Bliss Family Care Limited

The Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 9 and 10 May 2018 and was unannounced. We also went back to the home on 16 May 2018 to complete the inspection with the registered manager, who had been on annual leave during the previous two days of our inspection.

At our last inspection visit on 21 August 2017 there were eight breaches of the legal requirements. These were for staffing; person centred care; safe care and treatment; safeguarding service users from abuse; notification of incidents; dignity and respect; receiving and acting on complaints; and good governance. During this inspection visit we found there continued to be breaches for staffing, safe care and treatment, and good governance.

The Lodge Residential Home provides care and accommodation for a maximum of 32 older people. Twenty nine people lived at the home at the time of our inspection. The home comprises of communal lounges and dining areas on the ground floor, and bedrooms on the first floor. The manager's office is in one of the attic rooms.

The Lodge Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, caring, responsive and well-led, to at least 'good'.

The home had the same registered manager as when we visited previously. 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.

We found there continued to be concerns that staff were not responding to people's needs in a timely way. There had been a high use of agency staff because a number of permanent staff had either left their employment or had been absent. Whilst the provider tried to ensure they booked the same agency staff, they were not as familiar with people's needs as permanent staff. New staff had recently been recruited and the registered manager hoped this would lead to improvements.

The risks related to people's care continued to not always be reviewed regularly to ensure staff could meet people's needs safely. Whilst people received their medicines as prescribed; the recording and stock taking of medicines was inaccurate and did not follow good practice guidance.

The registered manager did not have a clear understanding of the Deprivation of Liberty Safeguards and as

such applications to the safeguarding authority had not been made for some people who met the criteria. Staff had not received updated training on the Mental Capacity Act, and mental capacity assessments had not been undertaken to determine people's abilities to understand the world around them.

The home continued to not always be responsive to people's needs. As found during our previous inspection, people had designated 'bath' days because staff did not have time to offer alternative times or more than one or two baths or showers a week. People could not recall being involved in reviews of their care.

At our last inspection we found some staff were unkind to people. During this visit we saw staff being kind, and people told us staff were caring. People were treated with dignity and respect, although sometimes staff did not ask people their views.

Since our last inspection there had been an improvement in the activities provided to people. There were now daily activities available and regular external entertainment booked.

At our last inspection, complaints were not managed well. We found there had been an improvement in how the manager recorded and managed complaints from people and their relatives.

We found there had been some improvements since our last visit. However, there continued to be a lack of oversight and timely action taken to ensure records, designed to protect and keep people safe, were accurate and up to date, and were housed appropriately to maintain the person's confidentiality.

The premises were clean and tidy. Checks were made to ensure gas, electric, water and fire systems supported people's safety. Staff understood how to prevent and reduce the risk of infection.

People enjoyed the meals provided to them, and received a good choice of food at each meal time.

Visitors were welcomed at the home.

The ratings for the home were displayed in the reception area of the home. There had been some quality monitoring since our last inspection but this had not resulted in sufficient action to improve some of the areas which required improvement at our last visit.

This is the second time in succession the home has been rated as requires improvement.

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 always safe.

People received their medicines as prescribed but the management of medicines was poor.

Risks related to people's care were not always recorded and information updated.

Staff were not always available to meet people's needs when required. Staff and leadership understood how to safeguard people from harm.

Recruitment procedures reduced the risk of employing unsuitable staff.

Checks on water, fire, electric and gas systems supported a safe living environment. The home was clean and staff understood what they needed to do to reduce the risk of infection.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not received all the training considered 'mandatory' by the provider, but had received supervision and support from the management team.

The home was not working fully within the code of conduct for the Mental Capacity Act and Deprivation of Liberty Safeguards.

People received meals they enjoyed and had a good choice of food and drink.

People had access to other healthcare professionals when required.

Is the service caring?

Requires Improvement

The service was mostly caring.

We saw staff being kind and caring to people, and people

confirmed staff were kind to them.

We saw people treated with dignity and respect.

Visitors were welcomed into the home.

Some confidential documents were not kept secure.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People continued to have prescribed 'bath' days and there was little flexibility if people wanted more than one or two baths a week.

Records did not always provide staff with up to date information to help them respond to people's current needs.

Since our last visit, the range of activities offered to people had improved, as had the management of complaints.

Staff had not received training to support them with people's end of life care.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There had been some improvements in the management of the home since our last visit, but the home continued to have breaches to the regulations.

Staff had an improving view of the management of the home but there continued to be some concerns.

Checks on medicines, care plans and risk assessments had not resulted in the necessary improvements.

The Lodge Residential Home

Detailed findings

Background to this inspection

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

We inspected this service because at our last inspection the home was rated 'requires improvement' overall, and had eight breaches of the regulations. The key question of 'well-led' was rated as 'inadequate' and this meant we needed to go back earlier to check people were safe and well supported in their care.

