

Marton Care Ltd

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 effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

The Lodge Care Home is a residential care home situated in South Shields. It provides accommodation and personal care for up to 52 older people. The service does not provide nursing care. At the time of our inspection 44 people used at the service, some of whom were living with dementia.

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

People felt at home. They were supported by staff who knew them well. They interacted warmly with staff and the atmosphere, particularly on the ground floor, was welcoming and vibrant.

Risks to people's health and safety were assessed and regularly reviewed. Staff followed these plans to ensure people's safety.

There were occasions when there not enough staff to meet people's needs promptly. The provider's dependency tool did not consider how people chose to use the environment and the impacts on staffing requirements. We have made a recommendation about this.

The provider had safeguarding and whistleblowing policies and systems in place. Staff understood these and how to identify potential signs of abuse. They worked well with external partners to keep people safe, though some felt that communication could be improved further.

The registered manager and regional management reviewed data regarding falls and incidents.

The environment was well maintained and clean. The outdoor space had been used creatively, with relaxed seating areas and a play space for visitor's young children.

Staff were recruited safely. They received an initial induction and ongoing training, support and competence checks.

Medicines were stored and administered safely. The registered manager and regional manager demonstrated they had dealt with a recent medicines incident thoroughly and had made changes to improve safety.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's nutritional needs were understood and feedback regarding meals was positive. Staff used nationally recognised tools to monitor risks associated with malnutrition.

Staff interacted sensitively with people throughout the inspection.

Planned activities had been impacted on by the need for the wellbeing lead to support with care delivery. They and the registered manager hoped this was a short term situation and there were plans in place to fill vacant positions. The registered manager stated they planned to use the provider's minibus to increase outings during the summer.

The registered manager was well respected by staff and external partners. Feedback from external specialists was positive regarding the leadership of the service.

Clear systems were in place to maintain oversight of the service.

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

Rating at last inspection

This service was registered with us on 13 May 2021 and this is the first inspection.

The last rating for the service, under the previous provider, was good published on 26 September 2017.

Why we inspected

This inspection was planned based on the date the service registered with us.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Lodge Care Home

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 Care Act 2014.

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 carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people, two relatives, one visiting healthcare professional and six staff, including the registered manager, regional manager, wellbeing lead and care staff. We spoke with nine relatives over the telephone and six staff over the telephone.

We observed interactions between staff and people in communal areas, including at lunchtime. We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files. A variety of records relating to the management of the service, including policies and procedures, were reviewed. We contacted three further health and social care professionals via email.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were not always sufficient staff to ensure people's needs were met promptly. We observed staff struggling to meet people's needs and attend to call bells on the first floor. Some staff described this as a regular experience for them, the majority of the instances happening on the first floor, where people chose to stay in their rooms more and therefore called on staff support via call bells. Whilst we did not observe specific impacts on people, there was an increased risk due to lower staffing levels on occasion.

We recommend the provider reviews the use of their dependency tool and how the environment and lifestyles of people should be factored in to staffing levels.

The registered manager and regional manager acknowledged they had used agency staffing due to the pressures of the COVID-19 outbreak, and wider challenges recruiting into social care. The registered manager gave assurances that staffing levels for the coming weeks were safely staffed and we saw evidence of this.

- Staff had been recruited safely, with pre-employment checks in place to reduce the risk of unsuitable people working with vulnerable people.

Assessing risk, safety monitoring and management;

- Staff understood the risks people faced day to day, and their longer-term health related risks. Staff acted to keep people safe. Risk assessments were sufficiently detailed and regularly reviewed.
- People felt safe. One person told us, "The staff keep us safe." One relative said, "The staff are all aware of safety, [person] was tending to fall out of bed so they got a new bed with sides, and they always move her safely."
- The premises were well maintained and safe, with onsite maintenance support. Relevant servicing and checks of utilities and safety equipment were in place. Where we identified the need for a repair, this was addressed promptly.

Using medicines safely

- Medicines were managed safely. A recent incident regarding medicines had been addressed quickly and robustly by the regional and registered manager. They demonstrated changes put in place to minimise future risk and to identify other potential areas of risk.
- Staff demonstrated a good knowledge of people's medicines needs. Records were accurate and up to date. Where we identified an opportunity to improve the person-centred nature of one record, the provider was

responsive to this and made immediate changes.

