

Mrs Karen Syer & Mr Kenneth John Squire

The Lodge Care Home

Inspection report

Watton Road,
Ashill,
Thetford,
Norfolk
IP25 7AQ

Tel: 01760 440433

Website: www.ichkaren@hotmail.co.uk

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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?

Requires Improvement



Is the service well-led?

Good



Overall summary

This inspection took place on 15 October 2014 and was unannounced.

The Lodge Care Home is a residential care home that provides accommodation, care and support for up to 20 older people, some of who may be living with dementia. At the time of the inspection, there were 15 people living at The Lodge Care Home. There was a registered manager in place. 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 and associated Regulations about how the service is run.

All of the people we spoke with told us they felt safe, that the staff were caring and respectful and that they met their needs. We saw that staff treated people with respect

Summary of findings

and were kind and compassionate towards them. People also told us they found the staff and manager approachable and could speak to them if they were concerned about anything.

Staff knew how to make sure that people were safe and protected from abuse.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. They had completed training in the Mental Capacity Act (2005) and understood when best interest decisions were needed and an application was required to be sent to a local authority Supervisory Body.

People lived in a safe environment. Medicines were stored correctly and records showed that people had received them as prescribed.

People had access to healthcare professionals when they became unwell or required specialist help with an existing medical condition. Their independence was encouraged. Improvements were needed to care planning records and to the range and frequency of activities provided. The manager was taking action to make sure each person's care plan was rewritten and reviewed and activities were increased.

The staff were happy working at the home and told us that the manager and provider were supportive, that they listened to them and that changes in care practice were implemented when concerns had been raised. A survey questionnaire had been sent to people to gain their view of the care and support provided.

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 safe.

People's safety had been assessed and staff knew how to reduce the risk of people experiencing abuse. People told us that there were enough staff to help them. They were supported to prevent and manage any conduct that may put them or others at risk of harm.

Medicines were available and administered to people when they needed them. Regular checks were carried out to make sure people were safely assisted to take the correct medication.

Staff had access to information that told them what to do if they suspected or saw abuse.

Good



Is the service effective?

The service was effective.

The training staff had received gave them the knowledge and skills they needed to provide good support to people. The way staff cared for people had been regularly monitored and assessed through daily handover meetings and planned supervision, team meetings and appraisal.

An extension is currently being built onto the home and once completed the existing home will be refurbished. This is to make sure that the premises are adapted and improved to increase the facilities provided to people.

Staff demonstrated a basic understanding of the Mental Capacity Act (2005) when supporting people who lacked capacity to make decisions for themselves. The service met the requirements of the Deprivation of Liberty safeguards.

Good



Is the service caring?

The service was caring.

Staff were kind and compassionate. People's privacy and dignity were respected.

People were involved in making decisions about their care and their independence was encouraged. They had their care and support needs met by staff who responded when they asked for help.

People told us that the staff listened to them and respected their choices.

Good



Is the service responsive?

The service was responsive.

Requires Improvement



Summary of findings

People told us they were happy to raise any concerns they had with the staff and manager.

People told us that the activities provided were poor, were always the same and were not available everyday. An activity coordinator was in the process of being recruited to make sure improvements were made to the frequency and variety of activities.

Care planning records were currently being rewritten and reviewed to make sure they were complete and held up to date information. People's individual needs had been assessed and were met but there were gaps in some monitoring forms.

Is the service well-led?

The service was well-led.

People knew who the manager and provider were. Staff were happy working in the home and told us that they were listened to and could challenge the way care and support was being provided.

Regular audits were completed on all aspects of the service provided. Household systems and equipment were serviced to check that they were maintained in a good condition and suitable for people to use.

The quality of the service provided was monitored regularly. A survey questionnaire had been sent to people so that their views could be gathered.

Good



The Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 15 October 2014 and was unannounced. It was carried out by one inspector.