The inspection took place on 9, 10 and 16 May 2018. Our first visit was unannounced. One inspector and an expert-by-experience carried out the inspection visit on 9 May 2018. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector carried out the inspection visits on 10 and 16 May 2018. The registered manager was on annual leave during our first two visits. We went back to the home on 16 May to complete the inspection with the registered manager present.

Before our visit we contacted the local authority commissioners of the service to find out their views about the service. We looked at the notifications sent to us by the provider and any information from the public via the 'share your experience' page on our website.

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.

During our visit we spoke with six people who used the service and one relative. We also spoke with the registered manager, administrator, maintenance worker and five care staff. We looked at four care records,

medication records, two recruitment records, complaints records, accident and incident records, staff and relative meeting records, and health and safety records.

After our visit we were contacted by a relative who wanted to give us information about the service. We also spoke with a safeguarding officer from Leicestershire County Council.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 21 August 2017, we rated this key question as 'requires improvement'. This was because three of the Regulations had been breached.

Previously, the provider had not ensured there were enough staff to always meet the needs of people who lived at the home. This meant the provider was in breach of Regulation 18, of the Health and Social Care Act 2008(Regulated Activities) Regulations; Staffing. The provider's action plan informed us they had employed an administrator, and this provided the manager with more time to support staff when the need arose.

During this visit we found there continued to be staffing concerns and the provider remained in breach of the regulations.

The home had experienced a higher than expected level of staff absence, this included care staff and managers. The registered manager had been absent for two months between December 2017 and January 2018, and two of the duty managers had also taken time off work. This meant that staff continued to not receive as much management support as they needed, and the administrator, who was also a care worker had to support staff with care tasks.

Since our last visit, a high number of staff had left the home and this, as well as staff sickness, meant the registered manager had used staff from a care agency to help their own staff ensure people's needs were met, whilst they advertised and recruited for new staff. One person who used the service told us, "Six staff have been lost in last six months so things have deteriorated. I don't think staff are happy at the moment. They are always whispering to each other". Another said, "There are not always enough staff. They have to have agency staff and they are not up to the mark." A third said, "There's not enough regular and trained staff. All the residents would agree with me." A relative told us their relation got distressed by the changes in staff. They said their relation liked routine and seeing the same faces.

Staff told us there was a high usage of agency staff. They said there were some who were very caring and knew how to do their jobs well, but there were others who they did not feel supported people as well as they should. We looked at the rota for the week of our inspection and the previous week and found agency staff were on duty for most of the days checked. We were concerned this meant people were often supported by staff who did not know their needs well, and could not provide them with the continuity of care they received from the home's permanent staff group. However the registered manager informed us they tried to use the same agency staff who were familiar with people's needs.

Since our last visit, the provider's staffing 'tool' had identified the number of staff on duty for each shift during the day should be four; and the evening shift now had five staff to support people's needs. Despite this, we found during our visit there were very few times when people in the lounges had staff support. Staff told us it took them a long time in the morning to support people with their personal care needs and there had been a decline in the health of some of the people who lived at the home. This meant two staff now needed to support them when previously only one member of staff was necessary. Staff explained that not

only did they support people with their personal care, but they also had to strip and make beds; arrange the breakfast trays and make sure all the water jugs were filled, and this all took time.

We asked people if they had to wait for staff to be available to provide care to them. A relative told us, "I have asked them to take mum to the toilet. It can take ages, an hour sometimes"; a person using the service said, "You can buzz for help. It can be five minutes or can take an hour. This happened in the morning in February." A third person said, "Their response to my call bell varies. It depends what time I ring." The relative who contacted us after our visit told us they were concerned about staffing because their relation often had to wait for staff to help them get to the toilet and this was distressing for them. They said their relation was not the only one who experienced this. They told us the situation had not improved since our last inspection visit.

This meant the home continued to be in breach of Regulation 18, Staffing. The provider failed to ensure staff deployment met the needs of people with higher dependencies.

At the last inspection, the provider had not always ensured the risks related to people's care and treatment had been identified, updated and acted on. They also did not have sufficient knowledge about people. This meant the provider was in breach of Regulation 12, of the Health and Social Care Act 2008(Regulated Activities) Regulations; Safe Care and Treatment.

The provider's action plan informed us the care plans would be updated if changes occurred and would also be reviewed every month to ensure any changes had been identified and acted on.

At this inspection some risk and dependency assessments had not been updated since 2017, and others had not been updated for a few months. There were some improvements in the care plans, in that some changes in people's needs had been identified and the care plans had been updated. However, we found one person's needs had changed considerably and this had not been documented or updated in their care record for a year. The registered manager acknowledged this was a continuing issue and said they would do their best to update all the care records within the next month to ensure people's current needs were identified in their care plans.

