Chapel Lodge Care Limited

The Lodge

Inspection report

Hayfield Road
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High Peak
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 27 November and 5 December 2017; the first day was unannounced.

At our previous inspection in October 2016, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Regulations 11,12 and 17 relating to consent, medicines and governance. We asked the provider to complete an action plan to show what they would do and by when to improve the rating to at least 'good'. At this inspection we found improvements had been made.

The Lodge is a 'care home with nursing'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Lodge accommodates up to 36 people in one adapted building. At the time of our inspection 27 people lived at The Lodge.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post and the provider had notified us about a period of absence they were taking. In the registered manager's absence, arrangements had been made for the deputy manager to provide management cover.

Arrangements to ensure sufficient staff were consistently available had not yet been fully embedded. This had resulted in occasions of insufficient staffing. Actions were being taken by the provider to help keep staffing levels sustainable.

People made their own decisions in relation to their care and support. Where they needed support to make decisions their rights were protected under the Mental Capacity Act 2005. People understood their care and support because they received information in a format that met their needs.

Medicines were managed safely and practices were in place to prevent and control any infections.

A registered manager was in place. The provider had notified us of a period of absence taken by the registered manager; they had arranged for the deputy manager to provide oversight of the service in their absence. The deputy manager understood their responsibilities for the management and governance of the service.

Systems were in place to monitor and improve the quality of the service provided. These informed the deputy manager who had identified where further improvements were required. The service was focussed on achieving good quality outcomes for people. The service was managed with an open and transparent culture where care was centred on the individual person and staff were valued.

People were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents. Other risks were assessed and actions taken to reduce known risks. Pre-employment checks were completed on staff to check their suitability for the role. Staff received support for any needs identified in relation to protected characteristics of the Equalities Act (2010).

Staff received training in areas relevant to people's needs and in line with the aims of the service. Staff received support through supervision and staff meetings. People's health and any associated risks were monitored and responded to; referrals to other healthcare services were made where this would be of benefit. Staff provided care to help people maintain a balanced diet.

The premises had been adapted so as to be accessible to people with mobility aids. Signage had been used to help orientate people around the premises.

People were cared for by care staff who were kind and caring. Staff respected people's privacy and dignity. People were supported with their independence by staff and had control over their choices.

People were involved in decisions, as well in the planning of their care and support. Staff were aware of people's interests, hobbies and preferences. People received support for any needs identified in relation to protected characteristics of the Equalities Act (2010).

People knew how to raise issues and complaints and where they had done so these had been investigated and people had received a response. People's views had been actively sought and used to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Arrangements to ensure sufficient staff were consistently available had not yet been fully embedded. Medicines were well managed and actions were taken to prevent and control infections. Risks were assessed and actions taken to reduce incidents. Staff recruitment included checks on the suitability of staff to work at the service. Staff understood how safeguarding procedures helped to protect people.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed in a way that helped to prevent discrimination and the principles of the MCA were followed; information was accessible to people. People's health, including nutritional needs were monitored and responded to appropriately. Staff received appropriate training, support and supervision. Adaptions and signage to the premises ensured it was suitable for people.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were pleasant and kind; staff were mindful of how people felt and offered reassurance. Staff respected people's privacy and dignity and promoted their independence. People were involved in decisions about their care and support and information had been made available in accessible formats.

Is the service responsive?

Good

The service was responsive.

Staff were aware of people's interests, hobbies and preferences; staff took steps to ensure people enjoyed meaningful activities and stayed connected to their local community. People were involved in planning their care and support. The Accessible

Information Standards were being met. People were supported to raise issues and make complaints and these were investigated and used to improve the service.

Is the service well-led?

Good

The service was well led.

A registered manager was in place; the deputy manager had management oversight of the service during the registered manager's period of absence and understood their responsibilities for the management and governance of the service. The service was focussed of achieving good quality outcomes for people. There was an open and transparent culture in the service where care was personalised, people were listened to and staff were valued. Systems were in place to monitor and improve the quality of the service provided. These informed the deputy manager who had identified where further improvements were required.

The Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The Lodge is a 'care home with nursing'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Lodge accommodates up to 36 people in one adapted building. At the time of our inspection 27 people lived at The Lodge.

This inspection took place between 27 November and 5 December 2017; the first day was unannounced.

On day one of the inspection, the inspection team included one inspector, a specialist professional advisor who was a nurse 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 in the care of older people. One day two, the inspection team consisted of one inspector.

Before the inspection we looked at all of the key information we held about the service, this included whether any statutory notifications had been submitted. Notifications are changes, events or incidents that providers must tell us about.

Prior to our inspection we had received information of concern which reported there were staffing shortages at The Lodge. As people were potentially at risk we shared the information with the local authority safeguarding team who made checks on people's safety. At this time The Lodge agreed to voluntarily suspend any new contracting arrangements with the local authority until they had taken action to recruit additional staff. At the start of our inspection, The Lodge was still not admitting any new people.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the local authority commissioning teams. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. We also checked what information Healthwatch Derbyshire had received on the service. Healthwatch Derbyshire is an independent organisation that represents people using health and social care services.

In addition, during our inspection we spoke with nine people who used the service and two relatives. We also spoke with the deputy manager, five staff involved in providing care, a staff member with responsibility for organising staff training, the chef, the activities coordinator and office administrator; we also spoke with one visiting social care professional.

We looked at five people's care plans and reviewed other records relating to the care people received and how the service was managed. This included risk assessments, quality assurance checks, staff training and recruitment records.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection we found a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because care and treatment was not always being provided in a safe way as arrangements for the proper and safe management of medicines were not always in place. At this inspection we found improvements had been made.

People told us they received their medicines on time and as prescribed. One person told us, "Care staff give me my medicine at the right time, in the right way and they wear gloves and an apron." A relative also told us they were satisfied with how their family member's medicines were managed. They said, "There are no problems with medication." We saw staff administer medicines to people; staff asked people if they were in any pain and whether they required any pain relief medicine. Where people were not able to communicate their levels of discomfort, pain assessments had been completed in their care plan. This helped to ensure people received pain relief when needed.

In addition, we saw MAR charts had been completed by staff when they had administered any prescribed medicines, including creams to people. The provider had policies and procedures in place that were discussed with, and followed by staff who had been trained in medicines administration and management. In addition, regular checks on records helped to ensure the proper and safe use of medicines was in place. These actions helped to ensure people received safe care around the management and administration of their medicines.

The staff member in charge of medicines administration was knowledgeable on the systems in place to ensure people received their medicines safely. These included the processes for ordering, storage and disposal of medicines. Where people had medicines administered when they were required, rather than at set times, guidelines were in place and covered the reasons for administration, when to do so and indicators for efficacy. Some medicines were subject to additional storage and administration procedures; we saw these were in place and records for these medicines had been completed in line with good practice. We checked the amount of some medicines against those recorded as being in stock and found these were correct. People received their medicines as prescribed and staff followed processes designed to manage people's medicines safely.

Prior to our inspection we had received information of concern which reported there were staffing shortages at The Lodge. As people were potentially at risk we shared the information with the local authority safeguarding team who made checks on people's safety. At this time The Lodge agreed to voluntarily suspend any new contracting arrangements with the local authority until they had taken action to recruit additional staff. At the start of our inspection, The Lodge was still not admitting any new people; however they had successfully recruited some new staff. Shortly after the start of our inspection, the local authority's voluntary suspension was lifted.

People told us they thought there was enough staff around most of the time. One person told us, "There are lots of people to look after, on the odd occasion you have to wait, they could always improve with more

staff, but they're very good and very efficient; if they are a bit short they get someone in." Another person told us, "At night care staff come; I know people are around." Another person told us, "We're safe with the regular staff; I wish we had a few less bank nurses, they mean well and some are good, some are passengers." Responses to a provider survey completed by people and their families had identified staffing levels were poor at weekends. Staff told us they felt additional recruitment was required to replace some care staff that had left; they understood the provider was taking action to recruit more care staff. During our inspection we observed there were enough staff to meet people's needs in a timely manner. For example, when people requested assistance, staff were available to provide the care they required quickly; mealtimes and medicines rounds were observed to run on time.