Prior to our inspection we reviewed the information we held about the service. This included information we had received and any statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law. We asked the provider to complete a Provider Information Return (PIR) form prior to the inspection and this was received. 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.

On the day we visited the service, we spoke with four people living at The Lodge Care Home, four care staff, a domestic staff member, the cook and the registered manager who oversaw the overall management of the service. We also observed how care and support was provided to people. To do this, 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 looked at six people's care plans, three recruitment files, two supervision files, three staff training records, records relating to the maintenance of the premises and equipment, four medication records and records relating to how the service monitored staffing levels and the quality of the service. After the inspection we telephoned a healthcare and safeguarding professional and five people's relatives for their feedback on the service.

Is the service safe?

Our findings

The four people we spoke with told us they felt safe living at The Lodge Care Home. One person said, “This is a nice place to live and the staff make me feel safe.” Another person told us, “I do like living here and I am treated well by everyone.” They also told us that if they were worried about their safety they would feel comfortable talking to members of staff or the manager about this. One relative said, “My relative has settled well here and it is good to know they are in a safe environment.”

We found that any potential risks to people’s safety had been assessed by staff and that they were receiving appropriate care. We viewed completed risk assessments in relation to their risk of moving, falls, malnutrition, pressure sores and use of bed rails. However, the records held did not show that these risks had all been reviewed regularly. Staff spoken with were able to tell us about the care and support needs of each person living at the home. They described the action they took to minimise the risk to a person’s safety, when it had increased, and showed us that people were protected and had their changing needs suitably met. The manager explained that all of the care plans were currently being reviewed and rewritten. They showed us that as part of this action, the risk assessments held for four people had been reviewed. We saw there was a plan in place to review the remainder of care plans to ensure people were safely cared for and protected from harm.

The staff spoken with said that they had completed training in how to support people whose conduct might put them or others at risk of harm. We looked at the care plan of one person and saw that information had been provided about what might cause them to become upset or anxious. Staff told us that when the person exhibited conduct that may lead them to become upset, anxious or angry that they used distraction, such as doing an activity, to assist them to remain calm. However, no information was available in the care plan that told staff what they could do to support the person to keep them and others who lived at the service safe, at these times.

The manager told us that, when necessary, the person was provided with individual staff support and attention to ensure they and other people around them were safe. They explained that when the staff had been unable to prevent incidents from re-occurring, they had sought advice from a

community specialist team, who they were working closely with, to enable them to provide extra support to the person. These actions were confirmed by the staff and relatives we spoke with. The manager also showed us that this information and detailed guidance to staff was in the process of being written into the person’s reviewed care plan.

People we spoke with told us they received their medication when they needed it and that staff had never forgotten to give it to them. One person told us, “I know the medication I take throughout the day and it’s always right”. Files we viewed showed that staff had received training in the administration of medication and had their ability to assist people with their medication regularly assessed, to check that it was carried out safely and correctly.

We found that medicines were stored securely in a locked room with access restricted to senior staff only. Temperature checks of the room and fridge where medicines were stored were conducted daily to ensure they were within safe limits. Appropriate arrangements were in place for the recording of medicines. Medicine administration records were accurate and had been fully completed showing that people had been given their medicines as prescribed. Checks of these records were made at the start of each shift to help identify and promptly resolve any discrepancies.

The manager showed us that contingency plans were in place if everyone living at the home needed to be evacuated in the event of an emergency. They detailed the action staff should take so that people would continue to receive support with their care. Staff understood how to keep people safe, in an emergency situation and told us they had received training in fire safety. The testing of the fire alarm had occurred regularly, each week and fire exits were well sign posted. Access to them was clear so that people could quickly leave the building, if needed.

We saw that maintenance checks for fire-fighting equipment, the gas boiler and water systems had been carried out within the last 12 months and that equipment such as hoists and stand aids, that were used to assist people with moving, had been regularly serviced. This demonstrated that the provider made sure that the premises and equipment were safe.

