

Ramesh Chandra Chopra and Partners

Lodge Care Home

Inspection report

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Essex
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Ratings

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

Summary of findings

Overall summary

The inspection took place on the 25 and 30 May 2017 and was unannounced.

The Lodge Care Home is registered to provide accommodation for persons who require personal care. It can provide accommodation for up to 35 people some of whom maybe living with dementia. On the days of our inspection 25 people were using the service.

At our last inspection the service was given a Requires Improvement rating. At this inspection we saw that improvements had been made and the service was rated as Good. The service did not currently have a registered manager. The service was working to address this in due course.

The service was safe. Staff were deployed appropriately to meet people's needs. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's needs were met by staff who had been recruited and employed after appropriate checks had been completed. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from Abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Nutritional needs were supported and people had access to healthcare when required.

The service was caring. Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

The service was responsive. People were provided with the opportunity to participate in activities which interested them at the service. These activities were diverse in meeting people's social needs. People knew how to make a complaint should they need to.

The service was well-led. There is an interim manager in post until a new registered manager is recruited. The manager had quality monitoring processes in place to monitor and drive improvements at the service. The manager had a number of ways of gathering people's views including talking with people, staff, and relatives.

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.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

Medication was stored appropriately and dispensed when people required it.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's rights were protected under the Mental capacity Act 2005 and deprivation of Liberty Safeguards.

People's food choices were responded to and there was adequate diet and nutrition available.

People had access to healthcare professionals when they needed to see them.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs.

Complaints and concerns were responded to and thoroughly investigated in a timely manner.

Is the service well-led?

The service was not always well led.

The service currently had a competent interim manager in place who was making improvements.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service continuously improved its standards.

Requires Improvement 

Lodge Care Home

Detailed findings

Background to this inspection

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

This inspection took place on the 25 and 30 May 2017 and was unannounced. The inspection team consisted of two inspectors on the first day and one inspector on the second day.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

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.

During our inspection we spoke with seven people, three relatives, the manager, deputy manager, five care staff, the cook and activities person. We reviewed seven care files, three staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

At our previous inspection in we found that staff had not always been deployed effectively leading to people's needs not being met promptly. At this inspection we found that the manager had improved the deployment of staff to ensure that people received prompt support across the service.

We observed throughout our inspection that there were sufficient staff to meet people's needs. The service was set over two floors and people had the choice as to where they wished to spend their time. The manager used a dependency tool to help them make judgements about how many staff were required to support people's needs. In addition to recruiting staff the manager was using regular agency staff to support people until the new staff were embedded into the service. One agency nurse told us, "I have regular shifts here, so I know everyone really well and it allows for consistency." Staff told us that they felt they had enough staff working each shift, one member of staff said, "There is enough of us on duty, we can spend time with people and give them choices about what they want to do." One person told us, "If I press my call bell at night staff always come quickly."

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). A member of staff told us, "I rang up to see if there were any vacancies, I then had an interview with the manager and deputy. I couldn't start for a few weeks as we had to wait for my DBS to come through."

People living at the service told us that they felt safe. One person told us, "The staff look after me, they are very helpful and kind." A relative told us, "It is very good here, we have not had any problems, the home is excellent."

Staff knew how to keep people safe. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "I would report any issues to a senior or manager, put it in writing, I would keep going to the highest point." The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. One member of staff said, "We have a whistle blowing policy and we have paperwork advertising how to whistle blow in the staff room and in the corridor." The manager had been proactive in reporting safeguarding concerns to the local authority and had worked with them to investigate fully and to ensure any actions were implemented to keep people safe.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The assessments covered preventing falls, moving and handling, nutrition and weight assessments, use of bedrails and prevention of pressure sores. Staff knew it was important to follow these assessments to keep people safe. Staff also recognised that people's level of independence changed depending on how they were feeling; one member of staff said, "We assess people every day, some days [person name] can walk with our assistance other days they need to use a wheelchair, it depends on them."

Staff were trained in first aid and should there be a medical emergency, they knew to call a doctor or paramedic if required. One member of staff told us, "If there was an emergency I would press the emergency buzzer for assistance." We saw from records that staff called 111 for advice if people became unwell.

People were cared for in a safe environment. The manager employed a general maintenance person for the day to day up keep of the service and for the monitoring of environmental health and safety. There was a fire plan in place and each person had a fire evacuation plan completed. Regular fire evacuation drills were completed by the manager and they reviewed staff response and actions during drills for any improvements needed.

People received their medications as prescribed. One person told us, "The nurses give me my medication twice a day and if I need paracetamol I have that as well." Staff who had received training in medication administration dispensed the medication to people. We observed part of a medication round and saw that the staff member checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. We reviewed medication records and saw that these were clear and in good order. When people needed additional medication this was clearly care planned and recorded on the medication charts.

The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

Is the service effective?

Our findings

At our previous inspection in we found that people had not always been referred to the correct healthcare professionals for support with eating and drinking. At this inspection we found the service was very diligent at making referrals if people needed assessment and further support.

