people were not safely managed and mitigated, and accidents and incidents were not always reported. This placed people at risk of unsafe care. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and recorded. These identified how risks to people's safety and wellbeing were to be reduced and the actions required by staff to keep people safe.
- Staff were aware of the risks posed to people's wellbeing and how to manage them. For example, where people were on specific diets, staff were aware of the texture modification required to make it safer to eat, reducing the risk of choking or aspiration. Staff were aware of people's specific mobility needs and the individual equipment required to keep them safe.
- Information identified people who could become anxious and distressed; and potential factors which could cause them to behave in a way that may challenge others. Risk management strategies were in place to enable staff to manage the person's behaviour safely and to improve the person's quality of life without restricting their freedom and liberty. Staff demonstrated a good understanding and knowledge of the risk management strategies in place, to ensure theirs and others safety and wellbeing.
- Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans [PEEP] for people using the service. Appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. These ensured the provider was able to respond effectively to fire related emergencies that could occur at the service.

At our last inspection to the service in April and May 2022, sufficient numbers of suitably competent and skilled staff were not available to meet people's needs. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

Staffing and recruitment

- Since our previous inspection to the service in April and May 2022, the previous manager had returned to

Badgers Lodge and sufficient ancillary staff were now employed at the service.

- The deployment of staff was appropriate and there were enough competent staff on duty to meet people's needs. This included where people were allocated 1 to 1 staff for specific hours throughout the day and night.
- Relatives told us there were enough staff available to meet their family member's needs. Comments included, "I think there are enough staff, but I feel sometimes staff are pressed and rushing around", "The service do their utmost to ensure the shifts are always covered" and, "I definitely feel there are sufficient staff to meet [family member] needs."
- Staff recruitment records for 3 members of staff were viewed. Appropriate checks were completed before a new member of staff started working at the service. This included an application form, written references, proof of identification and Disclosure and Barring Service [DBS] checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they had no concerns about their family members safety or wellbeing. Comments included, "[Family member] is 100% safe", "I have peace of mind and know [family member] is safe. I don't have to visit every day and know I can go on holiday and do not have to telephone every day" and, "Yes, I believe [family member] is safe living here [Badgers Lodge]."
- Staff demonstrated an understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission. One member of staff told us, "I have no problems reporting anyone. I will say it as it is."
- The registered manager was aware of their responsibility to notify us and the Local Authority of any allegations or incidents of abuse at the earliest opportunity.

Using medicines safely

- The service's medicines practices ensured the proper and safe use of medicines in line with good practice standards and relevant national guidance.
- Accurate medicines records were maintained, and Medication Administration Records [MAR] demonstrated people received their medicines as they should and in line with the prescriber's instructions.
- The medication rounds were evenly spaced out throughout the day to ensure people did not receive their medicine too close together or too late. Observation of staff practice showed staff undertook this task with dignity and respect for the people being supported.
- Staff who administered medicines were trained and had their competency assessed to ensure they remained competent to undertake this task safely.

Preventing and controlling infection

- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was using PPE effectively and safely. Staff confirmed they had enough supplies of PPE at all times. Staff were observed to put on, take off and dispose of used PPE in line with guidance.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The service employed sufficient housekeepers each day. The service was seen to be visibly clean, and since our last inspection communal areas of the service had been decluttered.
- We were assured the provider was making sure infection outbreaks could be effectively prevented or managed.

Visiting in care homes

- Relatives were able to visit their family member without any restrictions imposed and in line with current government guidance. One relative told us, "I can just drop in when I want."

Learning lessons when things go wrong

- Effective arrangements were in place to learn when things went wrong. Relatives told us since our last inspection in April and May 2022, they had noted many positive improvements and these are recorded within the text of this report.
- Where safeguarding concerns and complaints were raised, a robust review of the matter had been undertaken to ensure lessons were learned to support future improvement.
- Accident and incidents were logged and analysed to identify potential trends and themes. This was to mitigate risks and ensure people's safety and wellbeing needs were met.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection to the service in April and May 2022, staff did not receive appropriate training and competency checks to ensure they were able to provide care safely. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

Staff support: induction, training, skills, and experience

- Staff had received mandatory and specialist training in line with the organisation's expectations to ensure staff had the right skills to carry out their role.
- All newly employed staff received a robust induction, including completion of the Care Certificate. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life. Staff were also given the opportunity to 'shadow' more experienced staff to ensure they understood the routines of the service and to understand their roles and responsibilities.
- Not all staff had received regular formal supervision. However, following a discussion with the registered manager we were assured this would improve in due course. Where supervisions had taken place, this consisted of 1-1 and group supervisions plus 'ad-hoc' supervisions held for specific issues. For example, following concerns raised by us regarding an incident of poor moving and handling practice, a supervision was undertaken with the staff member and their competency was reassessed.