Staff spoken with explained that as part of the recruitment process they had completed an application form and

Is the service safe?

attended an interview. They said that before they had begun to work in the home their references and a Criminal Records Bureau check had been received by the manager. They were able to tell us about the induction training they had completed and how, after shadowing a senior staff member, their competence had been assessed. The recruitment records we viewed of staff working at the service confirmed this and showed that the correct checks had been made by the provider to make sure that the staff they employed were of good character and suitable to work with older people. The manager told us that all vacant posts had been filled and that a full-time activities co-ordinator had been recruited and would start work once their recruitment checks had been completed.

People told us that there were enough staff working at the home and that they responded quickly to their requests for assistance. One person said, "If I ring the call-bell the staff soon come to help me." Four of the five relatives spoken with told us that staffing levels were good. The manager told us that each person was allocated a set number of hours and staffing levels were provided to meet the total of hours needed. They explained that if there was a shortage of staff or need for additional staff that they worked as a

carer or senior to ensure people were safe. We saw that people's requests for help were quickly met by staff and that there were enough staff available to help people when they asked for assistance. This was confirmed by staff and in the roster we viewed.

The staff we spoke with demonstrated that they understood what abuse was and knew how to report any concerns they had. They showed that they had taken appropriate action to reduce people's risk of abuse. They told us they had received training in how to recognise, prevent and report abuse. The training records we reviewed confirmed this.

We spoke with a local safeguarding lead who told us that the manager made appropriate safeguarding referrals and that they had no current concerns about how people were protected at the home. We saw there were written instructions displayed in the staff room at The Lodge Care Home that detailed how abuse must be reported. People living at the home and visitors told us that they would inform the manager if they had any concerns or wished to report potential or actual incidents of abuse. They confirmed that they had not had to do this.

Is the service effective?

Our findings

People living at the home told us that staff understood their needs well and were quick to act if they were unwell or needed more assistance than usual. One person said, "You only have to ask for a staff member to help you and they will do all they can to make sure you are okay." Another person told us, "It is good here and if I need to see the doctor or district nurse they arrange it for me. If I need to go to the hospital, for one of my appointments, they will take me, if my family or friends are not able to." They confirmed that staff asked them for their consent before they assisted them and that they respected the decisions they made. This was observed on the day of inspection. Four of the five relatives spoken with said that staff kept them informed when there were changes in the care and support needs of their relative.

People told us that the staff monitored their health and took advice from health specialists. The care plans and daily handover records we viewed showed us that referrals were made to the appropriate specialist in a timely manner. We saw that for one person, at risk of developing a pressure ulcer, that advice had been taken from the tissue viability nurse and that their guidance had been followed to assist the person in preventing the reopening of a previously healed wound. For another person we noted that prompt action had been taken to contact their doctor when staff had reason to suspect that the person may be experiencing a urine infection. We also saw that referrals to the falls team had been made when a person was assessed as at risk of having a fall and that a chiropodist and optician had been regularly asked to visit people living at the home.

A health professional told us that people received the care and support they needed, that appropriate referrals for their service had been made and that the staff followed all instructions they gave them. They said that staff were knowledgeable about the needs of each person, could find the records they asked for when needed and encouraged the people who lived at the home to be as independent as possible and make their own choices.

Information submitted to us by the provider prior to our inspection stated that 12 care staff had been employed and worked in the home. All had completed the Skills for Care Common Induction Standards and held a National Vocational Qualification (NVQ) Level 2 or above or Diploma

in Health and Social Care (a nationally recognised awards for those working in the care industry) to ensure they had the knowledge and skills for their role. During the inspection, the manager showed us their record of the training staff had completed and were currently undertaking. This demonstrated that one senior care staff had completed and a second was currently doing an NVQ Leadership and Management course at level 4 to ensure they had the leadership skills required for their role.

