Maldon Lodge Care Home Ltd

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

This inspection took place on the 20 July 2016 and was unannounced. When we last inspected the service in February 2014 we found that the provider was meeting the legal requirements in the areas that we looked at.

The Lodge is a residential home in Maldon providing care and support to up to older 24 people, some of whom were living with dementia.

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.

People were safeguarded from avoidable risk of harm and staff understood the process to follow to report concerns regarding people's safety. There were risk assessments in place which detailed how people could be supported safely. People's care plans were detailed, person-centred and included information regarding their backgrounds, preferences and how they could be supported effectively. These were subject to regular review with involvement from people and their relatives where possible. There was a key worker system in place for each person to have a point of contact within the staff team.

People's healthcare needs were identified and met by the service and there was evidence of good links with healthcare professionals. The service took a proactive approach to managing people's healthcare needs and had recently won an award for the prevention of urinary tract infections. People had enough to eat and drink and the food and drink on offer took into account their individual needs and choices. There was a programme of activities on offer for people. People were treated with dignity and respect and had opportunities to have their opinions and views heard. People gave their consent to receiving care and treatment.

Staff received a variety of training to enable them to carry out their duties effectively including some specialised training. They completed a thorough induction programme when they first joined the service and were subject to regular supervision and appraisal. The recruitment processes used to employ new staff were safe and ensured that staff employed had the skills, character and experience to meet people's needs. There were enough staff to keep people safe and protocols in place in case of severe shortages or staffing issues. The manager held team meetings and sent out staff surveys to provide staff with an opportunity to provide their feedback and contribute to the development of the service. Staff understood the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS) and these were applied correctly in practice.

There was a robust quality monitoring system in place for identifying improvements that needed to be made across the service. People, staff and relatives were positive about the management of the service and felt

that the registered manager was supportive and approachable.

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.

There were regular assessments and reviews of risks within the home, and staff demonstrated knowledge of how to keep people safe.

There were sufficient numbers of staff available to meet people's needs safely.

People's medicines were managed appropriately and stored correctly.

Is the service effective?

Good

The service was effective

Staff were supported through a regular programme of supervision and appraisal.

People gave consent to their care and staff understood their responsibilities under the Mental Capacity Act 2005.

People had enough to eat and drink and had their healthcare needs assessed and met by the staff.

Is the service caring?

Good

The service was caring.

Staff demonstrated a caring and friendly attitude towards people.

People were treated with dignity and respect and had their privacy observed.

Is the service responsive?

Good

The service was responsive.

People had care plans in place which were personalised and evidenced involvement from people and their relatives.

There was a full activity programme in place for people to engage in hobbies and interests inside and outside of the home.

There was a robust system in place for handling and resolving complaints.

Is the service well-led?

Good

This inspection took place on the 20 July 2016 and was unannounced. When we last inspected the service in February 2014 we found that the provider was meeting the legal requirements in the areas that we looked at.
The service was well-led.

People and staff were positive about the management of the service.

There was a robust quality monitoring system in place for identifying improvements that needed to be made.

Surveys and questionnaires were sent out to people, staff and relatives to encourage them to contribute to the development of the service.

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 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 20 July 2016 and was carried out by one inspector and an expert by experience. An expert by experience is a person who has knowledge of these kinds of services.

Before the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We reviewed local authority inspection records and asked for feedback from nine professionals involved with the service.

During the inspection we spoke with four people who used the service and three of their relatives to gain their feedback. We spoke with four members of care staff, the activities co-ordinator, deputy manager and registered manager.

We observed the interactions between members of staff and people who used the service and reviewed the care records and risk assessments for four people who used the service. We checked medicines administration records and looked at staff recruitment and training records. We looked at complaints and compliments received by the service. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. One person said, "Yes, I do feel safe here, but I tend to spend my days here in my room. I prefer to stay here- I've got my TV and radio- I'm OK here."

The staff we spoke with had received training in safeguarding and understood the ways in which they could protect people from any avoidable risk of harm. We asked one member of staff about the ways in which they ensured they kept people safe, and they told us: "We check on them through the day, ask them if they're okay, follow their care plans and get to know them so we can understand if anything changes." Staff were able to describe the steps they would take if they were concerned or felt that any person might be at risk of abuse. There were robust policies in place for safeguarding people, and information in relation to this was visible around the service so that people, staff and their relatives knew who to contact.

