

Elizabeth Finn Homes Limited

# 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

The Lodge Residential Home provides accommodation; nursing care and support for up to 46 older people, there are two floors supporting both people with nursing and residential needs. At the time of the inspection there were 41 people living at the home.

At the last inspection November 2014, the service was rated good with an outstanding rating in well led. At this inspection we found the service good in the five domains.

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.

Quality assurance systems were in place to monitor care, and plans for on going improvements. Audits and checks were in place to monitor safety and quality of care. However, on this occasion the audits had not picked up that a few risk assessments did not highlight the risk, or detail the control measures necessary to reduce the risk. The provider took immediate action when these issues were raised.

Safe systems were in place to protect people from the risks associated with medicines. Medicines were managed in accordance with best practice. Medicines were stored, administered and recorded safely. People were supported to access external health professionals, when required, to maintain their health and wellbeing.

People were offered a varied choice of meals including soft textured food. Staff were clear about who required support to eat and when. We observed the midday meal being served in the main dining area. The atmosphere in the main dining room was relaxed and cheerful with people talking about their day. The meals were served on small, intimate, well laid tables. People were offered drinks of their choice including alcoholic drinks.

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their needs and individual wishes. People living at The Lodge told us they were happy with the care and support provided. They said the registered manager and staff were open and approachable and cared about their personal preferences.

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. People told us they felt safe at the home, One person said, "I can't fault the service we receive, the staff always make sure I am safe, and yes I do feel safe living here".

Most people who lived at the home were able to make decisions about what care or treatment they received. Where people lacked capacity to make some decisions, the staff were clear about their responsibilities to follow the principles of the Mental Capacity Act (MCA) when making decisions for people in their best interests.

The service remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. There was a varied programme of activities which made sure people could continue with their hobbies and interests which included French lessons and seated yoga. One person said, "Since I began doing the seated yoga my mobility has improved and I am walking better".

The service had a complaints policy and procedure which was available for people and visitors to view. People said they were aware of the procedure and knew who they could talk with. People and staff said they felt confident they could raise concerns with the registered manager and they would be dealt with appropriately.

## 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 systems to make sure people were protected from abuse and avoidable harm.

There were enough staff to keep people safe.

People received their medicines when they needed them from staff who were competent to do so.

### Is the service effective?

Good ●

The service was effective

Staff had the skills and knowledge to effectively support people.

People received a diet in line with their needs and wishes.

People had access to appropriate healthcare professionals to make sure they received the care and treatment they required in a timely way.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment

### Is the service caring?

Good ●

The service was caring.

People were cared for by kind and caring staff who went out of their way to help people and promote their well-being.

People were always treated with respect and dignity.

People, or their representatives, were involved in decisions about their care and treatment.

### Is the service responsive?

Good ●

The service was responsive.

People's care and support was responsive to their needs and personalised to their wishes and preferences.

A programme of meaningful activities was in place which enabled people to maintain links with the local community.

People knew how to make a complaint and said they would be comfortable to do so.

**Is the service well-led?**

**Good** ●

The service was well led.

Quality assurance processes were in place. However, audits did not always identify information that was missing in risk assessments

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service provided.

# 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.

This inspection took place on 28 February 2017 and was unannounced. This was an unannounced comprehensive inspection carried out by one inspector and one specialist advisor.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We looked at the information in the PIR and also looked at other information held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During this inspection we spoke with eight people living at the home and four visiting relatives. We also spoke with six members of staff, including the hotel catering manager, clinical care manager and two registered nurses. The registered manager was available throughout the inspection.

We looked at a number of records relating to individual care and the running of the home. These included seven care and support plans, seven staff personal files and records relating to medication administration and the quality monitoring of the service.

# Is the service safe?

## Our findings

The service continues to provide safe care. People were very positive about the support they received and all people spoken with said they felt safe living at the home. One person said, "I can't fault the service we receive, the staff always make sure I am safe, and yes I do feel safe living here". One visitor felt their family member was, "Completely safe and well cared for."

People's risk had been assessed and measures were in place to minimise the risk to the person. However in a few cases, the assessments needed more information to ensure any new staff understood the risk from reading the person's records. For example, some risk assessment did not have the risks identified and control measures in place to mitigate the risk. We discussed our concerns with the registered manager who arranged an immediate review of all risk assessments. This identified there were only an isolated number of risk assessments that needed to be amended. We saw evidence following the inspection that these risk assessments had been updated with immediate effect, and held the correct control measures for staff to ensure people remained safe.

