

Bliss Family Care Limited

The Lodge Residential Home

Inspection report

Grange Lane
Thurnby
Leicestershire
LE7 9PH
Tel: 0116 241 9333

Date of inspection visit: 28 May 2015
Date of publication: 27/07/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 28 May 2015 and was unannounced.

At our last inspection on 4 April 2013 the service was meeting the regulations.

The Lodge Residential Home is a care home which provides accommodation and personal care for up to thirty-two people. On the day of our visit there were 27 people using the service. Accommodation is arranged over two floors. Access to the upper floor was by stairs or lift.

There was a registered manager at the service. 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.

People told us they felt safe at the service. Staff had a good understanding of the types of abuse and how they were able to report them. There was a safeguarding policy in place for staff to follow.

Summary of findings

There were policies and procedures in place to support the safe management of medication. However we found that policies were not consistently being followed. People did not all receive their medicines and creams safely or as prescribed.

People spoke very highly of staff members. They told us that the staff were kind and caring. People felt able to raise any concerns with staff. Staff spoke to people in a polite manner and showed concern for their well-being.

Staff received supervision and felt well supported in their roles by the registered manager.

People were able to make choices about their meals and enjoyed the quality of the food. However, people's individual food and drink support needs had not always been identified.

There was a planned activity schedule at the service. There was limited attendance at activities at the service that took place.

The registered manager had a good understanding of people's individual needs. Staff praised the registered manager and told us they dealt with anything that staff members raised.

There were some environmental checks carried out at the service and annual environmental risk assessments had been carried out. Risks to people had been identified but the actions taken to reduce and manage risks were not always effective. We found that control measures that had been identified to reduce risks to people were not sufficient to reduce the risks or had not always been put in place. Actions had not always been taken to reduce risks associated with people's health and safety.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People told us they felt safe at the service.

Environmental risks had been identified but action had not been taken to protect people from those risks. There were no adequate systems in place to ensure that people received their medicines safely.

Requires improvement



Is the service effective?

The service was not consistently effective.

Staff felt supported in their roles and received regular supervision. Staff obtained people's consent before assisting or supporting them. All staff members did not have a detailed understanding of the Mental Capacity Act (MCA) or Deprivation of Liberty Safeguards (DoLS). People's individual support needs in relation to food and drink had not always been identified

Requires improvement



Is the service caring?

The service was caring.

People told us that the staff were caring and praised the staff. Staff spoke to people in a polite manner and showed concern for their well-being. People's privacy and dignity was respected. People were able to maintain their independence.

Good



Is the service responsive?

The service was not consistently responsive.

People were involved in decisions about their care needs. Activities that were available were poorly attended and did not provide support specifically to enable people to follow their hobbies and interests. People felt able to raise any concerns and were aware of how to do so.

Requires improvement



Is the service well-led?

The service was not consistently well led.

People felt able to raise any concerns with the registered manager. The registered manager had a good understanding of people's individual needs. Actions had not always been taken to reduce risks associated with people's health and safety.

Requires improvement



The Lodge Residential 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 28 May 2015 and was unannounced.

The inspection was carried out by two inspectors 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, their area of expertise was for older people with dementia.

We reviewed information that we had received about the service and notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority who had funding responsibility for people who were using the service. We spoke with a district nurse who visited the service on the day of our inspection.

We spoke with 10 people who used the service and seven relatives of people who used the service. We also spoke with the registered manager, the general manager, three care assistants, the cook and three members of domestic staff. We looked at the care records of four people that used the service and other documentation about how the home was managed. This included policies and procedures, staff records and records associated with quality assurance processes.

Is the service safe?

Our findings

People told us that they felt safe at the service. One person told us, “I’m much safer in here than in my home.” Relatives told us that they felt that people were safe at the service and explained how that offered assurance to them. One visitor told that when their relative who used the service had a fall, the service informed them straightaway and their relative was checked-over and deemed unharmed apart from minor bruises. This gave them assurance as they were kept informed.

Staff members who we spoke with had a good understanding of the various types of abuse and knew how they were able to report it. Staff were also aware of the whistle blowing procedure and they all told us that if they had any concerns they would be happy to use it. The service had a safeguarding policy which provided information about how to recognise abuse, how to make a safeguarding alert and who to report it to. We saw that where a safeguarding concern had been identified the correct process had been followed.

Staff described to us how they kept people safe by using different aids and adaptations and correct moving and handling techniques. We saw that where risks associated with people’s care had been identified control measures to reduce the risks had been identified but these had not always been put in place. For example we saw that for one person a risk around their dietary intake had been identified and their risk plan stated that food and fluid intake was to be monitored. The registered manager confirmed this failure and they assured us that food and fluid charts to monitor their intake would immediately be put in place to mitigate the risk.