The risk assessments in place for people were robust and detailed enough to support staff to keep them safe. We saw assessments in relation to moving and handling and falls around the home which detailed many preventative measures that could be taken to reduce the risk of injury or incident. For example we saw that the service had identified an increased level of falls from one person and moved them to a different part of the home where it was felt that the environment would reduce the risk significantly. We saw that a new piece of furniture had been sourced for them which meant that they had not experienced any falls for a while at the time of our inspection. This meant that the service were using risk assessments proactively to promote people's safety.
A record was taken of any incidents or accidents that occurred within the service and the action taken in response to these.

The registered manager has assessed staffing dependency based on the needs of people using the service. The service was staffed with four morning staff, four in the afternoon and then two at night. Both the registered manager and staff said that vacancies had led to a shortage of staff, but were able to demonstrate how they were continuing to ensure that staffing levels were appropriate. One member of staff told us that there was a policy not to use agency staff because of the potentially undesirable impact upon people using the service. They told us, "It's confusing for them to see different faces; it's not really fair when people have dementia." We checked the duty rotas for the previous six weeks and saw that the home had been fully staffed, with staff working overtime and managers supporting on shift where required. During our inspection we found that staff were able to meet people's needs and spend time chatting with them without seeming rushed or pressured.

There was a robust recruitment policy in place and staff were employed safely to work in the service. The recruitment process involved questions that allowed the service to assess whether people were of the right character, skills and experience to carry out their duties safely and effectively. Staff members were then asked to provide two employment references and complete health questionnaires that were appropriate to their role. For example we saw that for employees recruited to work night shifts, the service had assessed whether the staff member could fulfil their duties safely. We saw that valid references were on file for each of the four staff files we looked at, and that a DBS (Disclosure and Barring Service) check had been completed

prior to them commencing employment.

Staff receiving training in medicines administration and were given detailed workbooks as part of their induction which tested their knowledge and sought to improve upon their practice. A list of medicines that people took was listed in their care plans which included the dosage, the reason the medicine was prescribed and the person's preferred method of administration. Medicines were stored in a locked storage trolley and kept safe with temperature checks performed daily and stock regularly reconciled. There were arrangements in place for returning refused or spoiled medicines to the pharmacy. All PRN (as and when) medicines had individual protocols in place which detailed when they were to be administered and how the person preferred to take them. We looked at the MAR charts for four people and saw that these were being filled out correctly with no unexplained gaps. For creams or topically applied solutions, separate charts had been created to account for their application and to provide more detailed instructions for staff on how and where they were to be applied.

Regular health and safety audits were carried out around the home to ensure that the environment was safe and that any issues were identified and addressed expediently. This included identifying any areas of the home in which there were malodours. While we did note some strong odours in one part of the home, this was quickly addressed by the housekeeping staff and for the remainder of our inspection we found that the home was clean and tidy. We saw that the home was subject to regular equipment checks to ensure that all appliances were in good working order. The service had completed checks of fire equipment, gas safety and PAT (portable appliance testing) to ensure that the environment was safe for use.

Good

Is the service effective?

Our findings

The people we spoke with felt that staff carried out their duties effectively. One person we spoke with said, "They're a good team." A family member told us, "The home ticks all the boxes for me – I know [relative] is in a good place with nice carers."

We saw that all staff had attended training that the provider considered essential. This included safeguarding, first aid, moving people safely and fire safety. Staff who had completed the training as part of their induction were required to complete refresher courses regularly to ensure that their knowledge and skills were kept up to date. Staff were positive about the quality of training on offer and how they had implemented their learning into practice. One member of staff said, "I took dementia training, it's a course that tries to get you to see things from the perspective of someone with the condition. It helped a lot- it gave me insight into their feelings and encouraged me to put myself into their shoes."

We saw that staff followed an induction programme tailored to their role, for example the senior care staff's induction included observations of medicine rounds, organising shifts and what to do in case of emergencies. Staff we spoke with were positive about their induction and felt it prepared them well for their role. One member of staff told us, "I was shown around, shadowed with some of the other staff and got to know the residents. I read through the policies and care plans too."

Staff told us they received regular supervision and appraisal to support their continued development. One member of staff said, "We have one every two months, six a year usually I think. And then a performance review every year too. We talk about everything- staffing, shifts, updates and residents issues." Records we saw confirmed that staff received regular supervision and an annual appraisal from management.