One person had fallen badly earlier in May 2018 resulting in them going to the local hospital. This led to a safeguarding investigation by the local authority safeguarding team. Their conclusion was the person had not been safeguarded, as there had been neglect/an act of omission. This was because of a range of issues. The person had previously fallen in October and it had been agreed the person would benefit from having a pressure mat by their bed so staff would be alerted if they stepped onto it, and this would reduce the risk of falls. This hadn't worked as the person had stepped around the mat, so it was agreed the mat would go under the mattress. When the safeguarding team visited the home, the shift manager was not aware of this risk reduction strategy; and when the safeguarding officer checked the mat they found not only was it unplugged, but when they plugged it in, it was not working. They were also concerned at the poor recording in the person's file and the person's risk assessment had not been updated since February 2018.

At our last inspection we found there was no reliable system to inform the registered manager of the number and types of incidents occurring in the home so these could be monitored and action taken to address them. For example, a person had fallen a number of times but this had not been identified by the manager to take action to prevent or reduce the risk of future falls. The provider's action plan told us a new accident book had been bought.

At this visit the accident book was not being used. This was because the management team had found there

was not enough room in the book to provide all the information in relation to the accident or incident. Instead a report was written and filed in the person's care file and copied into the incident and accident log. We saw there had been a monthly analysis of the accidents and incidents which occurred in the home. However, when we looked at a recent accident which had resulted in the person going to hospital, we found this had not been transferred to the accident and incident log for future analysis.

At our previous inspection we found medicines had been managed safely. During this inspection visit there were a number of concerns in relation to the management of medicines. We found the tally of medicines administered was often inaccurate and meant that some medicines were not accounted for. For example, one person had been prescribed a box of 100 tablets of a strong painkiller. 100 tablets had not been entered on the medicine record. Instead, the record said that one tablet had been administered leaving a total of 79. This meant 20 of the pain relieving tablets were unaccounted for. Another person's medicine record told us at 5.42pm they had 95 paracetamol tablets remaining, but at 9.40pm there were only 83 remaining, which meant the person would have been administered 12 tablets. If the person had these medicines administered in the space of four hours, they would have been very ill. They hadn't, however it left 12 tablets unaccounted for.

We looked at the controlled drug register. This told us, for one person, there should have been four of the stronger skin patch medicines in stock. Two staff had signed these medicines into the home, but only three were available. This meant according to the record there was one controlled drug missing and unaccounted for. The registered manager checked this after our visit, and found that the person had been wearing one of these on return from hospital and it had been booked into the home incorrectly.

Good practice guidance was not followed when staff handwrote medicines on to the medicine administration records. They also did not always record the time and date of opening medicines to know when the medicine might expire.

Two medicine records were for a medicine which should only be used in the short term (4 weeks) and for insomnia. The prescription said, "Take one at night sparingly or not every night." This had been interpreted by staff to administer every other night, but they had not checked with the GP the correct administration so the person did not receive their medicines as prescribed or as required.

We looked at medicines administered on an 'as required basis'. We found there were medicine plans in place for people who received 'as required' medicines for pain. However, whilst the medicine plans detailed what signs and symptoms to look out for in relation to people experiencing pain; they were not related to the individuals concerned. We looked at two medicine plans for people who required medicines for pain. One had back pain and the other had knee pain. Neither plan detailed where the pain was located, informed staff to look out for generalised physical symptoms and assumed the person could not communicate their needs verbally. Both people who were taking this medicine were able to tell staff if they were in pain and whether they required pain relief. None of this was recorded.

We checked the temperature of the room which held the stock of medicines for people. We found in September and October 2017 and in the first two weeks of May 2018, the temperature of the room had exceeded the temperature of 25 C. This is the maximum temperature which most medicines should be stored in as any higher temperatures could impact on their effectiveness. The registered manager told us they would look at other options in housing medication so they could be stored in a cooler environment.

During our visit, we saw staff administering medicines wore tabards which informed they were not to be disturbed. We saw them routinely being disturbed by other people or staff requiring help or support. Staff

administering medicines should not be disturbed to enable them to concentrate in giving medicines safely and recording the administration of medicines accurately.

The home notified us in February 2018 of a medication error. A member of staff had accidentally administered one person's medication to another person. The person had become unwell after receiving the medicine and was taken to hospital for monitoring. We are awaiting further information about this incident.

Medicine checks were undertaken by the registered manager. We saw they had identified concerns with recording in February and March 2018 but there were no concerns with medication management identified in April 2018.

This meant medicine was not managed safely. The home continued to be in breach of Regulation 12; Safe care and treatment.

All the people we spoke with told us they received their medicines when expected. When the registered manager returned from leave, they undertook a full medicine audit and found further omissions and errors. They informed us they had called a staff meeting to discuss this with staff, and that they were going to start using the disciplinary procedure if staff continued to make errors once they had been informed of this at the meeting.