- The provider had systems in place to identify and act on errors. One person said, "The staff are sharp – there was an issue with an extra paracetamol a while back and they sorted it quickly and were very open about it."
- The registered manager checked staff competences regarding medicines administration.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems in place to protect people from the risk of abuse. People told us they felt comfortable and staff kept them safe. One person laughed with staff and said, "They are canny, aren't they?". One relative said, "I do feel that he is safe, he was having falls at home and wandering away. They make sure that doesn't happen. He has 24-hour care, he had two initial falls here but staff have put things in place to limit that happening." The provider worked openly with external organisations to investigate and reflect on incidents.
- Staff received mandatory safeguarding training. They understood how to prioritise tasks to minimise the risks people faced. They confirmed they could raise any serious concerns with their manager.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. We observed one instance of poor PPE practice; the registered manager acted promptly and appropriately.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Visiting in care homes

- The registered manager ensured relatives were able to visit loved ones, in line with current guidance. Relatives said, "I think they have handled Covid as well as possible," and, "They have been very vigilant during Covid with PPE and testing."

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received care and support from staff who understood their needs and followed up to date care planning. These plans were informed by and updated following consultation with external healthcare professionals.
- Care plans were effective. They were specific to people's needs. They documented additional information required to meet individual needs. Staff used recognised national tools to help monitor and act on people's health needs, for instance national guidance on oral care and malnutrition.
- People expressed confidence and trust in staff. Relatives consistently told us they felt the same. They said, "The staff are well trained," and, "Staff know them well, when something is not quite right and they need to look into it more."

Staff support: induction, training, skills and experience

- Staff were sufficiently skilled and trained to support people well. The registered manager ensured there was a high level of training compliance and reminded staff when they needed to complete training.
- All people and relatives we spoke with felt staff were knowledgeable in their role. Staff received regular training in areas such as dementia awareness, person-centre care and core areas such as first aid and fire safety.
- Staff received regular support through induction, supervisions and competence assessments. Staff surveys indicated positive responses regarding training and support. Staff we spoke with felt the training they received was varied, interesting and relevant.

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

- People enjoyed a variety of meals, drinks and snacks. Meals were nutritious, varied and well planned. Portions were generous and people enjoyed the mealtime we observed. We made a suggestion regarding best practice when helping people living with dementia choose meal options and the registered manager acted on this.
- The cook demonstrated a good understanding of people's dietary requirements and preferences. Where people were at additional risk, staff used recognised risk assessment tools and sought external help, for example from a dietitian. One relative said, "They love the food here – they've put on some weight and are the better for it."

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

- Feedback was mixed regarding how well staff communicated with each other following advice from

external healthcare professionals. The service was undergoing a number of staffing changes and external professionals felt this could be contributing. We passed this feedback to the registered manager.

- Staff followed good practice advice and guidance to help people live healthier lives. Relatives confirmed people had access to chiropody, nursing and other health services. Staff helped ensure people received the primary and secondary care services they needed.
- People saw their GP or practice nurse regularly.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Capacity assessments were made in line with the principles of the MCA. People confirmed they were asked for consent before care and treatment. Relatives confirmed they were involved in care planning and best interests decision making where a person was unable to make a specific choice. The registered manager demonstrated a good understanding of best interests decision making.

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

- The home was purpose built, spacious, and suitable for people's needs. Corridors were wide and facilities were well signed. There were ample bathing facilities.
- People's rooms were well maintained and personalised.
- The outdoor space had been well utilised to provide a range of different areas for people. There was a themed seating area, children's play area for visiting families, and a planned café area.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partner in their care.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Whilst staff were under pressure to complete a range of tasks, they interacted patiently and warmly with people at all times. They encouraged people to remain active. One relative said, "Very caring staff, always popping in to see her, knock on the door and respectful, they try to encourage her independence."
- The registered manager and staff displayed genuine affection for people during our inspection. Relatives consistently told us staff cared about people and took a real interest in their wellbeing. One said, "All the staff are brilliant, cannot fault them, they always treat her with dignity and respect, she likes her door open so she can see people passing." One healthcare professional said, "The staff are lovely with people."
- Care plans contained person-centred information about people's backgrounds and preferences. People and their relatives were involved in care reviews and surveys. Staff valued the input of those who knew people well. One relative said, "One member of staff called me recently as [person] was feeling a little low and needed some encouragement. They always treat [person] with dignity and respect, I cannot fault the staff."
- People were supported to make choices around day to day life, for instance meals, activities, clothing. Relatives made particular note of the high standard of laundry and cleanliness at the service, stating this was part of how dignified people felt and were treated.