Staff we spoke with demonstrated an understanding of the Mental Capacity Act 2005. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that applications had been made to deprive people of their liberty but that these were appropriate for people's safety. Because of delays from the local authority there were no authorisations in place but the registered manager told us they had maintained contact with the local authority to check on progress.

We saw that where appropriate, people had been asked to sign to indicate consent to different areas of their care plan. If people did not have the capacity to make decisions then a Mental Capacity Assessment had been completed which detailed why the decision was being made in their best interest. We saw that these were appropriate to keep people safe and to promote their continued health and well-being.

Each person had a list of the healthcare appointments they'd attended recently contained within their care plan. The service also used a computerised system to take detailed notes in response to healthcare visits and ensure that advice from professionals was being acted upon as required. We noted that the service had recently won an award for the prevention of UTIs (Urinary Tract Infections). People's care plans included a completed Braden risk assessment which detailed the risk of them developing pressure ulcers or a deterioration in the condition of their skin. We noted that when somebody's needs changed and the risk had been heightened, as a result the service had updated the assessment and included additional interventions that had been put in place to protect the person from any damage to their skin. We noted during our observations that these interventions were being carried out as detailed in the assessment.

Each person had an assessment to determine whether they were at risk of malnutrition or dehydration. This included a regular check of their weight, BMI and the action taken in response to any identified patterns of concern or significant changes. For example we saw that food and fluid input/output charts had been put into place for one person who was assessed as being at higher risk of malnutrition or dehydration.

People told us they enjoyed the food that was on offer. One person said, "They know what I like- mixed vegetables." We looked at the menus for the day and saw that people had a choice available between two dishes. However staff told us they would always provide an alternative if people were unhappy with the options available. We saw minutes of meetings between the kitchen staff to discuss the effectiveness of current menus, suggestions for improvements in the menu choices and equipment needed to be able to provide the best quality food. During the inspection we noted that there were plenty of snacks and fluids available and that these were being offered to people throughout the day.

Good

Is the service caring?

Our findings

People and their relatives told us that they were cared for by staff who were kind, compassionate and understood their needs. One person said, "They're such lovely staff, really nice." A relative told us that they felt their loved one was well looked after, saying, "[Relative] is in good hands here, they're a great bunch. Always caring."

Staff were attentive to people and we noted that they always prioritised their needs above their other duties. For example we noticed that when one person was visibly anxious, a member of staff immediately stopped their task to focus upon them. The member of staff said, "Tell me what I can do to help you out," and went through a list of things that might be causing this anxiety. They engaged them in conversation about things they enjoyed and we noticed that the person was calmer and more relaxed at the end of the conversation. Staff used people's preferred names and spoke to them patiently and respectfully. One member of staff we spoke with said, "I love the residents. I've known some of them such a long time and they become like family." We noted that there were several family connections between people and staff which meant that there was a sense of homeliness about the service.

The service had included information in people's care plans about their families, friends and spiritual and cultural needs. We saw that the service had placed emphasis upon the relationships and traditions that were important to them and how these could be maintained and developed. For example we saw that in one person's care plan the relationship with a particular family member had been identified as being crucial to that person's on-going welfare. Staff were reminded of the importance of encouraging this relationship as much as possible, and we noted that this relative was visiting on the day of our inspection.

People told us they felt treated with dignity and respect. One person said, "They treat me with respect, certainly. They know me and they know that's important." Another person described the way in which staff had helped them to adjust to moving into the service and receiving extra care. They told us, "The carers are all really nice, but I feel uncomfortable when they help me with the toilet – I ring the buzzer and they always come quickly, but I can't get used to being helped – the girls are all good though." People's care plans included outcomes in relation to people's dignity and respect and we noted from our observations that staff were patient, never rushed people and took the time to explain what they were doing and why. Where people valued their privacy, we saw that staff obliged by allowing them to spend time alone, while ensuring that they were happy and safe to prevent the risk of isolation.

Relatives meetings were held annually to provide families with an opportunity to feedback on the quality of care and to provide them with updates and news concerning the home. Surveys had also been sent out to families to ask for their feedback on the service, however only one of these had been returned. We saw that during a family's meeting the registered manager had raised this with the families to remind them that the service had an open door policy and that they were always grateful for feedback. The service had received a number of compliments from family members praising the standard of care that their relative had received while using the service.

Good

Is the service responsive?