Previously, the registered manager had not reported safeguarding concerns raised by staff to the safeguarding authority or to the Care Quality Commission. This meant the provider had been in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safeguarding service users from abuse and improper treatment. The provider's action plan informed us that following our previous inspection all notifiable incidents would be reported to the CQC.

We asked staff whether they now felt that the registered manager responded appropriately to any concerns they raised. Staff told us they now believed the registered manager acted on the information provided and were no longer concerned potential safeguarding issues were not being addressed.

After our inspection visits we were informed by the local safeguarding team that a safeguarding investigation had concluded that a person's fall was an 'act of omission' by the provider.

The provider's recruitment procedures reduced the risks of employing staff unsuitable to work with people who lived in the home. References and Disclosure and Barring Service (DBS) checks were obtained before staff started work. The DBS checks whether people have a criminal record.

The provider and staff adhered to infection control measures. At our last inspection the registered manager had not implemented a system of monitoring infection control. The local authority had identified that there was no infection control lead in July 2017 and staff training was out of date. Although the registered manager told us that staff were due to receive training in infection control at the end of October 2017, no system had been put in place in the meantime to check that staff were providing care in line with the provider's infection control policy.

At this visit we found most staff had received training in infection control, and the home had identified infection control 'champions'. Staff understood the importance of infection control and we saw them using gloves and aprons appropriately to reduce the risk of transmission of infection.

We checked the provider's systems to ensure the safety of the premises. We found that checks had taken place to ensure water, gas, electric and fire systems were safe and well-maintained. Maintenance work was undertaken promptly, and equipment was serviced and checked routinely to make sure it was safe for people to use. However, we found whilst the maintenance worker checked the airflow mattresses worked properly; nobody had checked they were on the right setting for the weight of the person. When we visited the home on 16 May 2018 the home had put in place checks to ensure the mattresses were set correctly. The registered manager subsequently told us a mattress check had been put in place.

The home had systems for evacuating the premises in an emergency. Each person had a personal evacuation plan. The registered manager told us updated ones were kept in the emergency 'grab bag' near the front door, and information accessible for emergency services was in kept in the small office near the front door.

Requires Improvement

Is the service effective?

Our findings

At our last inspection on 21 August 2017, we rated this key question as requires improvement. There was a breach of Regulation 18 of the Health and social Care Act 2008 (regulated Activities) 2014, Staffing. This was because staff did not receive appropriate support to carry out their roles.

The provider sent us an action plan to demonstrate how they were going to improve staff support. They told us that staff would be provided with supervision four times a year and training would be updated as and when the staff needed their updates. We looked at the training matrix used by the registered manager to inform them of the supervision and training provided to staff. All staff had completed training to safeguard people from abuse, infection control, and moving and handling people. The one-year time frame for refresher training had recently expired for some staff. For other training such as 'end of life' care, 'food and nutrition', the Mental Capacity Act, and diabetes; there were a number of staff who had not received this training to support them with this knowledge. The registered manager showed us information which demonstrated this training had been booked and staff would receive this soon.

At our last inspection we found that staff had a limited knowledge of dementia care. During this visit we found staff had received training to support them in their knowledge of dementia, and had undertaken 'virtual dementia training'. This was where they were asked to wear items which would make it more difficult for them to hear, see and walk and this would create a sense of confusion. Staff told us this training helped them to have a greater understanding of dementia care issues.

We asked people what they thought of staff skills and knowledge. They told us that the permanent staff were knowledgeable and understood their responsibilities, but some felt the agency staff did not know what they were doing. For example, two people told us they had experienced agency staff not knowing how to use the equipment to support them. One person said, "Once an agency person took me for a bath and put me in the chair and left me suspended in mid-air. She didn't know how to bring it down. I told her to go and get someone." Another person said, "Three months ago they put me on the bath seat and it wouldn't come down. The agency man had to find a regular girl who sorted it. It was like being in a fair ground; it was going in all directions."

Staff had not received regular supervision and support as outlined in the provider's action plan. The supervision matrix told us that only one member of staff had received supervision since 2017. The other staff had been appraised of their work in April 2018, but had not received any other form of formal management support in 2018. The registered manager told us that staff had received supervision from one of the duty managers but this had not been recorded on the supervision record.

We recommend the provider reviews how they support staff in their role.

People's care and support was not always delivered in line with current best practice guidance to achieve effective outcomes for people. We found risk assessments had not been updated for over a year. Best practice would be to review people's care needs regularly and ensure staff had up to date knowledge of their

care needs and any risks they needed to be aware of in relation to their care. For example, staff weighed each person on a monthly basis to check whether people's weight had changed. This was so action could be taken if significant weight loss or gain had been identified. However, there was no system which identified for staff what constituted 'significant' to ensure referrals were made to the appropriate healthcare professional in a timely way. The registered manager acknowledged this and said they would change their policy after consulting with the relevant healthcare professionals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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 registered manager had contacted the DoLS team to discuss safeguards in relation to the care of three people. One had resulted in a DoLS safeguard being approved. However, when we looked through one of the care records checked, we saw this person lacked capacity and the registered manager told us if the person wanted to leave the home, they would be stopped from doing so because it would not be in their best interest.