People said they had enough food and choice about what they liked to eat. Everyone we spoke with was very complimentary about the food at the service. Comments included, "The food is lovely." And "I really like the roast lamb." We saw that the cook went around and spoke to people each day to see what they would like to eat. All the food was cooked fresh each day at the service. The cook showed us that they had a profile on each person living at the service with their dietary requirements recorded on it. In addition they told us that they reviewed this with people each month to see if their requirements had changed. The cook told us that they also observed people and saw that if they had stopped eating a certain food for a period of time that they tried to introduce an alternative for them. People also requested the cook to make cakes for them for their afternoon tea and gave the cook recipes to follow from magazines.

We observed a lunchtime meal which was a sociable occasion. People chose where they wanted their meal with most people choosing to eat at the dining room tables. One person told us, "We always like to sit together." We saw that staff offered people choices of drinks and some people chose to enjoy a glass of wine with their lunch. Some people required support with eating and staff did this sensitively when supporting people one to one. Throughout the day we saw people were offered drinks and snacks. One member of staff said, "It's really important to encourage people to stay hydrated especially in the hot weather."

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us that they had been supported to achieve nationally recognised qualifications in care. One staff member told us, "There are a few of us about to start doing the NVQ level 3 together, so that we can support each other." Staff told us that training had improved at the service one member of staff said, "The new trainer is really good you can ask them anything." People we spoke with all said they felt the staff were well trained and good at their jobs. One person said, "The staff are well trained."

The manager told staff training had been targeted to get staff up to date with the skills and knowledge they needed to do their job. The manager had employed a staff trainer to come in and deliver face to face training with the staff. The trainer also carried out observations of staff to ensure theory and practice was embedded and worked alongside staff to help them problem solve any issues they may be experiencing. For example some staff were experiencing difficulty when hoisting a person, so the trainer worked with them to develop their skills and to ensure the person was receiving the best and correct support. In addition any areas that the manager felt staff needed further support and development the trainer was able to facilitate this.

Staff felt supported at the service. When staff first started at the service they received an induction one member of staff said, "My first week I worked 10 till 5 and spent time getting to know people and going through policies and care plans. The second week I worked shifts and everyone has been really supportive,

the manager still keeps checking that I am alright." Staff told us that they received supervision from senior colleagues and had their practice skills observed. One member of staff said, "We have regular supervision and we get to write down our views and then we discuss them and any other issues." Staff also told us that they had regular staff meetings, handovers and yearly appraisals.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. On many occasions throughout the day we saw staff offering people choice and trying to help them make their own decisions. For example on every interaction we saw staff asking people what they wanted to do, we saw where one person had difficulty articulating what drink they wanted staff brought them over three choices and were patient whilst the person chose which drink they would like. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments and to protect people's rights under the court of protection by the manager. However the registered manager needs to keep their system up to date to ensure that DoLS are reviewed in a timely manner when they are due to expire, we discussed this with the manager and they have updated their system.

Care plans in place for staff to follow focussed on giving people choice and in supporting them to make their own decisions. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests. Where significant decisions were required meetings had been held so as to consult openly with all relevant parties, prior to decisions being taken for example with regards to people's medication. We saw where one person had a written advanced directive about their future treatment wishes, this was clearly care planned for staff to follow. This told us people's rights were being protected.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as district nurses, GP and nurse practitioners. The manager told us that the GP would visit the service if requested. People told us that if they were unwell staff would arrange for them to see the GP. One person said, "The staff will get the doctor for you if you are not well, but I don't generally need to see them."

Is the service caring?

Our findings

People told us that they were happy living at the service. One person said, "The staff are very kind and they have marvellous memories, they remember what you like." Another person said, "They look after me very well and come in and check on me." Relatives we spoke with were also complimentary of the service.

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. We saw many occasions of staff engaging with people by talking to them face on and at their level. Staff were friendly and relaxed during their interactions with people and were unhurried when reassuring people and assisting them.

Staff knew people well including their preferences for care and their personal histories. The service had documentation in people's notes which told the story of their life and described what is important to them and how they liked to be supported. People were supported to spend their time at the service as they wished. For example staff knew who preferred to spend their time in their rooms and who liked to socialise with others in the different lounges. Staff knew people's preferences for carrying out every day activities for example when they liked to go to bed and when they liked to get up. One person told us, "I like to get up early with my friend and staff put music on for us to listen to."

People and their relatives were actively involved in making decisions about their care. One relative told us, "The staff are very good at keeping us informed of anything that is going on." People were allocated staff as key workers to ensure they received the support they required. One person told us, "I have a care plan and a keyworker, they work nights and they are very good to me." Another person said, "The staff are very kind they ensure I have everything I need." People invited us to see their rooms and we saw that these were very personalised with their belongings. One person told us, "I have the largest room in the place, it's a lovely room."