The deputy manager told us the amount of staff provided was based on people's care needs. Additional hours had also been arranged for the nurses to provide support to care staff during the registered manager's absence. They told us they used agency staff whenever the required staffing hours could not be met by their own directly employed staff. The deputy manager told us when they were not working, any nurses not on duty would provide an on-call support to the service; we were told additional support was also available from the area manager. However, shortly after our inspection the provider submitted a statutory notification to advise us on the 9 and 10 December, there had been a reduced number of staff available to provide care at The Lodge. This was due to staff sickness and some staff booked through an agency did not arrive as arranged. Further agency staff were not available to provide care at short notice. The deputy manager advised us staff had prioritised people's care needs and postponed any record keeping that could be completed later. They also confirmed they had agreed with the local authority to reinstate the voluntary suspension on contracting which meant they would not be accepting any increase in occupancy levels until they were assured they had sufficient staff available to meet people's needs. Although steps had been taken to provide the levels of staff assessed as required to meet people's needs, the reliability of these arrangements had not always been robust enough to ensure the required number of staff were always available.

People told us they had not experienced any discrimination whilst at The Lodge and told us they felt staff provided safe care and took action to reduce any associated risks. For example, one person told us, "It's very good here, it's got all the equipment to help me. I feel safe with the equipment being used and the staff know how to use it." Another person told us, "If you're stuck people come to see to you; there's somebody there virtually straight away; you never have to wait; we are safe, yes." Another person told us when they first moved in staff explained what things were in place to help keep them safe. This had included the importance of talking with staff should they ever witness any poor treatment of a person. They went on to tell us they were impressed with the care and support they received. Staff understood how to recognise potential abuse and how to raise a safeguarding alert. Records showed staffs' understanding of the provider's whistle-blowing procedure were checked in supervision meetings with staff. People were provided with safe care by staff who understood how to manage risks alongside supporting people to maintain their independence. The provider had systems and processes in place, that staff understood and had followed when necessary to ensure people were safe.

Staff told us they were familiar with people's care plans and risk assessments and these were kept under review. Records confirmed people had care plans and risk assessments in place and these enabled staff to understand what care was required. For example, the care required for a person to receive nutrition with the use of a percutaneous endoscopic gastrostomy (PEG) tube. A PEG tube is a feeding tube which passes through the abdominal wall into the stomach so that food, water and medication can be given without swallowing. We discussed one person's health condition with the deputy manager, as although there were general guidelines in place to manage this person's condition, there was no specific care plan. The deputy manager told us they would put a specific personalised care plan in place.

Records also confirmed risk assessments were in place for such areas as falls prevention and other areas of risk, such as falls and pressure area damage. Risk assessments were in place for any equipment people had been assessed as required, for example the use of a wheelchair or other mobility aids. Records of people's daily care and monitoring were mostly up to date and accurate. We discussed some records which had not always been fully up to date with the deputy manager; they told us what actions they had taken to improve this area of record keeping. Risks to people were assessed and their safety monitored and managed in a way that promoted their independence.

Staff told us, and records confirmed any accidents, incidents and near misses were reported. Staff told us people's risk assessments were reviewed after any such event. Records showed accidents and incidents were reported and reviewed by the deputy manager as well as the area manager so that any trends could be identified and actions taken to reduce occurrence. Risk assessments were in place for the general running and management of the service. For example, to cover such areas as the kitchen and office. Checks on the premises and equipment were also in place to provide assurances services were safe, for example the fire alarms were checked weekly and mattresses were audited every six months. Safety checks on any equipment people used, such as hoists and slings had also been completed. Actions were taken to improve safety; the service had systems in place to help identify when things went wrong and to identify learning from these incidents to implement further improvements.

