

## The Lodge Health Care Limited

# The Lodge

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The Lodge is a care home providing accommodation, personal care and support for up to six adults who have a learning disability, some of whom may also have sensory impairment, dementia or mental health conditions. There were six people living at the home at the time of our inspection.

At the last inspection, the service was rated good and at this inspection we found the service remains good.

People were safe because staff understood the risks involved in their care and took action to minimise these risks. There was sufficient staff to keep people safe and meet their needs. The provider carried out appropriate pre-employment checks before staff started work.

Medicines were managed safely. Accidents and incidents were recorded and reviewed to ensure any measures that could prevent a recurrence had been implemented. People were protected against the risk of infection because the home was clean and hygienic.

People's care was provided by regular staff who knew their needs well and provided support in a consistent way. Staff had access to the induction, training and support they needed to do their jobs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People experienced a good quality of life because staff received training that gave them the right skills and knowledge to meet their needs. People were supported and assisted with their daily routines, shopping and accessing places of their choice in the community.

People received appropriate support to maintain a healthy diet and be able to choose and help prepare meals they preferred. People had access to a range of health care professionals, when they needed them.

Staff attended regular supervision meetings and told us they were very well supported by the management of the home. Staff meetings were used to ensure that staff were kept up to date on the running of the home and to hear their views on day to day issues.

The provider had good systems to monitor the management and quality of the home and through regular internal monitoring the registered manager ensured that a range of audits were carried out to monitor the care and support provided. Where shortfalls had been identified they were addressed in a timely manner.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# The Lodge

## **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 checked 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 6 April 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

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 also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during 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 one person and two relatives. We also spoke with the registered manager, a nurse and four members of care staff. We reviewed four people's care and medication records, four staff recruitment, training and support files and a sample of the service's quality assurance records.

# Is the service safe?

## Our findings

At this inspection we found the same level of protection from abuse, harm and risks to people's safety as at the previous inspection and therefore the rating continues to be good.

People and their relatives told us they felt safe living at the service, one person said, "I always feel safe here." A relative confirmed this, saying, "I have always felt that The Lodge and its staff provide a safe and secure environment."

Staff demonstrated a good understanding of how to protect people from the risk of harm. One staff member said, "I have received all the relevant training. I know and understand about keeping people safe and protecting them from the risk of harm." Another told us, "I would report any concerns immediately. We have a policy to follow which includes the contact information for external agencies such as the local authority safeguarding team." There were clear policies, procedures and guidelines for staff to refer to when needed.

People were protected by the provider's recruitment procedures. The service had a robust recruitment process and all of the appropriate checks such as disclosure and barring service (DBS) and references had been carried out before staff started work at the service.

The service employed enough staff to safely meet people's assessed needs. Staff told us, and the duty rotas we checked showed that staffing levels had been consistent. One staff member said, "I believe we always have enough staff." A relative told us, "In my experience, staff come very quickly if they are needed, I think there are enough staff."

People had risk assessments and management plans in place to minimise risks to their health, safety and welfare whilst supporting them to be independent. Staff had considered the risks people faced and identified measures that could be taken to reduce these risks.

Staff carried out fire safety checks and fire drills were held regularly. There was a fire risk assessment in place and staff had attended fire training. The fire alarm system and fire equipment was serviced at regular intervals.

People's medicines were managed safely. All staff authorised to administer medicines were qualified to do so and their competency had been assessed. Medicines were stored, recorded and disposed of appropriately.

The home was clean and hygienic. There was a cleaning schedule in place to ensure that people were protected from the risk of infection. Standards of infection prevention and control were checked regularly as part of the provider's quality monitoring system.

# Is the service effective?

## Our findings

At this inspection we found staff had the same level of skills, experience and support as they did at the previous inspection and the rating continues to be good.

Relatives told us people's care was provided by regular staff who knew their needs well. They told us their family members received good care and support. One relative told us, "The staff are wonderful. They know [person] and their needs so well."

People were cared for by staff that felt supported and valued. Staff told us, and the records we viewed confirmed that they had regular supervision. One staff member told us, "It's a great place to work." Another staff member said, "There is a good atmosphere, a close staff team and a supportive manager."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that applications for DoLS authorisations had been appropriately made to the local authority.

Staff confirmed the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. This had included training to meet people's specific needs, such as first aid, behaviours that challenge, manual handling, safeguarding and MCA/DoLS.

People's dietary and food preferences were recorded in care plans. We saw a meal planner which was displayed in the kitchen. Meals were varied, included healthy options such as vegetables and a choices of main courses. People had access to the kitchen and were supported by staff to assist in food preparation and make snacks and join in cake making sessions.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, chiropodist and an optician and attended appointments when required. People had a health action plan, which described the support they needed to stay healthy. Where people's needs had changed, referrals had been made to other health care professionals. This included the community learning disability team, which is made up of nurses, physiotherapists, dieticians, occupational therapist and consultant psychiatrists.