We saw that there was an emergency plan in place for staff to follow if there was a fire and regular fire drills and checks were carried out. There were no personal emergency evacuation plans in place. This meant that if an emergency situation arose there would be no information readily to hand about people’s individual evacuation needs.

Some environmental checks carried out at the service and annual environmental risk assessments had been carried out. However we found radiator covers that had been put in place to protect people from the hot surface of a radiator were not secure. This meant that there was a risk that if a person fell against the cover it could have become

detached and left the person exposed to the radiator. These covers therefore were not fit for purpose and did not protect people from the risk of coming into contact with the hot surface. This was particularly concerning due to the needs of the people using the service. Some people had limited physical abilities and would have been unable to move away from a hot surface independently if they fell onto it. Some people also had dementia and may not have recognised the radiators as a danger. Others would not have been able to avoid or move away from them. We discussed this with the registered manager who assured us that the covers were necessary to protect people’s safety and that they would take action to secure the radiator covers.

The provider’s environmental risk assessments from November 2013 had identified the need for window restrictors on the first floor windows. We saw that these risk assessments had been reviewed twice since then but that windows restrictors were still not in place. We found that first floor windows in communal areas and in people’s own bedrooms had no restrictions at all. This meant that there was a risk of people falling and sustaining a life threatening injury.

We saw that some ground floor bedrooms had French doors that opened out onto steep steps into the garden. The registered manager told us there had been no assessment carried out to ensure that people were not at risk if they opened their door and went out. People were able to use these doors and had access to them. The registered manager told us they would look into this to ensure that people that used the doors were safe.

People who we spoke with and relatives all agreed that the home environment was very pleasant and well-maintained. French doors from a communal area gave level access to the garden. Ramps and steps gave access to different levels of the garden. The garden was private but not secure. This was not currently an issue for people who were using the service.

We discussed staff recruitment with the registered manager and we saw that the service followed a recruitment process. This was to ensure that people were suitable for the role that they had been applied for and also ensured that adequate checks were carried out on staff members before they began work. We looked at the recruitment records of four staff members. We found whilst there was not a high turnover of staff at the service, there was not

Is the service safe?

always evidence to demonstrate why specific decisions relating to the recruitment process had been made. For example we saw that where a person had a conviction on their disclosure and barring service check there was no risk assessment to demonstrate that this had been considered in relation to their employment.

People told us that there were enough staff available to meet their needs. They also told us that they didn't have to wait long for staff to respond when they needed them. Relatives told us there were times when the service appeared to be short staffed and people who used the service had to wait for their needs to be attended to. Staff said that there were generally enough staff on duty and that they usually covered staff member's sickness and absences from within the staff team. However they had recently used agency staff to cover for a member of staff that was on long term sick leave.

Throughout the day of our inspection we observed that there were times when people had to wait for their needs to be met as staff were busy carrying out other duties. During these times the registered manager and general manager assisted people. The care staffing levels were consistent throughout the week but the registered manager worked five days. Therefore there would have been two days each week when the hands on support of the registered manager was not available.

There were appropriate measures in place to ensure that controlled drugs were stored, administered and recorded appropriately. We found that the service was recording receipt and disposal of medication appropriately and saw that MAR charts contained photos of people and any known allergies. This meant that staff could confirm they had the right medicines for the right person. Eye drops, creams and bottles were dated when opened. This meant that staff could be clear about when they opened and ensure that they had not been opened and used beyond the recommended time. The trolley and medication room were kept locked when unattended.

We found that there were policies and procedures in place to support the safe management of medication. However we found that policies were not consistently being followed. We found that risk assessments were carried out to identify what level of assistance people needed with their medicines. We found inconsistencies between these, the level of support being provided and the knowledge of the staff member supporting people with their medicines.

For example, one risk assessment recorded that a person took their own medicine after it was handed to them, but we saw they took their medicine only after a visitor supported them to. Staff told us that the person needed to be watched taking their medicine but this evidently did not take place.

Where PRN [as required] medicines had been provided for people such as paracetamol we found that there were PRN protocols in place. These described what the medicine was for, when a person may need it and the dosage required. However, where medicines had been prescribed for people as PRN, there were no protocols for staff to follow. This meant that staff may not have had a clear understanding of when and why the person would need the medicine and may have not known about the maximum safe dosage.