We looked at the training records for five care staff and saw that they had been provided with the training they required to equip them to meet people's needs. For example, they had completed training in safely moving people, diet and nutrition, health and safety, medication and first aid. We saw that some staff had also completed training in infection control and that there was a plan in place for the remainder of staff to complete this training. The provider carried out an annual staff survey as part of its quality monitoring process. All of the 12 care staff employed had returned a completed questionnaire and all had recorded that they felt that the training they had received equipped them with the knowledge they required to carry out their role. Staff told us that they had support when they needed it, and confirmed that when a training need was identified that the manager took action to arrange for the training to take place.

Staff we spoke with reported that they had received regular supervision from the manager which they had found useful. They said that they also received a yearly appraisal. They told us that regular staff meetings were held and that they had access to written minutes of each meeting. They also said that the manager was good at dealing with problems and issues of concerns, as they occurred. They explained that when things happened the manager held an informal meeting with staff to discuss and resolve the problem. They told us that the issue and resolution was then highlighted and discussed with staff during the shift handover meetings to make sure all staff were aware of the manager's instructions. This was confirmed in the minutes of meetings and handover records we saw.

The fluid and nutritional in-take of people who required assistance to eat and drink had been monitored. We noted that people had been given a cold drink that was placed within their reach. We saw that they were offered a hot drink between meals and after lunch and saw that staff encouraged and assisted people to have a drink.

Is the service effective?

Our observation of the lunch being served to people showed us that people were served their meal promptly. We noted that the cook served each person individually and checked with them that they liked the meal and had enough food on their plate. We saw that people had been provided with their meal in the way they required it, such as a soft or vegetarian diet and that there were enough staff in the dining room to provide assistance for people when they needed it. Staff told us that a record was held in the kitchen of the food and drink needs, preferences, likes and dislikes of each person. Menus had been compiled based on the information within this list. People living at the home said that the meals were good and that if they did not like the main meal they would be offered the choice of

an alternative meal. The records we viewed, of the food eaten by people, showed us that people had been provided with an alternative meal, such as a jacket potato and filling.

People had their capacity to make decisions about their care assessed by the provider. The manager told us that everyone living at the home had the capacity to make their own decisions. We noted in a record we viewed, of the training staff had completed, that the manager and staff had completed training that introduced them to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager and staff showed us that they had knowledge of the MCA and understood when a person had their freedom restricted and a DoLS application to a Supervisory Body was needed to be made.

Is the service caring?

Our findings

People told us that the staff did not hurry them when providing them with assistance. One person said, “I can be awkward if I am in that sort of mood, but the staff are always pleasant to me and know when I need to be left alone for a short while and when I like company.” Another person told us, “The staff are friendly and kind to all of us. They are caring and patient and never make us do anything we do not wish to do.” Three of the five relatives spoken with stated that their relative was happy living there because the staff were polite, respectful and really knew how to look after them. One relative said, “The staff really make my relative feel cared about and as if their comfort and happiness is important to them. Smashing home.”

Our observations showed us that the atmosphere in the home was calm and that staff responded to people in a kind and friendly way. We saw that staff laughed and joked with people and also discreetly asked them if they could assist them with their personal care. We noted that when one person began to become distressed that a staff member took action to calm and reassure the person. They used distraction and humour in a kind manner that involved the person in making a choice, as to what they wished to do.

We saw that another staff member noticed when a person was feeling unwell and that they assisted them into their bedroom so that they could discuss how they were feeling, in private. We saw and heard staff explaining to people the

action they were going to take prior to assisting them to move and noted that they respected one person’s decision not to be moved. People were encouraged to be independent and were offered the care, support and attention they needed. We noted that staff members used praise and encouragement appropriately when working with a person.

Staff spoken with showed us that they knew and understood the care and support needs of each person living at the home. They told us that they used a flexible and relaxed approach that encouraged and supported people to choose their own daily routine and to make a choice in all things that affected them. They explained that they made sure that people’s privacy, dignity and independence were respected. For example, by knocking on their bedroom door before entering and by checking with the person that they agreed with the care or support they were about to provide. Our observations of staff confirmed they carried out these actions.