People were supported by sufficient numbers of staff to meet their needs and keep them safe. One person told us "I'm sure they could do with more staff, sometimes we have to wait if we ring the bell, but we know they [staff] are busy". Another person told us, "Staff normally come quickly, they are always around if I need something." Staff told us they were happy with the rota and felt they were "busy". Rotas showed, over a four week period, there were consistent levels of staff on duty. The registered manager told us, "We ensure we have the correct staffing levels, if we have someone who requires extra support or we have sickness we will use agency cover, although it is very rare we have to do this."

Risks of abuse to people were minimised because robust recruitment procedures were followed. The recruitment records contained a range of evidence that showed all new staff had been thoroughly checked and were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

People were protected from potential harm because staff had attended training in safeguarding vulnerable adults and had access to the organisation's policies on safeguarding and whistle blowing. There was clear guidance around the home on how to raise a concern if anyone witnessed or suspected abuse. Staff spoken to were able to discuss the procedures they would take if they felt anyone was at risk. The registered manager said, "Our staff are aware of the procedures to follow and they maintain the safety of people at all times". One staff member said, "I am confident all members of the team would report any concerns immediately and action would be taken to address the concerns".

Medicines were administered by registered nurses and senior care staff. All staff administering medicines had received training in the correct procedures to follow. Medications were audited on a weekly basis. There was also a monthly MAR (medication administration record) chart medication audit in place. The MAR sheets were legible, a photograph of the person was on the front sheet to aid identification, and allergies

were clearly recorded. Up to date staff signatures and initials were attached to the MAR. Clear records showed when medicines had been administered or refused.

Risks to people, visitors and staff were reduced because there were regular maintenance checks on equipment used in the home. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Windows had restrictors to prevent them from being opened too fully. There was an emergency plan in place to appropriately support people if the home needed to be evacuated. Personal emergency evacuation plans (PEEP's) had been prepared; these detailed what room the person lived in and the support the person would require in the event of an emergency.



# Is the service effective?

## Our findings

People continued to receive effective care and support from staff who had the skills and knowledge to meet their needs. One person told us, "The staff are very good and know us so well, there is an overall good atmosphere". One visitor told us, "Regular staff are all very professional and know what they are doing."

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people effectively. In addition to completing induction training, new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. Staff confirmed that they were not allowed to work alone for a period of at least two weeks; this was followed by the shadowing of more experienced workers until they were seen to be competent with the correct skills and knowledge.

Staff received the training they needed to meet people's specific needs. Training was completed by E learning modules or face to face training sessions. The training matrix identified training which had been completed and dates when training needed to be renewed. Training certificates in staff files confirmed the training staff had undertaken, which included safeguarding of vulnerable adults, manual handling, infection control and the Mental Capacity Act 2005 (MCA). Staff were positive about training opportunities, and told us registered nurses were allocated as their mentor. On the day of the inspection some staff were receiving training on delivering care with dignity by the registered manager.

Most people went to the dining room to eat their lunchtime meal. The dining room was very well presented. Small tables were laid with fresh flowers, table cloths and napkins. We found people relaxed and enjoying social interaction with each other and with staff. Different portion sizes and choice of meals were provided as requested. People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where concerns were identified with people's nutrition, staff sought support from professionals such as GP's and speech and language therapists. Records showed where reviews had taken place, and risks had been identified. Most people were able to eat independently and required no assistance with their food.

Within the dining area a food diary was available, where people were encouraged to make comments in regards to their experience of dining at The Lodge. Comments regarding the food included, "Excellent", "Couldn't ask for better food" and, "Can't fault it". The head of catering told us, "We ensure people receive a restaurant experience equalling what you would expect from a five star hotel". One person said "We have a lovely time in the dining room; we have a really good catch up with friends over lunch." A relative wrote following a lunch date with their relative. "We just wanted to say how much we appreciate that it is possible to enjoy such a get together at The Lodge but also to say a big thank you to the staff involved. We were made very welcome by all and looked after so well, most especially by [staff member name] who looked after our table and left us wanting for nothing!"

A variety of alcoholic and non-alcoholic drinks were served from a trolley. The sweet trolley showed a number of cold and hot sweets were available as well as fresh fruit and cheese and biscuits. People who

were less mobile or did not wish to eat in the dining area had their meals served in their rooms. The kitchen was clean and staff had recorded food allergies likes and dislikes. Food was appropriately stored and appliance checks were recorded to maintain effective food safety management. Posters around the home showed the service had received 5 \* from their recent environmental health inspection.

Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Where appropriate they had involved family and professional representatives to ensure decisions made were in people's best interests. Care plans contained assessments of people's capacity to make certain decisions and where necessary, for example the provision of some equipment, a best interest decision had been made.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support staff in this area. The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

People had access to healthcare professionals according to their individual needs. One person told us, "I can see my GP or podiatrist when I need to". During the inspection we attended a staff handover meeting any concerns or changes to people's support needs were discussed. This demonstrated how staff constantly monitored people's health and well-being and sought advice for on going health issues.