Our findings

People and their relatives told us that they had care plans in place and were involved in their implementation and review. One person said, "Yes there is a care plan, one of the girls goes through it with me every so often." Each person had a key worker who was responsible for updating the care plan and holding reviews to ensure that the information was up to date.

Prior to moving into the home each person had a pre-admission assessment which determined the level of support they required in different areas. Care plans were person-centred and included a picture of the person, information in relation to their background and history and their likes and dislikes. Each person had a 'one page profile' which detailed the things that were important to them and how they could be best supported. There was information regarding how people communicated, their mental health and their social needs. Having this information allowed staff to develop a better understanding of the person to ensure that they were responsive to their needs. For example we saw that one person had a care plan which indicated that they often preferred to spend time alone in their room.

We saw evidence that people's changing needs were being reflected in their care plans. For example we saw that following a deterioration in one person's eyesight, the care plan had been updated to instruct staff to sit with them at mealtimes to offer additional support. This meant that any increased risk of dehydration or malnutrition was being minimised.

There was a complaints policy in place which detailed the way in which the service would manage any grievances. There was a single complaint received which raised some significant concerns from a family member. However we saw that in response to this a detailed investigation had taken place and that a response had been made to the family member within the correct timescales. Because the complaint formed part of an on-going dispute we saw further evidence that the service had followed up on the complaint and provided evidence of the action being taken in response to the concerns raised. In addition to a formal complaints policy the service also had a system for evidencing how they were responding to more minor concerns. For example we saw that where a family member had emailed concerned about something they had noticed in the home, an email trail was retained in the complaints folder to show how the service were addressing this issue.

The service employed an activities co-ordinator who planned events and activities for people using the service. We saw that people had enjoyed a trip to Colchester Zoo and had visits from a company that bought pets and animals into the home for them to interact with. A fete had taken place over the previous summer to raise money for a local charity. The co-ordinator told us, "I organise a tea dance every couple of months with 3 other homes, but we don't really organise large outside activities, it's more personal oriented activities here. I use the small lounge as a craft area, and we do have musicians coming in regularly that the residents enjoy. Some residents said they didn't want to come along and join in, but I said they could come for a few minutes and if they didn't like it they could go back to their rooms- they came and stayed for over an hour!"

Good

Is the service well-led?

Our findings

People and their relatives told us that the registered manager was approachable and provided stable leadership and management in the service. One person said, "The manager is very nice." A relative we spoke with told us, "They've got a good management team here. We can go to them with anything and they're on it straight away."

Staff we spoke with were positive about the management and culture of the service and were able to describe the visions and values of the provider. One member of staff said, "We always put the residents first, in everything we do." The manager was visible around the home and told us that she would provide care if necessary in case of staffing shortages or sickness. We saw on duty rotas that this even extended occasionally to night shifts!

Staff were provided with an opportunity to contribute to the development of the service through regular team meetings. We reviewed the minutes for these and saw that staff were informed of upcoming training, practice in social care and updates affecting their rotas. Staff were given a chance to feedback any issues or concerns to the management. In addition to meetings with the care staff we also saw that meetings took place with the domestic, kitchen and senior staff. This helped the service to ensure that communication was consistent across all areas of the home.
Satisfaction surveys were sent out to people using the service to ask for their feedback. The comments in response were largely positive, with all the respondents reporting that they were pleased with the quality of care. However for any other feedback an action plan had been formed which detailed how the service planned to make improvements on the basis of the surveys. For example in response to comments that one to one activities were not always available, we saw that a new member of staff had been recruited to address this need. Comments included "The staff are so kind to me. A wonderful home."

Residents meetings were held every few weeks to provide people with a chance to share their views and experiences. People were able to describe things they'd enjoyed and make suggestions for improvements. For example we saw that people were asked how they were enjoying the food and all responded positively. We saw that one person had asked for more fish and noted that tuna was available on the menu on the day of our inspection. Providing people with an opportunity to share their views meant that the staff could deliver care based on their changing needs.

The service had a system for quality monitoring and identifying any improvements that needed to made across the service. This included speaking with a sample of staff, people and relatives, checking the condition of the environment and checking through files to look for any shortfalls that needed to be addressed. While most of the audits confirmed that most aspects of the service were compliant, areas for improvement were highlighted and actioned quickly. For example we noted that the front door had been earmarked to be repainted in the last audit and saw that this was taking place on the day of our inspection.