## Is the service caring?

### Our findings

Not all of the people living at the service were able to share their views with us about the care they received. However, we observed staff talking and communicating with them. Staff were kind and caring in their approach and spoke with people in a way people could understand. We observed that people responded warmly to staff. Staff knew people well and were able to communicate effectively with them. Staff actively listened to people who had some difficulties with communication and took time to find out what the person wanted. People had communication passports to enable staff to understand what they were saying in relation to their non-verbal communication. This ensured there was a consistent approach and enabled staff to build positive relationships with people.

Relatives told us they felt the staff were caring and friendly. One relative said, "The staff are fantastic, lovely and really treat people well. It's a great service with great people."

There was a calm and homely atmosphere throughout The Lodge during our inspection. People used communal parts of the home but also spent time sitting quietly or in their own room if they wished to. Staff knew if a person liked to have time to themselves and they respected this.

People were supported to maintain relationships with their friends and families. Relatives were invited to events at the home, which were well attended, and people were able to invite guests whenever they wished.

Staff had a good understanding of confidentiality. We saw staff did not discuss people's personal matters in front of others; they made sure this was done in a private part of the home. Personal records were stored securely. People's individual care records were stored in the office to make sure they were only accessible to staff.

Staff took pride in telling us about people's successes and their part in encouraging people to be independent. A staff member said, "[person] is at the point of leaving us and moving to supported accommodation in the community. It's a fantastic achievement." Another staff member said, "I'm so proud of them."

Staff were observed regularly checking that people were happy discretely offering personal care where required. Staff provided personal care behind closed bedroom or bathroom doors. Staff were observed knocking prior to entering a person's bedroom. This ensured that people's privacy and dignity were maintained.

We were shown records of resident meetings taking place to enable people to have input to their care and voice their opinions of the service. This showed that people were involved in the running of the home and being updated about any changes to the service such as décor and staffing.

## Is the service responsive?

### Our findings

At this inspection we found that people still received personalised, responsive care that met their individual needs and the rating continues to be good.

People had their needs fully assessed before the service started and care plans had been devised from the process to meet their individual needs. People and their relatives told us they had been fully involved in the assessment and care planning process. The care plans provided detailed information about people's likes and dislikes and their past life history. Staff told us that the care plans provided clear instructions on how they were to deliver the person's care. One staff member told us, "The care plans are easy to follow and provide all the information you need." Another staff member told us, "Risks, allergies and preferences, for example are all very clearly described. They are concise and easy to follow." The care plans and risk assessments had been regularly updated to reflect people's changing needs.

We saw that people's care was reviewed to ensure their support needs were kept up to date. Staff completed monthly reviews regarding each area of the care plan and changes were noted and implemented where needed. Daily records were completed detailing the care that had been provided.

People had access to activities they enjoyed and had opportunities to enjoy an active social life. People participated in activities including horse riding, swimming and arts and crafts. The home had its own vehicle to enable people take part in activities and staff were available to provide one-to-one support if needed. People were involved in their local community and regularly used local cafés, shops, pubs and restaurants. People who lived at The Lodge were active in the organisation, for example, the preparation of stalls for an Easter fayre. This was advertised so that the local community could attend and learn more about the people and the work at The Lodge. The activities co-ordinator had recently been a finalist at the National Care Awards.

People were regularly asked if they were happy or if there was anything they would like to do differently. There was a complaints book and box in reception where complaints could be submitted should anyone require to do so. The complaints policy was available and there was also an easy read version. Staff told us they knew when people were unhappy. One staff member said, "Whilst some people can tell us if they are unhappy others can't. We have to know people well enough to identify if they are unhappy by their facial expressions or body language."

## Is the service well-led?

### Our findings

At this inspection we found that the service still provided people with a well led service and the rating continues to be good.

There was a registered manager in post. 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.

There was a clear management structure within the home. There was a registered manager, who was also a qualified nurse who was responsible for The Lodge. Nurses were deployed and provided 24 hour care. They took the lead when the registered manager was not present. In addition, staff were able to contact an on call system if the registered manager was not available for advice.

Through discussion with the registered manager and staff members, it was clear there was a strong ethos and commitment to provide person centred care to people in a homely environment. Staff were clear on their responsibilities to provide care that was tailored to the person and putting people first.

People, relatives and staff told us the registered manager was approachable and listened to what they had to say. One relative said, "The manager runs everything well and keeps us up to date about any changes." A staff member told us, "The manager is very supportive and always willing to offer advice and help." Staff confirmed staff meetings took place to share information and ideas on how to improve the service and to ensure people's needs were being met. Staff told us they felt able to raise any ideas or issues with the management team and felt that their views were sought about changes to the service.

The registered manager had systems to regularly audit the home. For example, audits were carried out in relation to the management of medicines, infection control and health and safety. Where shortfalls were identified they had been addressed through an action plan. There were systems to ensure that the registered manager notified the provider of all changes or when events occurred such as, incidents and accidents. This ensured the provider was kept up to date on the running of the home.

Staff were allocated the role of 'champion' in specific areas, such as, dignity, end of life and dementia. For example, one staff member told us that they were a, 'champion' for safety. They told us that this meant they took responsibility for ensuring that all records related to fire safety were kept up to date. They did health and safety assessments in the home and would ensure they had access to any training they could do that would be relevant to this area.