Through discussion with the registered manager we were made aware they were not familiar with the updated guidance in 2015 about when a DoLS application should be made. We asked the registered manager to contact their DoLS team to discuss whether an application should have been submitted for this person, and for other people who had a diagnosis which meant they might not be able to agree to a deprivation of their liberty. They agreed to do so. The registered manager informed us after our visit that a further 12 applications were being made to the supervisory body.

The care records of people diagnosed with conditions related to memory loss, did not have mental capacity assessments for staff to know how well people could understand the world round them, how much they could do for themselves, and how much staff would need to consider supporting the person in their best interest. The registered manager said they would put in place mental capacity assessments for people who lived in the home so they could look at whether any changes in people's capacity had taken place during their time at the home and respond accordingly.

The provider had not used the Mental Capacity Act 2005, Deprivation of Liberty Safeguards where appropriate. This meant the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014; Safeguarding service users from abuse and improper treatment.

People at the home received good quality meals and choice. People told us they were asked for their choices the day before, but could change their mind on the day if they wanted something different. We saw the breakfast, lunch and tea time experiences and saw that staff supported people to eat at their own pace and made sure people ate what they wanted to. Breakfast was served to people when they came downstairs or in their rooms if they chose to have breakfast in bed. Lunch and dinner was served at set meal times.

Meals were served in a 'restaurant' style. People had choices of drinks on their tables, and had a choice of main meal as well as dessert. All food was prepared in the kitchen and desserts were home-made. We saw staff encourage people to eat a little more if they had not eaten much on their plate, but respected people's views if they had had enough to eat. People did not have to wait a long time for their meals to be served and we heard some good conversations between people whilst they were eating.

People told us fresh water was brought to their rooms each day, and there were enough drinks during the day to support their needs.

People had access to other health and social care services when needed. People told us they were supported to see their GP when the need arose. They told us they had seen the chiropodist and optician, although not everyone remembered being offered the opportunity to see the dentist.

We looked at the premises to see whether it met people's needs. The ground floor had three lounge areas which people could choose to use. One lounge had a television, but most people enjoyed sitting in the lounge without having the television playing. The lounge areas were bright and homely and there was enough space for people to move around. Passenger lifts were in operation to support people to move between floors.

The corridors were carpeted, and most were in good condition; however, the carpet leading from the lounge near a passenger lift was ruffled and could potentially be a trip hazard for people. Staff told us they sometimes found it difficult to move hoists over this part of the corridor because of this.

Technology was provided to support people's safety. For example, a key code door system was in place at the front door to reduce the risk of people leaving the home who would be unsafe to do so. Pressure sensor mats were also used to support people who were at risk of falling. These set an alarm off to alert staff if a person moved so they could make sure they checked on their safety. However, we found these were not always being checked to ensure they worked, or being plugged in by staff.

Requires Improvement

Is the service caring?

Our findings

At our last inspection on 21 August 2017, we rated this key question as 'requires improvement', and the home was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014; Dignity and Respect. This was because there were times when some staff were unkind to people, did not treat people with respect and did not always maintain people's dignity or confidentiality. Some signs in the home told people what they could not do, rather than positively point people in the right direction. During this visit we found improvements were still required, however there was no longer a breach of the Regulation.

The provider's action plan in response to these concerns told us that all staff were to receive equality and diversity training. It also said that staff supervisions and team meetings would address any issues identified. We looked to see if staff had received the equality and diversity training. We found that most staff had received this training but this was prior to our previous inspection visit. We had inspected the service on 21 August 2017 and the equality and diversity training staff undertook was on 17 August 2017. There had been no further training in this area since our last inspection visit, although the registered manager showed us that equality and diversity training was planned for staff on 17 May 2018.

Whilst staff had not received the training identified in the action plan, we saw staff were kind to people during our visit. At our last inspection we were told some staff could be nasty to people. All people we spoke with this time told us staff who worked at the home were kind. Typical comments included, "They are very nice, very kind", and "They are all nice people, caring."

The signs in the home which gave negative messages to people had been taken down. This time there were signs to inform people where the toilets were; and for those who needed extra assistance; signs to let people know where their bedrooms were.

Staff focus was on carrying out tasks to ensure people's personal care needs were met. We did not see staff have time to sit with people and talk with them for a meaningful length of time. Staff confirmed to us they did not often get time to sit and talk to people.

Sometimes when care workers came into the communal lounges they did not think to communicate with people whilst they were there. For example, we saw two staff come into one of the lounges where five people sat. This was a busy time in the morning when staff had been providing personal care to people. They were hot. One member of staff said to the other 'It's a bit warm in here, lets open the window.' They did not check with the five people who were sitting in the room whether they were also warm and wanted the window open.