People told us they were satisfied their home was kept clean. One person told us, "I can't grumble about it at all; it's cleaned in the morning and through the day things are cleaned up." Another person added, "[The home] is clean; staff are good with cleaning and the washing and ironing." A third person who was being cared for in their own room told us, "My room is clean; there's always someone in here cleaning." People and their families had commented in a recent provider survey about odour in a certain area of the home. Actions had been taken in response to this feedback to help try and improve this. Other actions were taken to help prevent and control infections. For example, staff we spoke with told us they had adequate supplies of gloves and aprons and had been trained in prevention and control of infections. Records showed staff were observed by the deputy manager to ensure they followed effective infection, prevention and control practices. The provider had taken steps to ensure people were protected by the prevention and control of infection.

Good

Is the service effective?

Our findings

At our previous inspection we found a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because the principles of the Mental Capacity Act 2005 (MCA) did not always inform people's care planning and the care and treatment provided by staff. At this inspection we found improvements had been made.

People we spoke with told us staff would always check they consented to receive care before this was provided. One person told us, "Care staff do ask me what I want and how to help me." Staff we spoke with understood the importance of only providing care to people with their consent.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had policies in place that covered the MCA and making decisions in a person's best interests. When people lacked the mental capacity to make some specific decisions by themselves these had been made in meetings with other professionals and family members when appropriate. These meetings were to discuss what decisions were considered to be in a person's best interests. The service had information available on how to make referrals to Independent Mental Capacity Advocates (IMCAs). These are specially trained advocates who can support certain people under the Mental Capacity Act 2005 if people required an advocate in any decision making meetings. Where appropriate, applications for DoLS authorisations had been made. People's consent to their care and treatment was sought by staff in line with the MCA.

People told us they felt confident in staffs' skills, knowledge and experience to provide the care they needed. One person told us, "Care staff do know what they're doing. Some carers are as good as the nurses; they know me and what I like." Staff told us they received training in areas relevant to people's needs and records showed this covered such areas as how to assist people to move safely, infection prevention and control and nutrition. Staff also had checks to ensure they were competent in their job role. We discussed the training records with the staff member responsible for arranging training. They told us and records showed, staff training was regularly refreshed and when any training was out of date there was a valid reason, such as when staff had returned from a period of absence. Nurses told us they were aware of their responsibilities for the revalidation of their registration with the Nursing and Midwifery Council and had enough support from the provider to meet these requirements. In addition, new staff completed an induction period. New staff told us this included working with more experienced care staff so they were shown what care people needed, in addition to reading their care plans and risk assessments. Records also showed any new staff

were familiarised with fire evacuation and other health and safety procedures. The service had provided staff with the skills, knowledge and experience they needed to deliver effective care and support.

People received care and support with their meals and drinks. One person told us, "The kitchen staff are excellent; they do remember what you like and don't like; they ask what I want." Another person told us, "The food is good; I don't have any complaints." A relative told us, "The food is okay; it suits people and there's a choice and there's plenty of it." We saw staff offered people food and drink choices. Staff we spoke with were knowledgeable about people's nutritional and hydration needs. For example, one staff member told us about a person who was vegetarian and which people required food and drinks of a modified consistency. Records showed people were assessed for any risks regarding nutrition and dehydration and this was monitored when required. Care plans contained clear and specific guidance to ensure people had adequate nutrition and this was monitored daily. People received a balanced and nutritious diet.

Staff told us they worked with other organisations and other professionals to ensure people received effective care. For example, nursing staff told us when they would make referrals to tissue viability specialists if they had concerns any wounds were not healing as they should. A social care professional told us they felt The Lodge provided them with any information they needed to know when they visited a person. Records showed other professionals had been involved in people's care when appropriate. For example we saw an assessment had been completed by a speech and language therapist (SALT) for a person who had swallowing difficulties. People were helped to receive effective care because staff and the service worked with other organisations involved in meeting people's care.