At our last inspection to the service in April and May 2022, reasonable adjustments had not been made to ensure people's care and support was delivered to meet their needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

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

- People using the service lived in a safe, well-maintained environment which met their needs.
- People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People's bedrooms were decorated in a colour of their choice and with their personal possessions around them.
- People had access to comfortable communal facilities, comprising of a large lounge and adjoining dining

area. Since our last inspection, an activity room had been newly created and all communal areas decluttered.

- Specialist adaptations and equipment were in place in order to meet people's assessed needs.

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

- There was a strong emphasis on the importance of supporting people to eat and drink well.
- The dining experience for people was positive. Meals were well presented, considering people's individual food and dining preferences. For example, favourite food items, food textures and drink thickness, and if they required specialist cutlery.
- Where people required staff assistance this was provided in a respectful and dignified manner. People were not rushed to eat their meal and where possible people were encouraged to eat as independently as possible.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals, such as dietician and Speech and Language Therapy Team [SALT] were consulted for advice and support.

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

- Staff worked well with other organisations to ensure they delivered good joined-up care and support. People's healthcare needs were met, and they received appropriate support from staff. Records demonstrated people were supported to attend medical appointments, for example, to the GP, hospital, and other healthcare services.
- Relatives confirmed they were kept informed of their member of family's healthcare needs and the outcome of any healthcare appointments.
- Care records showed that people's healthcare needs were recorded, including evidence of the support provided by staff and the outcomes of healthcare appointments. Each person had a hospital passport. If people are admitted to hospital this is used to provide hospital staff with important information about the person.

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

- People's needs were assessed prior to their admission to the service. Relatives confirmed they had participated in this process.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their needs assessment. Staff knew about people's individual characteristics.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards [DoLS].
- Staff ensured consent was always sought and people were involved in making decisions about their care so that their rights were upheld.
- Information available showed that each person who used the service had had their capacity to make decisions assessed.
- Where people lacked capacity to make decisions about their medicines, best practice was followed with safe processes in place where medicines were administered covertly. Assessments for administering medication covertly included involvement from the person's family, GP, and pharmacist for the best interest decision.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection in April and May 2022, people's personal care needs were not met in a timely way and their possessions and environment were not well maintained. This was a breach of Regulation 10 (privacy and dignity) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

Ensuring people are well treated and supported; respecting equality and diversity

- People received support from staff that ensured they were treated with care, kindness, and compassion; and their care was person-centred.
- Relatives confirmed they were happy with the care and support provided for their family member and that staff were kind and caring. Relatives' comments included, "I know everyone is looked after and staff want the best for them", "The staff are so dedicated and everyone is treated with such kindness" and, "I am very happy with the care my [family member] receives."
- Observations demonstrated people received appropriate care and had a good rapport and relationship with the staff who supported them. The atmosphere during the inspection was seen to be welcoming, calm, cheerful and lively.

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

- People and those acting on their behalf had been given the opportunity to provide feedback about the service through the completion of a satisfaction questionnaire.
 - People and those acting on their behalf had been given the opportunity to attend family meetings.
- Relatives confirmed they had had the opportunity to be involved with reviews of their family member's care and support needs.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us their family member's personal care and support was provided in a way which maintained their privacy and dignity. They told us the care and support provided by staff was in the least intrusive way. Relatives spoken with told us their family member was always treated with respect and dignity.
- People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. For example, one person liked the colour blue and enjoyed wearing sportswear. The person was seen to be wearing clothing relating to their personal preferences.
- Staff encouraged people to do as much as they could for themselves according to their individual abilities

and strengths. For example, people were supported to eat with minimal support by staff where appropriate.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection in April and May 2022, systems were not used to enable people to understand their care. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made a recommendation about supporting people to express their views and involving them in decisions about their end-of-life care.

Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People had a support plan in place describing their individual care and support needs; and the delivery of care to be provided by staff.
- People received good, personalised care and support that was responsive to their needs. Staff demonstrated a good understanding and knowledge of people's individual care and support needs, including their individual likes, dislikes, and personal preferences.
- At the time of our inspection, no one was in receipt of end of life care. Staff received training in end-of-life care. People's care plans included details of discussions held related to their wishes at the end of their life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans recorded people's communication needs to guide staff on how best to communicate with the people they supported.
- The activity programme was in an easy read and pictorial format to enable people with a disability and/or those living with dementia to understand the information.
- There was a symbols board displayed within the communal lounge to enable people and staff to effectively communicate, but this was not being used as fully as it should. We discussed this with the registered manager and were assured action would be taken to use this as a positive communication aid.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them, for example, with family members and friends.
- The service had a dedicated wellbeing lead to facilitate social interaction and activities for people living at Badgers Lodge. However, the registered manager confirmed it was all staffs' responsibility to initiate activities with people using the service.
- Suitable arrangements were in place to ensure people using the service had the opportunity to take part in leisure and social activities of their choice and interest, both 'in-house' and within the local community. During the inspection, staff were observed to accompany people on a walk, to enable people to access the garden and to complete other 1 to 1 activities.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service. Relatives knew who to approach if they had any concerns or complaints and were confident these would be used as an opportunity to improve the quality of the service provided. Comments included, "I would have no issues raising any concerns" and, "I know I can bring up issues and would do so without hesitation."
- A record of compliments was maintained to capture the service's achievements. A record of compliments relating to the quality-of-care people received at Badgers Lodge was also recorded on a well-known external website. Since our last inspection in April and May 2022, 2 reviews had been submitted by people's relatives and awarded the service a maximum of five stars for their overall experience.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in April and May 2022, effective arrangements were not in place to assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The service had a positive culture which ensured the care provided to people using the service was person-centred, open, inclusive, and focused on people's individual care and support needs.
- The quality assurance arrangements monitored the experience of people being supported through its internal auditing processes. This information was used to help the provider and registered manager drive improvement, including the monitoring of trends and lessons learned each month.
- Robust arrangements were in place to examine and analyse key data relating to falls, accident and incidents, weight monitoring, infections, and pressure area care.
- Relatives were positive about how the service was managed. Comments included, "The service is now well led and much improved since your last inspection", "The service is much calmer, the registered manager is open and honest, and I believe it [Badgers Lodge] is managed well." All relatives spoken with stated they would recommend the service to others.
- Staff were positive about working at the service and told us they were supported by the registered manager. Staff told us, "[Name of registered manager] is 'a person who cares,' I feel totally supported by them and enjoy coming to work" and, "[Name of registered manager] is a great boss, very approachable and nothing is too much trouble."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and their responsibility to be open and honest about any incident which caused or placed people at risk of harm or where concerns were raised. Systems were in place to investigate incidents, accidents, and complaints.

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

- The registered manager understood the importance of their role and responsibilities. They demonstrated a commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was attained and improvements made when things went wrong.
- Staff were complimentary regarding communication arrangements at the service. Staff told us they were confident to raise concerns and that these would be acted upon and addressed by the registered manager.
- Staff were aware of the providers values and objectives but were not aware of the 'Right support, right care and right culture' terminology which should underpin their day to day working practices. Staff meeting minutes recorded, 'Right support, right care and right culture' was discussed and we observed staff were working to these principles.

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

- As stated within the domain of 'Caring' effective arrangements had been obtained in May 2023 to seek people's views of the service they received and those of people acting on their behalf.
- Some relatives confirmed they had had the opportunity to participate in a review of their family member's care needs. This helps to identify if the person's care package is working, or their needs have changed.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us they had a 'voice' and felt empowered and able to discuss topics.
- Newsletters were compiled each month, providing information to people, those acting on their behalf and staff about what was happening at the service and included photographs of activities and events carried out.

Working in partnership with others

- Information demonstrated the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.