We found that where staff assisted people with prescribed and non-prescribed creams there were no body charts advising staff where or why to apply creams. Some creams were PRN and some were required every day. Signatures on people's medication administration records were inconsistent and this meant that there was not a clear record of when people had received their creams. We also found that creams were not always in stock. This meant that people were not receiving their prescribed and non-prescribed creams as required, as they were not always available. We discussed this with the general manager who was aware that this was an area for development and they were implementing changes to ensure that this did not continue to happen. Throughout the month of May we found that three people had not had their creams as prescribed on more than one occasion as they had not been in stock. They had however had the creams at other times throughout the month.

We observed a staff member administering medication during the morning and at lunchtime. We found that the staff member signed the medication administration record (MAR) charts when they removed medicines from the blister packs before giving them to people. This was a concern as if the person refused the medicines the records had already been signed to confirm that they had taken it. This was discussed with the registered manager, although the provider's policy was not clear about at which point staff should sign for medication.

We found that for all people except one, the medication cycle began on 25th of the month. For one person the MAR charts began on 18th of the month. This had not been

Is the service safe?

identified by staff. Staff had been completing the MAR charts in line with everybody else's and not noticed the difference in dates. This meant that the person's MAR was not a true reflection of the dates that medicines had been administered. Over a period of 10 days one medicine for

this person had only been signed for once. Staff told us that it had been administered that morning but it had not signed for it. As there was not an accurate record of administered medicines it gave no assurance that the person had received their medicines.

Is the service effective?

Our findings

People told us that they felt that staff had received sufficient training to enable them to meet their needs. One person told us, “Well, you know, they are not nurses, but yes, I think they are trained. I’ve heard one or two saying they go on training sometimes.” Relatives told us that they felt that staff at the service were sufficiently trained.

Staff told us they were supported in their roles and that there was plenty of training available. One staff member told us, “The moving and handling training is a big help because we use it every day.” Another staff member told us, “The training is good, even the booklets are good.” Staff also told us that they received regular supervision and an annual appraisal.

We looked at the training matrix which provided details of courses that people had completed and the date they were done. We found that there were gaps in people’s training. We discussed this with the registered manager who told us that there was training planned and that staff had been given work books to complete to address the shortfalls.

Staff told us they had an induction, supervisions, practical checks and annual appraisals. Records that we saw confirmed this. One staff member told us, “Yes my induction was useful. I was shown around and had a booklet about the residents. I had moving and handling training before working on the floor on my own. I did three days shadowing with other people so I did feel confident to work on my own.” Another staff member told us, “I felt confident after my induction as all the girls helped me.”

All of the staff who we spoke with at the service did not have a detailed understanding of the Mental Capacity Act (MCA) or Deprivation of Liberty Safeguards (DoLS). The MCA provides a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that require assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The registered manager sent to us a policy on MCA and DoLS that they were going to start to use. We saw that people’s mental capacity to make decisions relating to their care had been considered within their care plans.

Staff at the service told us how they gained people’s consent before assisting them with their care and support. We observed staff gaining people’s consent before assisting

them in any way. Staff told us that people who used the service were able to consent to their own care and support. Staff were unsure what they would do if people weren’t able to but they were very clear that they could not make people do what they did not want to do. The new MCA and DoLS policy provided information for staff and also contained documents for them to use when considering if people had the capacity to consent should this become an issue.

People told us they enjoyed the food at the service and that it was nutritious. When asked about the food one person told us, “It’s lovely,” another person told us “I enjoy it.” People told us that they were able to make choices about what they had to eat. One person told us, “You can have a cooked breakfast if you ask for it but I prefer cereal and toast.” Another person told us, “They know not to pile my plate high because then I’ll just not eat it.”

The cook told us that there was not currently anyone at the service with specific dietary needs but they had lists of people’s allergies. The registered manager kept them up to date with any changes to people’s requirements and the kitchen staff had to sign to say they had received the information. This ensured that the kitchen staff had up to date information about people’s needs.

We sat in the dining room during lunchtime. The dining room was well decorated and the tables were laid with fresh flowers, salt and pepper and paper napkins. There was a calm atmosphere throughout. People were offered a drink of sherry or wine but unfortunately staff only offered this once before everybody was in the dining room. This meant that people who came later were not offered an alcoholic drink. Juice was already poured on tables before people came into the dining room so people did not have a choice.

One person told us that their glass was too heavy to hold. A relative also raised a concern with us about the weight of the glasses. We saw that some people were struggling to lift the glasses to enable them to take a drink. We discussed this with the registered manager who assured us that they would look into this and make alternative arrangements for these people.