People told us they saw other healthcare professionals, for example, their GP when needed. One person told us there was a visiting optician and chiropodist and a weekly hairdresser. They told us they would travel to visit a dentist if needed. Staff we spoke with told us they were aware of people's care needs associated with their health conditions. Records showed where one person had complained of pain and staff had arranged for a GP to visit. Records also showed people had attended outpatient appointments appropriate to their needs and these had included cardiology, neurology and a Parkinson's clinic. People were supported with their health as care staff knew how other healthcare services could benefit people.

Assessment of people's diverse needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans with them. This helped to ensure people did not experience any discrimination. For example, where people had a particular faith this was recorded and staff told us about arrangements in place for those people to continue to practice with their faith communities. Staff also had assessments of their needs in relation to protected characteristics under the Equality Act. The deputy manager told us this has helped them to identify how to support staff who had any associated needs and helped to prevent discrimination.

Other assessments of people's needs were completed in line with current legislation, for example decision making was taken in line with the MCA. Where people required specific assessments associated with their health conditions we saw referrals had been made so the assessment could be made by the appropriate professionals and in line with their professional standards. For example, we saw assessments included screening tools for malnutrition, skin integrity, continence and moving and handling. Assessment processes were in line with current legislation and standards and helped to achieve effective outcomes for people.

We observed adaptions had been made to the premises when needed. For example we saw a ramp had been fitted so that the entrance was accessible to people using mobility aids. A lift was available inside The Lodge so that people could access the different levels without the need to use the stairs. Signs had been used to orientate people to where bathrooms and toilets were. People's individual needs were met through

the adaption of their premises when needed.

Good

Is the service caring?

Our findings

People told us they felt staff worked with a caring approach. One person told us care staff were, "Very pleasant; I've never known anybody be sharp." Another person told us, "Care staff are caring and kind to me, always respectful; there is enough time and I don't feel rushed."

People told us they felt staff did extra things that conveyed they cared, and provided emotional support and reassurance when this was needed. One person told us they became upset if something reminded them of where they had previously lived. They said, "I am very emotional; when care staff see me [upset] they come running and look after me." Another person told us how staff did not rush them. They said, "Care staff are caring and kind; they recognise me and give me time to think."

Staff we spoke with were mindful of how people were feeling. One staff member told us how they sat and talked with a person when they were worried as they had misplaced a personal item. The member of staff gave the person a hand massage while they talked. They told us the person said they felt much better for talking to them. Care plans were in place to guide staff on how to best support people if they became confused or distressed. Daily records for one person showed staff had followed the person's care plan and used distraction techniques and talked about the person's interests and hobbies when they became confused and distressed; this had been effective at relieving their distress. The service took action to ensure people were treated with kindness, respect and compassion and given emotional support when needed.

People told us care staff respected their privacy and promoted their independence and dignity. One person told us, "Care staff are very hot on knocking on the door." A relative told us, "As a visitor I am treated with the utmost respect and my family member is very well looked after." We saw families and friends were free to visit people throughout our inspection. Staff we spoke with told us there was a, 'respectful, caring culture' at The Lodge. One staff member told us, "I treat people as I would want to be treated." Records showed The Lodge had been awarded a 'Dignity Award' by the local authority. This is a local scheme that supports the national Dignity in Care Campaign and works to ensure people have a good experience of care when they need it.

People were supported to maintain their independence. For example, one person told us how they were involved in the upkeep of the gardens. They told us they enjoyed keeping active. Staff told us they supported people with their independence. One staff member told us, "We try to get people to do what they can do themselves." Records confirmed people's independence was promoted and included details on how this had positive outcomes for them. For example, care plans were differentiated for the type and level of support required for a person when they were having a good day and for days when they required more support. People received care from staff who understood how to promote their independence and how to provide care with dignity and respect.

People were involved in decisions about their care and what support they required. One person told us, "We do talk about my care." Another person told us they had a care plan in place and on a regular basis would discuss this with staff and have their comments included. Staff told us, and records confirmed care plans

were discussed with people and their views and preferences for care were recorded. Information was available for people to access advocacy services when needed. Advocacy services provide help to people to represent their views and opinions. This meant people were involved in making decisions about their own care, and their needs and wishes were treated with respect.