During our visit we were made aware of an act of kindness by a member of staff. One person had been quite unwell for the previous few days, and the member of staff had bought them some flowers to help cheer them up. We saw one person become a little distressed because they wanted to go back to their old home. A member of staff treated this person with kindness and they reduced the person's anxiety.

The staff used different forms of communication to meet people's needs when necessary. We were told that most people in the home could communicate verbally and could read information given to them. One person had a hearing impairment which meant they could not always hear what staff said. When this occurred staff would write down what they were saying to assist communication with the person.

People told us their privacy was respected and staff knocked on their doors before they came into their rooms. Most told us that staff would then explain why they had come to see them, but one person told us that whilst staff knocked, they didn't always explain why they had come in to the room they, "Don't ask to do anything, they just get on with it." One person said, "I'm not embarrassed with staff, they are respectful to me."

People who did not require support could be as independent as they wanted to be. They told us they got up in the morning when they wanted and went to bed at the time they wanted. During the day we saw people chose where they sat in the communal lounge areas, and when they wanted to leave the communal rooms to go back to their bedrooms. However, those more reliant on staff support had to wait for staff to be available for this. For example, one person said, "I can do what I want and get up when I like and go to bed when I want. Sometimes I want to go to bed early, they (staff) don't like that." A relative told us their relation became distressed and anxious because they had to wait for staff to support them in going to the toilet.

Previously we found some staff did not respect people's dignity or confidentiality. During this visit we did not see staff being indiscreet; however, we saw confidentiality was compromised in another way. Since our last inspection, the registered manager had introduced 'room books'. These are books which staff completed which informed of the times they went into the room, the frequency of continence pad changes, and provided other information about the personal care given to the person. During our visit we found the 'room books' had been routinely left outside people's rooms in the bedroom corridors.

During our inspection visits we found visitors were welcomed into the home. We spoke with one relative who told us there was a friendly atmosphere in the home.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection on 21 August 2017, this key question was rated as 'requires improvement', and there were two breaches of the Regulations. These were Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014; Person centred care; and, Regulation 16; Receiving and acting on complaints. During this visit we found that whilst some improvements had been made there continued to be improvements required.

At our previous inspection visit we found complaints were not managed well. This was because verbal complaints had not been recorded, and some people found the response by staff and the manager to concerns raised was not to their satisfaction or appropriate.

During this visit we saw that complaints had been addressed when they arose and the outcomes had been documented. We asked people whether they felt able to complain. Most people told us they would go to the registered manager if they felt they wanted to complain, although a couple of people said they had previous experience of their complaints not being managed well. Two people said they were not aware of complaint information. We looked to see if there was any information about how to make a complaint visible to people or their relatives. We could not see any complaint information. This was rectified by our third visit to the home, where a poster had been added to the information near the reception area, informing people of how to make a complaint about the home.

The initial assessments of people's care needs were person centred and gave staff a good understanding of how to support people's needs in a holistic way, including their emotional, social and spiritual needs. The service tried to gain information about people's life history and their hobbies and interests. However, similar to our last inspection visit, staff could not rely on the care plans to provide them with up to date information about the person. For example, we were made aware that one person's health had deteriorated considerably in the last few months and the home had recently been informed by a healthcare professional that staff would have to care for the person differently in the future. Their care record reflected little of these changes. The permanent staff were aware of the person's needs but any agency or new staff would not know this by looking at the person's care file. The registered manager acknowledged this and said they would be ensuring all care files were updated within the month of our visit.

In recognition that communication had been an issue within the home, a communication book had been introduced for staff to write down any issues which needed communicating to other staff. We found this had not been used very much, the last entry being 8 February 2018. A more recent addition was a 'change' book. If staff noticed changes in people, they would write this in the 'change' book for all staff to be aware of, and this prompted managers to update the record. We saw this book was used more by staff to communicate changes. One member of staff told us, "We have a 'change book' so if something has changed we write it down in the change book and this is then changed in the care plan."

At our last inspection visit we saw that staff did not have information to help them understand what might trigger anxiety or behaviours which could be challenging in people who lived with dementia. During this visit

we saw a behaviour chart had been put in place to help staff with this. Whilst staff were recording the person's behaviours, they did not always analyse what happened before the person's behaviour changed. This might identify the trigger for behaviour change and help prevent or minimise a change in the person's behaviour in the future.

Previously we found people did not have the opportunity to decide when they wanted a bath or a shower. People told us they had allocated bath days and sometimes they were not offered the opportunity of having their bath if there were not enough staff on duty. During this visit we continued to find people had allocated bath days and people were mostly offered one bath time a week. One person we spoke with told us prior to moving into The Lodge, they would have a shower (because they could not get into a bath on their own) every other day, but now they had a bath once a week. Whilst their preference would have been more, they were accepting of this routine. Another told us what day their 'bath day' was. They then told us that only two weeks prior to our visit, staff came into their room and told them they could not have a bath because only three staff were on duty. They went on to say, "If you don't get it that day, you go without."