People living at the home told us that the staff listened to them and consulted them when changes to their care and support were needed. However, care plan records did not show that they and their relatives had been involved when reviews of care planning information had taken place. The manager explained that as part of the rewriting of each plan of care, a review of the care and support provided would be carried out with the person living at the home and, where appropriate, their relative. The four rewritten and reviewed plans of care we viewed confirmed this.

Is the service responsive?

Our findings

Three people who lived at the home and four relatives told us that the care and support provided to people was planned but the activities on offer were not provided each day and lacked variety. One person living at the home said, “The staff are always checking that I get the care I need but the lack of activities is awful. We sit in the lounge and just look at each other all day.” Another person told us, “The staff are good, but the boredom is a problem. I feel lonely here at times because I have no-one I can talk to.”

Two relatives also told us that there was a lack of stimulation available for their relative. They said that although an entertainer did visit the home to sing and some staff occasionally played a board game with a small group of people, their relative enjoyed being taken out into the community and rarely had the opportunity to do this.

Staff members spoken with told us that they provided activities in the afternoon, if they had time between their caring duties. They were able to tell us the interests and activities people liked to do and we saw that they asked people which board game they would like to play. They confirmed that there had been times when activities had not been provided and people had been left to watch the television in the lounges or their bedroom all day. They said that they tried to arrange an activity each day, such as doing exercises and jigsaws or having a group chat about the past and the way people used to live but that sometimes people declined to take part.

We asked the manager about the lack of activities and they showed us that the last questionnaire they had sent out to people and relatives had identified that people were dissatisfied with the activities provided. They said that in response to this they had now employed a full-time activities co-ordinator so that the number and variety of activities provided would be increased. They explained that the activities co-ordinator would start by talking to each person about the activities they liked to do to ensure that the range of activities provided was based on their interests. They showed us that the person would be in post once all their recruitment checks had been completed.

There was a complaints policy and procedure in place at the home. This outlined a clear procedure for people to follow should they wish to complain. Information telling people how to make a complaint was displayed in the

home and people told us that they had felt listened to when they had raised their concerns. One person living at the home said, “The staff and manager are quick to act if I tell them I am not happy about something. I do feel listened to and they soon sort things out for me.”

Three of the five relatives spoken with told us that when they had raised their concerns with the manager or staff they had taken them seriously and resolved the problem as quickly as they could and to their satisfaction. Two relatives said that when they had complained that the issue had not been fully resolved to their liking. We asked the manager about the two complaints and they showed us that they held detailed records that demonstrated the action they had taken to respond to and resolve the concerns.

People living at the home told us that they were provided with the care and support they needed. One person said, “I really am well cared for. I only have to ask and the staff will do anything to help me.” Another person told us, “It is very flexible here and I choose my daily routine. The staff are kind and always ask me if they can help me.”

People’s needs were assessed to ensure that their care and support was planned and delivered in line with their plan of care. We saw that individual plans of care were available for each person and we looked at a sample of six of the 15 sets of people’s care records. We found that the plans of care were not all complete and had not all been regularly reviewed. We saw gaps in some of the records we viewed and noted that a staff member was in the process of rewriting and reviewing all of them so that they were complete and up to date.

We saw that they held information about the person and care, support and risk assessments that included assessments made by health professionals and speech and language specialists. These explained the health history of the person, the care and support they needed and monitored their general health. We found that the information they contained told staff of the personal and social needs and choices of the person.

We saw that their likes, dislikes and preferences had been recorded. However, we found there was no record of people’s interests or the activities they wished to undertake or had completed, in any of the plans of care we looked at. The manager told us that this information would be

Is the service responsive?

recorded in the rewritten and reviewed plans of care once people, and where appropriate their relatives, had been asked to give their comments. This was confirmed in the four rewritten and reviewed care plans we viewed.