Good

Is the service responsive?

Our findings

People told us the care provided was personalised and responsive and they spent their time as they wished. One person told us, "The care staff are a wonderful section of people; they let me do as I want to." Another person said, "We can do whatever we like; staff don't push you about; they take an interest in what we do." This view was shared by another person who told us they enjoyed handicrafts; they told us staff had found them a sewing machine to use.

Staff told us about some of the different ways they provided personalised and responsive care. Some people were living with dementia and experienced episodes of confusion and distress; one staff member told us how they had received additional training specifically designed to help hold structured conversations with people in distress; they provided examples of how this had been useful to people. In addition, pictorial menus were provided so as to prompt people about the food and drink choices available to them. One family member told us how care staff had worked with them and their family member when developing the person's care plan. They told us as a result of this care staff had been able to identify the person's preferences. Where people required care for the end of their lives, the deputy manager told us these needs would be assessed and care provided to meet those needs. Care plans showed where care and support was centred on people's needs, and had involved people's views and where appropriate those of their family members. This helped to ensure people received personalised and responsive care.

People enjoyed how they spent their time at The Lodge; they maintained their links to the local community and enjoyed meaningful activities. Staff were observed to make arrangements for people to visit their local community and shop at local farmers markets. One staff member with responsibility for arranging activities told us how they planned activities to take account of people's different needs and moods. For example, they told us how people had been invited to complete a life story questionnaire. Life story work is designed to recognise people's past, present and future and is used as part of reminiscence therapies. This helped them match activities to people's interests. They told us some people enjoyed using the sea drum when a music therapist visited; sea drums are percussive instruments that produce soothing sounds like the sea. They went on to say how they would spend time with people cared for in bed, providing hand massages whilst playing music from an era relevant to each person on their phone. Records showed a variety of different activities and visits into the local community were regularly available. During our inspection people were observed to spend their time as they wished. People were provided with opportunities to retain meaningful contact with their local communities and engage in activities that were of interest to them.

People were supported to maintain relationships that were important to them, both within the service and in their community. Records included assessments of people's social care needs. In addition we saw people had been asked for, and had recorded their ethnicity, their first language, faith beliefs and any communication needs. This was so any associated needs could be identified and how best to meet those needs could be discussed with people. Staff told us people's different faith needs were met in a variety of ways, including visits by their faith community. People were supported to follow their interests and take part in socially and culturally relevant activities.

Where people had communication needs identified, staff were knowledgeable on how to communicate with people, including the use of pictorial prompt cards. For one person, their interest in local news was supported by access to a talking newspaper. Talking newspapers provide audio versions of local news. The service involved people in discussions about their care. This helped to ensure any communication needs associated with their health and wellbeing were identified and met in a responsive and individualised way. The Accessible Information Standards were being met.

People told us they had been given information on how to make a complaint, and felt confident any complaints made would be investigated properly. One person told us, "I do make comments and they are resolved." Information on how to make a complaint was displayed and the provider had a formal complaints policy in place, including timescales for responding to people's complaints. Records showed six complaints had been received in 2017 and all had been investigated and concluded in line with the provider's policy. Records of meetings with people and their families showed people were given the chance to raise any feedback. Where a person had commented some staff were better at running to time than others, they were offered the chance to make a complaint; they declined, adding added they would let the managers and office staff know of any concerns should they happened again. Information on how to make complaints was accessible to people. Complaints and feedback were handled in a transparent manner and used to inform improvements to the service.

Good

Is the service well-led?

Our findings

At our previous inspection we found a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because systems and processes were not always effective at assessing, monitoring, improving and reducing risks and records were not always accurate and contemporaneous. At this inspection we found improvements had been made.