We told the registered manager about people's experiences. They said they always ensured the rota was covered and there would not have been a time when only three staff were on duty. They said they would discuss this with staff. The registered manager also told us the number of baths or showers each person had on a weekly basis, was determined by people during discussions about their needs. They said this was flexible with people being able to change the number of times they had a bath or shower a week, and the days in which they liked to have this.

We asked people and their relatives whether they were involved in reviewing the care the person received. One relative told us, "I've never been asked to review her care. I think she has a care plan. It's never been updated." People could not remember being involved in any reviews. One said, "I don't think so (to care planning). I don't know about a care plan," and another said, "Maybe I have a care plan, I'm not sure. They haven't discussed my care with me." A third told us that they had never had a manager review their care with them, but they went onto say they, "Always say let us know if you want anything done differently, so I guess it is up to us to say." The administrator told us that whilst they didn't formally discuss care plans with people, they would informally talk with people to check the home was meeting their needs and make changes when asked. The registered manager said they would look at how they could incorporate people's views about their care into the care plan reviews.

The provider did not involve people in planning and reviewing their care. Care plans were not always reviewed regularly, and people's preferences were not always identified and acted on. This meant the provider continued to be in breach of Regulation 9; Person-centred care.

We looked to see whether activities were made available to people that interested them. Since our last inspection, the new administrator for the service had taken on the role or organising activities for people. They told us they had arranged five major shows through-out the year, including 'The Rat Pack' and 'We'll meet again'. There were also organised activities each week including scrabble, bingo, arts and crafts, prayer and praise, and music and movement. Each Wednesday afternoon the home hosted a music act. A relative told us, "They do have good entertainment, three things in the week. I join in the Keep Fit to encourage mum." Another relative told us activities in the home had improved since our last inspection visit. One person said, "We do PE class and bingo." The administrator told us they were getting ready to have a big party to celebrate the up-coming royal wedding.

The registered manager also told us that staff volunteered to take people out of the home for walks and to go to the pub. The home paid them for this time, but it was not part of their contracted hours.

We looked at whether the home complied with the Accessible Information Standard by identifying, recording and meeting the information and communication needs of people with a disability or sensory loss. The leadership at the home had not heard of this, but through our discussion we found they met the needs of a person with a hearing loss through writing down information when the person found it a challenge to lip read or hear.

The Lodge provided end of life care to people. At the time of our inspection visit only a few staff had received training to support them with this role. The registered manager showed us a training plan which included training for end of life care in early June 2018. We saw that one person was moving towards the end of their life, and the home had received the appropriate information from the GP regarding this. However, there had been no planning to support staff in knowing what the person's personal preferences were to support their spiritual and emotional needs during the last phase of their life. The registered manager said they would work with the end of life nurses to help them improve on this area.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 21 August 2017, we rated this key question as 'inadequate'. This was because eight of the Regulations had been breached, including Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014; Good Governance.

At our previous inspection we found there was a lack of oversight at the home. The registered manager had not always reported safeguarding concerns and incidents; staffing was insufficient to meet people's needs; complaints were not managed appropriately; records were not up to date; and quality monitoring checks failed to identify areas which required improvement.

The provider sent us an action plan which detailed how they were going to improve the service. They also sent us a Provider Information Return (a document the provider sends to us which tells us what they do well and what they hope to improve) which asked them how they ensured the service was well-led.

During this inspection we found there had been sufficient improvement in the management of complaints, dignity and respect, and safeguarding people, to remove three of the breaches of the Regulations; however other breaches remain and are a continuation. This was because medicines were not managed well; care plans and risk assessments continued to need updating and DoLS had not been applied for people who met the criteria; there continued to be concerns about staffing; and governance of the home had not ensured the areas identified at the last visit were addressed within the six months since the last report was made public. The action plan provided to us after the last inspection visit, and the Provider Information Return, did not always reflect what we saw during this inspection visit.

The registered manager informed us of the challenges they had faced since our last inspection visit. They told us they had to take a two-month period of absence from the home, and both their duty managers had also had periods of absence. The previous deputy manager left suddenly in March 2018 and they had not yet replaced this person. They explained that six staff had left the service and this had also added to their challenges to improve the service.

The registered manager had increased staffing levels by recruiting an administrator which they felt would enable the duty manager to be more 'hands on' with people and provide them more opportunities to monitor the care and address any issues. The administrator told us they had started work at the home in October 2017 and had to spend a lot of time initially dealing with paperwork and records which had not been filed correctly and those which needed to be archived. This meant they were not as able to support the duty managers as expected.