Staff spoken with were able to accurately tell us about the care and support needs of people and how they made sure that they provided each person with person-centred care. They told us that people living at the home chose their own daily routine, that included them getting up or going to bed when they liked. They told us that they gave people a choice and took into account their views when gaining consent from a person regarding how and when they wished to be assisted.

They told us that the plans of care held relevant information but they relied more on the information they were given at each daily shift handover to provide them with an up to date summary of the care and support needs of each person. They said that changes to the way a person chose or was required to be cared for, appointments people had that day and known visiting health professionals visiting people were discussed. They confirmed that this made sure that people received care that was planned, organised and understood by staff. This was confirmed by people we spoke with and seen recorded in the handover and daily records we saw.

Is the service well-led?

Our findings

People living at the home, three of the five relatives and staff spoken with made positive comments about the manager. They told us the manager was approachable, fair and dealt with problems when they occurred. Two relatives said that the manager was not always available in the home when they visited.

Staff told us that the manager used an 'open door' approach and was eager to complete improvements to the service and environment provided. One staff member commented, "We have a supportive manager who is well organised and makes sure that the staff put the needs of the people living here first". Another commented, "The manager does listen and brings things up at handover if they're important".

We also received positive comments about the manager and the way they ran the home from health and social care professionals who visited the home regularly. These included, "The manager is well organised and they make sure the staff constantly work in the way they should, so that people receive the care and support they need." "The manager carries out regular checks of the way staff are working. When things have gone wrong the manager takes immediate action to correct the issue and informs and co-operates with us to make sure people are protected."

The manager recorded in the Provider Information Record (PIR) information they sent to us, before our inspection visit, that they were planning to introduce a regular residents' and relatives' meeting. The manager told us that this would enable people to influence the service they received and to voice and discuss their views and concerns in an open manner. Staff members spoken with told us that the manager informed them of all of the changes to be made within the home during formal and informal staff meetings. This was seen in the staff minutes we viewed.

We found that the home did not have strong links with the local community. However in response to this the manager told us that when the home's new activities coordinator was in post they would be tasked with establishing stronger community links. The PIR information we received prior to our inspection recorded that the manager planned to set up a 'Friends of The Lodge Care Home' group and to recruit volunteers who could work within the home, to enrich the lives of the people living there.

There were systems in place to monitor the quality of service provided to people living at the home. The manager conducted weekly audits to assess the service and we viewed audits undertaken in relation to nutrition, infection control, people's falls and health and safety. There was a weekly and monthly audit in place covering all aspects of medicines management and action had been taken promptly when any shortfalls in the handling of medicines had been identified. The manager maintained a training matrix detailing the training completed by all staff. This allowed them to monitor training and to make arrangements to provide refresher training as necessary.

Maintenance records were complete and the testing and servicing of equipment and systems within the home, such as fire, water and hoists had been carried out in a timely manner. This made sure that they were safe for people use.

The manager operated an effective system to ensure staff received the training they needed to carry out their role. The training plan was up to date and showed the staff training that had been completed by each staff member and when courses were due to be updated.

We found that staff had the opportunity to express their views at staff meetings, in staff surveys and through regular supervision with their line manager. The provider had carried out a quality assurance questionnaire survey in August 2014 as part of their quality monitoring process. A questionnaire had been sent to people living at the home, relatives, staff and health professionals. None of the people living at the home were able to confirm that they had filled in a survey questionnaire but all of the relatives told us they had. The manager had analysed the results of the returned questionnaires. Positive comments had been made by 63% and suggested improvements, such as an increase in activities, had been made by 42%.

We saw that an action plan of improvements had been written using the information people had recorded in the returned questionnaires. As a result of the action plan and the weekly and monthly auditing system carried out by the manager, we found that action had been taken to improve the numbers of senior staff provided, the frequency and variety of activities provided to people and the care, risk and support records available to staff within each person's care plan.