Staff treated people with dignity and respect. People told us that staff always respected their privacy. Staff knew the preferred way people liked to be addressed and we saw staff were respectful in their interactions with people. If people wished they had a key to their room, one person showed us their room they said, "I like to keep my door locked and I have a key, the staff always knock before they come in." They went on to tell us how staff had arranged for them to have a comfortable chair with a cushion and that the maintenance person had put up shelves for them to keep their ornaments on. We saw that the manager encouraged staff to follow the ten 'dignity do's' when engaging with people and that the service had a dignity champion to promote people's dignity and independence.

People's diverse needs were respected. People had access to individual religious support should they require this. One person told us, "I have visitors from the church come and see me." We saw the manager also supported people to have advocates if they needed assistance with making decisions about their care or finances. People were also supported to stay in touch with their friends and relatives and we saw one person being supported to use the phone. We also saw visitors were able to visit whenever they wished. One

person told us, "I go out quite often with my family.

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service and care plans developed. A relative told us, "Initially [person name] came here for respite; we liked it and decided it would be best if they stayed." Another person told us, "I couldn't come and look around as it was an emergency but my family came." They went on to tell us how much they liked living at the service. Once it was agreed a person would be moving to the service a care plan was formulated to support their needs and a key worker identified to allow for a smooth transition to the service. The care plans were individual to people's needs and described how to best support them to maintain their safety and independence. In addition to the care plans each person had a one page profile which was person centred and outlined all the support they required. The care plans were regularly reviewed, at least monthly. Staff also updated the care plans with relevant information if people's care needs changed. This told us that the care provided by staff was up to date and relevant to people's needs.

The service was responsive to people's needs. Staff told us that since 'Careport' took over the management of the service they had noticed a number of positive changes. One member of staff said, "We have more equipment now such as new wheelchairs, all the dining room chairs are being replaced with ones that have arm rest to help support people better. They have also bought new kitchen equipment and fire evacuation equipment and activity equipment such as oversized games." The manager told us that it was their intention to ensure people had everything they needed to support their needs whilst living at the service. We also saw that the service was prompt in making sure people's physical healthcare needs were responded too with appropriate input from other healthcare professionals.

People enjoyed varied pastimes and the management and staff engaged with people to ensure their lives were enjoyable and meaningful. The service employed two activities staff to support people with social activities and hobbies. Staff told us that the previous day everyone had enjoyed a BBQ in the garden and on the day of our inspection local children were performing a musical for people to enjoy. We spoke with the activities person who was also the dignity champion, they told us that they had put memory boxes together for people. We saw people looking at photographs and through albums when we asked them about the pictures they told us that they were of themselves and their relatives. We saw these evoked fond memories for the person. The activity person told us that they had also put together quizzes about people's lives to encourage staff to talk to people and learn more about them and their past. We saw people engaged in many different activities including doing puzzles and taking part in chair exercises. One person told us, "I am good at the quizzes especially if the answers are from a long time ago." The activity person told us that they had recently sourced access to community transport and was planning with people where they would like to go in the community for visits.

The manager had policies and procedures in place for receiving and dealing with complaints and concerns

received. The information described what action the service would take to investigate and respond to complaints and concerns raised. We saw that the manager was very prompt in responding and dealing with complaints. People and relatives we spoke with told us that they did not have any complaint but if they did they would speak with staff or the manager.

Is the service well-led?

Our findings

The registered manager had recently resigned from the service, in the interim there was a manager from 'Careport' running the service. The service therefore did not currently have a registered manager. The service was working to address this. 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.

The interim manager had a good knowledge of people using the service and were committed in driving improvements to ensure that people received the highest standard of care.

Staff shared the interim manager's vision for the service, one member of staff said, "Everything we do is to make sure people are happy living here and have all the care they need." Another member of staff said, "We want people to feel happy and comfortable and to feel like they are at home."

People benefited from a staff team that worked together and understood their roles and responsibilities. One member of staff said, "We all work well together as a team and communicate with each other." Staff felt the interim manager was very supportive to their roles. One member of staff said, "The manager is always around and asking if we are okay, they are very supportive." Staff told us that they had regular meetings and had what they called 'flash' meetings. These meetings were held at least weekly or if anything urgent came up to discuss and share information. Staff said that they felt they could discuss anything in meetings and that their ideas would be listened to. Staff also told us that they had a handover meeting every shift, one member of staff said, "We have a daily handover, and discuss everyone's needs and what our allocations are for the day so we all know what we are doing." This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The interim manager gathered people's views on the service on a daily basis through their interactions with people. In addition to this the interim manager held meetings with people and their relatives. We saw from minutes of the meetings that people's feedback was sought on the planned day trips and the general running of the service. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The interim manager was thorough in sending notifications as required to the CQC and in making referrals to the local safeguarding authority. Staff understood the need to maintain confidentiality and information was stored within locked offices.

The interim manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care plans, medication management, accident and incidents, health and safety, and environment. They used this information as appropriate to improve the care people received.