Systems and processes designed to assess, monitor, improve services and identify and mitigate risks were in place. Audits had been completed in such areas as medicines, records, accidents and incidents and on infection prevention and control practices. The deputy manager was aware of where record keeping required further improvement, and actions were in place to improve this. Additional monthly audits were also completed by the provider's area manager; these checked staff training had been completed as required, the status of any DoLS applications and authorisations, safeguarding referrals, falls and accidents and any progress on action plans. These governance arrangements helped to identify any trends, manage risks, meet regulatory requirements and to continuously improve.

People told us, and records confirmed where other professionals had been involved in their care and treatment. Where people had a specific health condition, they had attended outpatient appointments to ensure their on-going health care needs could be met. Any information provided by other agencies had been used to inform and develop people's plans of care to ensure good outcomes for them. The service worked in partnership with other agencies.

People told us they felt the service was well-led and were happy with the quality of care provided. One person told us they thought The Lodge was, "Well led; staff are approachable and always ready to give a listening ear." One relative told us, "I think this is one of the best care homes in the area." They went on to say, "I wouldn't be averse to coming in here myself and I have recommended it to other people; some of whom have come here or have got a relative here."

The service's aims were centred on the needs of people using the service. For example, the provider's Statement of Purpose put emphasis on people being involved in their care and being able to contribute to the service at meetings. A Statement of Purpose sets out clearly what the service intends to do and how. We found these things were in place. Staff were also trained in areas consistent with the service provided, for example in medicines and dementia care. The service was focussed on achieving good outcomes for people and promoted a person centred culture that promoted people's independence and involvement.

Staff we spoke with were enthusiastic and positive about the quality of care they provided. Staff commented on how well they worked together as a team, both with communication and with the mix of skills they shared. One member of staff told us, "We've got a good team, we all bring something to the table and we all help each other out." They went on to tell us how this teamwork helped to provide continuity of care for people. They said, "The care for people is seamless, it kind of continues, we're in tune with each other; we have long handovers and we communicate really well; we're doing all we can for people." They also commented on the areas they had developed and taken on a lead role for; for example in dressings or PEG

feed equipment. Staff were committed to their job and were motivated to provide high quality care for people.

The deputy manager told us they recognised the good team working amongst the staff teams. They told us they aimed to support this with regular staff meetings and staff supervision meetings. They provided examples of how they had promoted equality and inclusion amongst the staff. Records showed these meetings were used to review staff knowledge and competence in their job role. Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development. Good practice guidelines were discussed with staff and covered a variety of areas. For example, staff meeting minutes showed standards in record keeping had been discussed, whilst staff supervision agendas showed good practice reminders about medicines, accident and incident reporting and person centred care were discussed. The deputy manager they told us they aimed to work in an open and transparent way. They told us, "There is an open door policy; people can come in any raise any concerns." Staff told us they found both the registered manager and the deputy manager approachable and supportive. The provider had taken steps to ensure staff were supported, listened to and worked in an open and transparent culture.

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. The provider had notified the Commission about a period of absence taken by the registered manager at the time of our inspection. The provider had made arrangements to cover the registered manager's absence; we found these arrangements were sufficient and included the deputy manager covering the registered manager's role. The deputy manager understood when notifications were required and had submitted these as required. Notifications are changes, events or incidents that providers must tell us about. We also saw the CQC's rating for the service was on display as required. People told us they knew the registered manager and spoke warmly of her. People also spoke well of the deputy manager. One person told us, "The manager is lovely and approachable."

People told us they had opportunities to be engaged and involved with how the service was provided. For example, one person told us, "We are invited to a meeting and we talk about the service." Another person told us, "I go to the residents' meetings and give feedback there and I am always passing comment in the office." Records showed these meetings had regularly taken place. In addition, the service used a survey to ask people and their families about the quality of care. The results of the latest survey were displayed in the reception, along with the actions the provider was taking to improve in response to people's comments. These included installing wall mounted air fresheners, changes to rotas to improve cleaning up after tea time and installing new curtains to prevent light reflecting on a television screen. Staff told us they were also asked for their views and felt listened to. Minutes of meetings with staff showed where actions had been taken in response to their ideas. Steps had been taken so that people and staff engaged with and were involved in improving the service.