## Is the service caring?

### Our findings

The home continues to provide a caring service to people. Staff interactions were warm, spontaneous and respectful, and laughter and playful dialogue was witnessed throughout the day. Staff were seen to be gentle, kind, sensitive and supportive. The atmosphere in the home was calm, unhurried and caring. One person told us, "It is very good here; as good as you would get anywhere." Another person told us, "The staff do everything thing I ask them to do, I ask them and they are quick on the draw". One visitor told us, "The staff are all very respectful and very well trained, it an altogether excellent home".

Staff respected people's privacy. All rooms at the home were for single occupancy. People could spend time in the privacy of their own room if they wanted to. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people feel at home. Staff knocked on doors and waited for a response before entering. We noted staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality. Staff addressed people using their preferred name and they were discreet when offering people assistance with personal care needs. For example care signs saying 'do not disturb' where hung on door handles when people were receiving personal care to prevent people from entering the room. One person told us, "They [staff] although they knock, they still wait to be invited in before entering my room".

Compliments seen included comments, "Thank you for making my [relative] life as comfortable, happy and secure as you did. I cannot begin to express my admiration and gratitude for the sensitivity, compassion and thoughtfulness shown during [relative] last days". The registered manager told us in their PIR, "On admission, a resident is introduced to staff, primary staff and given paperwork to read at their leisure. This includes a statement of purpose and a service user guide. There are also welcome gifts in a residents room to make them welcome".

The Lodge was working towards accreditation for the Gold Standards Framework (GSF). The GSF is a nationally accepted approach to providing better outcomes for people approaching the end of their lives. Registered Nurses were taking part and had attended a Hospice course, 'Introducing the Principles of Gold Standard Framework End of Life Care'. Gold Standard forms were completed for all people receiving end of life care. Care plans included advance decisions for people, which showed staff had taken the time to have a conversation with them about how they would like to be cared for when approaching end of life, and may no longer be able to make those decisions. This meant people were assured their wishes would be carried out and respected.

The service promoted people's independence. People had the equipment they required to meet their needs. There were grab rails and hand rails around the home to enable people to move around independently. Where needed, people had access to walking frames and wheelchairs. People were seen to move freely around the home. A lift was available to assist people with all levels of mobility to access all areas of the home.

## Is the service responsive?

### Our findings

The service continues to be responsive. People received care and support which was responsive to their needs and respected their individuality. The registered manager told us each person had their needs assessed before they moved to the home and from these assessments they created person centred care plans. One person told us, "I met with our dear leader [registered manager] a few times before I decided to move here. I helped to draw up my care plan."

Care plans had been developed from the information people provided during the assessment process and had been updated regularly to help ensure the information remained accurate. People and their relatives were invited to be involved in developing their care plans. Advocates were available if required. The clinical care manager told us, "Care plans are updated daily if required, by staff, however all care plans are reviewed monthly or before if changes occur". A daily diary was completed by registered nurses and care staff which documented all relevant information regarding people's physical and social well-being. This information was then transferred to care plans. Care plans were securely stored in the nurse's station as well as on the providers on line computer system. Care staff did not record in the plans but did have access to care plans on the providers on line computer system. The registered manager told us, "Staff do not wear their uniforms outside of the building; they know they need to ensure they have time to change into their uniforms and access people's care plans before starting their shifts". Care staff felt they received, "Informative handovers" which kept them up to date with any changes in people's support needs.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis. Some people said they had seen their care plan and agreed with it, whilst others indicated they knew they had one but had not seen it. One person said, "I have been in total control since I arrived. I was worried I would lose my independence, but I could not have been more wrong". People told us they were always consulted about their care and included in reviews in regards their care. One person told us, "I am always consulted and any changes to the plan are discussed and agreed with me." A visitor told us, "We are kept informed as the legal representatives we have an annual review but also chat and catch up as and when. We check the care plan and ensure the agreed changes are being met".

There was a full and varied activity programme. A minibus was available to take people out on trips within the local community and beyond. Activities took place seven days a week. Activities on offer included, seated yoga, discussion groups, crosswords, pampering sessions, animal bingo, a memory cafe and advanced conversation in French. Visiting entertainers attended the home on a regular basis, and trips out were organised with advanced warning. One person told us, "Since I began doing the seated yoga my mobility has improved and I am walking better". Another person told us, "There is always something going on, I don't want to join in but know I can if I choose".

Each person received a copy of the complaints policy when they moved into the home. Although people didn't have any complaints about the quality of care they received, they were aware of how to make complaints. Copies of the service's complaints procedures were displayed in the reception area of the home. People told us they would raise any issues or complaints with staff.