The action plan told us the provider completed regular inspections when they visit the home and any areas identified are acted upon. We looked at the inspections undertaken by the provider. We found the provider had written one inspection report of their visit to the home, and this was in March 2018. The registered manager told us they had visited more often but had not documented their discussions. Staff, people and relatives told us they had little engagement with the provider. The provider's report made no mention of

talking with people or staff to gain their views about the service. The provider informed us they had made contact with staff, relatives and people during their visits to the home, and their contact details were available to staff.

We looked at quality monitoring within the home. At our previous inspection the registered manager acknowledged risk assessments needed to improve and identified a member of staff to start making immediate improvements. During this visit we found a number of risk assessments were not up to date and some were over a year old. Some files had been updated since our last visit but the registered manager acknowledged this required further work.

The action plan told us the training matrix would be kept up to date with all staff training. The matrix we looked at showed us that staff had not received all the training within the expected timescales.

The action plan told us quality surveys are sent to relatives, outside professionals, residents at the home and staff. We found one had been completed in November 2017 with six responses. The questionnaire was headed 'relatives' survey but we were told it included people who lived in the home also. We could not distinguish which ones had been completed by relatives, and which ones by people who lived at The Lodge.

We saw a residents' meeting had been held in October 2017 but none had been undertaken since then. We asked people if they had taken part in surveys or meetings. One person said, "I've never seen a survey form," another said, "I think they had a residents meeting some time ago. I've not seen a survey, I've never been asked my views." One person told us they had complained at a resident meeting that the cups used had changed from china tea cups to 'builders' mugs. They had been unhappy with the change. They told us, "They found them stored away. We have these now but only a few of us get them as there are not enough to go round." The registered manager acknowledged they needed to start planning for, and having regular meetings for people who lived at The Lodge.

At our last inspection there was no poster displaying the rating of the home. Once this was pointed out the registered manager ensured one was available to see. During this visit, we found the poster had been updated and the most recent rating was on display. However, since our last visit we had informed the provider the rating had to be displayed on their website; they were also reminded of this in February and still failed to display it. We spoke with the registered manager about this by phone after our second visit. When we looked again, prior to our third visit we found the ratings were displayed. This meant for six months, people visiting the website were not aware of the current rating of the home. The website also said the home was a family run business and still had the names of the people who had previously owned it. The provider is no longer a family run business.

We asked people what they thought of the management of the home. We had mixed responses. Two people told us they knew what the manager looked like but didn't know their name. One told us they thought the manager was 'competent' but another told us the manager was, "Nowhere near authoritative enough." A third person informed us the registered manager spent a lot of time in the office at the top of the building, whereas the previous deputy manager was, "Always on the ground floor so more involved". They went on to say the previous deputy was, "Good at keeping staff on their toes."

The registered manager and provider acknowledged the manager had not always been accessible to people and staff because the office was one of the attic rooms in the home. The provider visit report in March 2018 showed the provider had agreed for the registered manager to make more use of 'the snug' (a side room off of one of the main lounges) as an office. This would provide more visibility to people and staff. The registered manager told us they were spending more time on the ground floor to support staff in their work.

Staff were asked their views about the culture of the home. One member of staff told us the manager was trying to be 'more hands on' and spent more time on the ground floor with staff and people, but still felt they did not listened to staff and communication was still an issue. One member of staff told us the registered manager was 'trying their best' to make sure there were enough staff to support them. This member of staff felt things were improving in the home. However, another felt that staff were not being held to account for their actions by the manager. They felt because there were not enough checks, and staff were 'getting away' with not doing what they were supposed to do.

On the 16 May 2018 we met with the registered manager, who had been on leave at the time of our visits to the home. The registered manager told us they recognised not all the actions they said they were going to do, were completed. They said it had been a challenging time. They had to take an unexpected period of absence, as well as manage staff leaving the home and staff absenteeism. They said five new staff were in the process of doing their induction training and this would improve the continuity of care provided to people.

At our last inspection visit we found that those who were independent had a good quality of life, but those with higher dependency needs were not always having their needs met. During this visit we found this was still the case. We also found the audits and checks had not improved staff record keeping and had not resulted in many care records having updated risk assessments and care plans.

The provider's quality monitoring processes did not always result in the needed improvements to ensure people's health and safety was assured. This meant the provider continued to be in breach of Regulation 17; Good Governance.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Reviews of care were not always carried out with the person or their relative to ensure care and support provided met people's needs and reflected their preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always ensure the risks to the health and safety of people who used the service were assessed in a timely way, and actions were taken to reduce the risks. Medicines were not always administered accurately.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not applied for authorisation of Deprivation of Liberty Safeguards for people who may require them to be legally deprived of their liberty.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff deployment did not meet the needs of people with higher dependencies.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality monitoring processes did not always result in the needed improvements to ensure people's health and safety was assured.

The enforcement action we took:

We issued a Warning Notice to require the provider and registered manager to be compliant with Regulation 17 by 7 September 2018