We saw that some people were supplied with aids to assist them to eat. However we saw that one person was not eating and appeared to be struggling to get food on their fork. A staff member loaded their fork for them three times

Is the service effective?

as they were passing by and they ate all of the food on the fork. This was all they ate during the whole meal and then their plate was taken away by another staff member. We discussed this with the registered manager who was going to look into the matter.

A dessert trolley was used so that people could have a visual choice of pudding and tea or coffee were served following lunch. The menu was on display in a corner of the dining room but it did not reflect the menu on the day. Staff told us that it had not yet been changed on the day. Whilst eating their puddings people were asked to make choices of meal for the following day.

We saw that were food and fluid charts had been put in place to monitor people's dietary intake as there had been a concern they were not always dated. The amount of fluid was recorded by sips and glasses but not in millilitres, therefore totals were not recorded. We saw that food eaten was not always recorded, or the amount consumed. There was no recommended daily food and fluid intakes and no advice to staff about when to report concerns. We found that one person had received involvement from the speech

and language therapy (SALT) team. We saw that the team advised that as the person's needs had stabilised they would continue to keep the persons case open for a further three months in case of any concerns but then it would then be closed. We were concerned as we found that during that three month period the person had experienced further weight loss and this had not been identified by staff or reported back to the (SALT) team. We discussed this with the registered manager who advised us that she would look into this.

We saw that people were supported to maintain good health and they were supported to have visits from GP's, chiropodists and district nurses as required. We spoke with a district nurse who was visiting the service. They spoke very positively about the service and told us that the service always followed advice when district nurses were involved. They told us, "It's a lovely home, residents are happy." They also told us that when the district nurses have been involved and provided the service with guidance staff had always followed it.

Is the service caring?

Our findings

People told us that the staff members were caring. One person told us, “I think the staff here are wonderful, they’ll do anything for you”. Another person told us, “Nothing is too much trouble for them. They just do it, no fuss, job done”. Relatives also told us that the staff were kind. One relative told us, “Quite honestly, I cannot fault the place”.

We saw that staff spoke to people in a polite manner and showed concern for their well-being. During the morning we observed one person become quite tearful. We saw that staff approached them and kneeled down to their level and offered the person reassurance. We saw another staff member asking a person, “Are you warm enough? Do you want a cardigan?” We saw staff then provided a cardigan for the person. We also saw a staff member approach a person and ask if they were tired, when the answered that they were the staff member offered them assistance to go to their room which they accepted.

Staff members knew people’s needs and were able to tell us about their likes and dislikes. Staff were also able to tell us about people’s life histories. This showed that staff knew people that used the service well and developed caring relationships with them.

People told us that they were able to have a magazines and morning papers of their choice delivered. We saw papers that had been delivered on the morning of our visit and people confirmed that the papers were of their choice.

People told us that staff listened to them. One person told us, “I value my independence and they respect that.” We saw a person who used the service independently access outside for a short period of time and then return.

Staff had a good understanding of how they were able to promote people’s independence. They told us how they were able to do so while assisting them with their personal care. For example they told us how they encouraged people to do as much for themselves as possible such as by washing and drying areas of their body that they were able to.

A relative told us, “It’s an excellent service, I’d fully recommend it.” Staff told us that they thought the service offered good quality care and that they would be happy for their loved one to live there.

People told us that their privacy and dignity was respected. One person told us, “The staff are very professional, polite and not at all intrusive.” Another person told us, “The staff are very caring and gentle and respect my dignity.” Staff had a good understanding of how they were able to respect people’s privacy and dignity while providing their care. However we did find folders in communal bathrooms that detailed when people had last had a bath or shower.

We observed staff talking to people before and whilst they supported and assisted them with tasks. We saw that staff all referred to people by their preferred names and also knew relatives and friends that visited the service.

People told us that their relatives and friends were able to visit them at any time. Relatives told us that there were no restrictions on visiting times to people that used the service.

Is the service responsive?

Our findings

People told us that they were involved in decisions about their care needs. One person told us how they'd initially stayed at the service for a two week trial period to see if they liked it and to see if the service could meet their needs. When it was decided that they were going to stay at the service on permanent basis they were consulted about all of their care needs.

People and their relatives told us that they were involved in decisions about their care prior to them moving into the service. One relative told us, "We were very much involved in the care plan of our relative as well as being involved in periodical reviews".

We looked at the care records of three people who used the service and we found that people's records contained information about people's preferences, likes and dislikes.