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

- People felt respected by staff. They said they were treated well and they felt at home. People shared jokes with each other and with staff during our visit. One said, "They are all very nice." We observed staff using humour to put people at ease.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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 enjoyed a varied range of activities. The wellbeing lead was passionate about her role and planned a range of options. For instance, online exercise classes, crafts, arts, bingo and a weekly 'gentlemen's club' to encourage male residents to spend more time socially. At times, the delivery of these activities was limited because the wellbeing lead had to support with care. The registered manager acknowledged this and hoped ongoing recruitment efforts would reduce these occurrences. The registered manager also planned to enable more outings this summer by use of the provider's minibus. People currently spent time outside, visited a local park and went out with family for meals.
- Staff helped people maintain friendships and relationships that were important to them. One relative told us, "We are in there regularly and there are no time limits. They are very accommodating." Another said, "They've made friends here and they were made to feel at home – they're doing more than they used to. They used to suffer from isolation but that's not the case here."
- Staff had ensured people could see their loved ones where guidance allowed during the pandemic. The registered manager began accessing a telephone befriender service for people during the pandemic and people continued to use this service. This helped reduce the impact of isolation.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were suitably detailed and person-centred. People's changing needs had been documented and acted on. People and their relatives confirmed they were involved in care plan reviews and kept informed. One relative said, "The communication has been fine – they always let us know if things need to change and talk it through."

Improving care quality in response to complaints or concerns

- Complaints were handled effectively. The provider had policies and procedures in place to handle complaints. People, relatives and staff told us they were comfortable raising any issues, and that the registered manager dealt with them promptly and openly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans detailed people's communication needs and preferences. Staff communicated with people

well, using varied tones and body language, in line with people's plans and preferences.

- Activities information was clearly displayed in communal areas with pictures.

End of life care and support

- Where people and families wanted, there were care plans in place regarding people's final wishes. Staff had worked hard to ensure people were respected and remembered in the way that was important to them (for instance, having particular music played at a funeral, arranging flowers in a way that was in keeping with the person's favourite pastimes).

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager led the service well and had a good knowledge of people who used the service, systems and processes. They had a range of experience in delivering dementia care. There were champions in place regarding oral care and infection prevention and control. They attended additional meetings and shared good practice. One staff member said, "I've no complaints about the manager – they've been really supportive and they're on top of things."
- People felt at home in a safe and welcoming atmosphere, particularly on the ground floor, where non-care staff interacted with people warmly. On the first floor there were less interactions and the atmosphere was more clinical.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff understood their responsibilities and worked together. The registered manager and regional manager retained oversight of processes and record keeping to ensure standards were high.
- The provider had redecorated areas of the home and there were further plans for refurbishments and external work.
- The registered manager provided accessible support to staff. Staff confirmed they were approachable and supportive.
- Auditing and governance systems were effective. Audits included medicines and health and safety. The regional manager undertook regular assurance visits and feedback from external professionals was positive. The registered manager and regional manager were responsive to feedback and acted promptly. External partners and relatives agreed they responded to feedback and queries.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were systems in place to ensure people's and relatives' opinions were listened to and acted on, such as regular meetings.
- The service worked well with health and social care professionals who were involved in people's care. Feedback was broadly positive from these partners although there were a limited number of responses that suggested communication could be improved. We have fed this back to the registered manager.
- The registered manager had developed some positive external relationships that had a beneficial impact on people's wellbeing and care. For instance, links with the Women's Institute meant knitted items had been

donated, whilst staff had been supported by Health and Social Care students on placement.

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 provider acted when things went wrong and learned lessons from incidents. Staff told us they were supported and understood the importance of being open about any concerns or incidents. Relatives told us they had been informed when there had been an incident or accident.
- The registered manager had made relevant notifications to CQC in a timely manner.