The provider sought people's feedback and took action to address issues raised. Any issues raised from the feedback questionnaires were dealt with and people and relatives informed of the issue raised and action taken. At the last residents meeting on 1st March 2017, minutes showed people had been kept up to date with the day to day cost of running the home, including information on the new 16 bedded extension being added to the home. One visitor commented following receipt of the minutes of the meeting "Thanks for these minutes - I almost feel as though I was at the meeting! Can I just add one comment of my own about my experience of The Lodge. I cannot think of a better place for [relative] to live. Staff really try to get to know [relative], and this is evidenced by the way [relatives] face lights up when a nurse or carer she has come to know well enters the room".

## Is the service well-led?

### Our findings

At the last inspection this key question was rated outstanding. Following this inspection, we have rated this key question as good because we found the quality assurances systems were good but needed small improvements. For example, Audits undertaken at the home were overseen by the provider to make sure, action needed to improve the service had been identified. However, on this occasion the audits had not picked up that a few risk assessments did not highlight the risk, or detail the control measures necessary to reduce the risk. This meant any new staff would not have had the recorded information needed to ensure people were not placed at risk. The provider took immediate action to ensure improvements were made without delay once the risks to recordings had been identified at this inspection. The registered manager told us, "Our quality audit systems are held on a regular basis. If specific shortfalls were found these are discussed immediately and action implemented to address the issues and evidence the outcome of the improvements made". Following the inspection additional audits had been completed alongside further senior staff training and development.

The registered manager had the immediate support of the chief executive officer (CEO) and head of care operations manager through quarterly managers forums, one to one supervisions and annual appraisals. They also received daily support from a clinical care manager, and their senior team. The registered manager kept themselves up to date by linking with other managers, current legislation. They promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People and staff told us they found the management team at The Lodge supportive. Comments from staff in regards the leadership of the home included, "It's a lovely place to work, like a family. It is run very well", "We care, we are proud of what we do "and, "I feel supported by the Management Team. They are always on call at the week-end so I can contact them if I have any concerns". One person told us, "If they are under pressure they are very professional and would never show it". "The door is always open, we have the best manager". The registered manager told us that she adopted an open door policy "My emails are always open, relatives are able to contact me and I will respond straight away". Visitors told us they found the registered manager and their team open and approachable.

The registered manager told us their vision was clear, they said, "We offer exceptional care for each individual we support. We expect people to receive 5\* hotel standards with care that is of the highest quality. We ensure this is embedded into the staff values from the point of interview. If people we employ don't share these values they are not right to work for us". Staff were monitored to ensure they had and were aware of these values, through supervisions, staff meetings and training.

The provider told us in their PIR "The main thrust of the ethos at The Lodge is one of transparency and high quality assurance from the manager to the cleaning staff. The principles of candour are applied always and this commences at interview right through to induction, probation and work. Appraisals and supervisions along with on going training ensures that staff know their role and are aware of policies and procedures.

Heads of departments are responsible for leading their teams and hold regular meetings with their staff. There is also a regular heads of department briefing most days to ensure consistency in care that is given." The provider asked people living at the home, people's relatives and professionals to complete a satisfaction survey. The feedback from the last survey in October 2016 was generally positive and action had been taken as a result of the comments received. For example the request to have a skybox installed.

At the time of the inspection two bedrooms had recently been decommissioned and work to build an extension was underway. The extension would create an additional 16 beds, some with double occupancy, or with suites where people could live more independently but still have support from staff at The Lodge. The registered manager told us they were consulting with people and their families and trying to keep disruption to a minimum. People spoke openly about the extension and some people had shown an interest in moving into bigger rooms when the extension was complete. People were being kept fully involved with the building plans, and did not feel they had been disrupted by the new build. The registered manager told us, "The Lodge is to undergo an extension for more residential care and this should be handled with care and sensitivity, informing everyone involved with The Lodge, of progress. This is done by word of mouth, letter, meetings and group discussions. Refurbishments are handled with the same sensitivity and care. The Lodge maintains good strong links with outside agencies and we will always seek their views if it can enhance resident care". The provider had links with the local community and subscribed to Carehome.co.uk that has facility as a medium to measure outcomes for care. The provider had a bonus system for staff for long service, and the registered manager had a separate bonus system to reward staff for service above and beyond the call of daily duties. People and their families were able to recommend staff they felt warranted the award.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident or incident was recorded to establish patterns and monitor if changes to practice needed to be made.

As far as we are aware, the registered manager has notified the Care Quality Commission of all significant events which have occurred, in line with their legal responsibilities.