There were planned group activities that took place. These did not interest everybody as the activities had low attendance or provide support specifically to enable people to follow their hobbies and interests. People and their relatives told us that there were planned activities that took place. Relatives told us that they felt that people would benefit greatly from more stimulation. One relative told us, "[Person using the service] is bored." Another relative told us, "There's a lack of stimulation." Staff said they thought the activities were good, but that people didn't really want to participate.

We found a plan of activities on display on a notice board. One relative told us, "They don't always do what's on the

board." We saw that there was one activity planned each day. Activities that took place over the month included cards, dominoes, music and movement sessions, prayer and praise, bingo and the gardening club. One person who attended the gardening club told us, "We just talk really [at the gardening]." On the day of our visit there was a bingo session. We saw that four people chose to participate in the game. Staff told us that there was a church service held once a week that approximately five people attended. Staff told us that this was about the usual amount of people that attended the activities and events. We found that following a fund raising event at the service there was a canal trip planned in June.

When we asked people if they were aware of how to make a complaint one person told us, "I've never had to make a complaint, the care here is tip-top". People told us that if they needed to raise any concerns they would be happy to do so and would raise them initially with staff members and then the manager if needed. Family members told us that when their relatives first began to use the service that they were provided with a copy of the complaints procedure. We also saw that a copy of the complaints policy was on display at the service.

We saw that the service had received one complaint in the last 12 months which they had investigated and responded to in line with their complaints policy. The registered manager took appropriate action and had discussed the issue arising from the complaint with the staff team and used it as a learning opportunity.

Is the service well-led?

Our findings

Environmental risk assessments at the service had been carried out. These had identified that radiator covers and window restrictors were needed to keep people safe and to protect their health and welfare. However windows restrictors were still not in place and windows on the first floor still opened fully. Similarly, although radiator covers had been provided they were not fitted securely and did not protect people sufficiently. We agreed with the provider that these measures were necessary due to the needs of people using the service, the nature of the heating system and the nature and placement of the windows. This meant that the provider had identified risks to people's safety, health and welfare but had not acted sufficiently to mitigate these risks.

There were policies and procedures in place to support the safe management of medication. However we found that policies were not consistently being followed. We found that risk assessments that had been carried out to identify people's support needs with medication were not always consistent with the support that people were being provided with. There was a risk that people may not receive the support with their medicines that they required. We found that PRN protocols were not in place for prescribed medicines so there was a risk that people may not have received their PRN medicine as required. Concerns around the administration and stock control of people's prescribed creams had been identified but it had not been addressed. People were not receiving their creams as prescribed. This issue had been identified but at the time of our inspection people were still not receiving their creams as prescribed with could have had an impact on their welfare. The provider had failed to identify these risks to people's safety, health and welfare.

People told us that there weren't any regular meetings held with people who used the service or relatives. Relatives told us that there had been one meeting held with the new proprietor, at the time of taking over and the registered manager had assured people that it was business as usual.

Relatives told us that there had been a feedback questionnaire sent out. We saw copies of it, the feedback was generally very positive but there were a few negative comments about the amount of time that it took staff to

respond to the front door bell and about the activities. There had been no action plan put together following this to show how the provider was going to address these issues.

There were some quality assurance audits carried out by the service such as an audit of resident's money that was in the safe, a monthly accident audit and a hot water bottle audit. However, where a concern had been identified they did not provide any details of the action that had been taken and there were no details of what action had been taken in relation to the accidents. There was no quality assurance of people's food and fluid charts carried out. There were concerns about how these were being completed. We discussed this with the registered manager who showed us a new food and fluid chart that they were going to introduce and carry out checks on to ensure they were being completed appropriately.

These issues were a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 Good Governance.

Staff all had a shared understanding of the services vision and values. When asked specifically about them one staff member told us, "To help people that struggle to look after themselves. Care for them, support them and look after them." Another staff member told us, "To provide the best care in really nice surroundings."

Staff told us that communication systems in place were effective and that they were able to discuss anything with the registered manager. One staff member told us, "The management are good and very approachable. They deal with anything we raise." Another staff member told us, "The manager works hard, I respect her, and she will help out if she can."

The majority of people who used the service and all of the visitors were able to tell us who the manager was and they all referred to her familiarly by her first name. They told us that the registered manager was approachable and they felt they could raise any concerns. The registered manager knew the needs of the people who used the service well, this was evident through her interactions with people who used the service on the day of our inspection.

The registered manager was aware of their responsibilities and had a good understanding of when they needed to make notifications to CQC and other external agencies.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider had failed to assess, monitor and mitigate risk relating to the health, safety and welfare of service users. Regulation 17 (2) (b).</p>