

B & M Investments Limited

# The Lodge Care Home

## 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 Care Home is registered to provide accommodation and personal care for up to 45 older people, some who may be living with dementia. At the time of our inspection there were 42 people using the service.

The home is built over four floors, with a number of lounges and dining areas.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff with the correct skill mix on duty to support people with their required needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Effective infection control measures were in place to protect people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received an induction process and on-going training. They had attended a variety of training to ensure that they were able to provide care based on current practice when supporting people. They were also supported with regular supervisions and observed practice.

People were able to make choices about the food and drink they had, and staff gave support if and when required to enable people to access a balanced diet.

People were supported to access a variety of health professionals when required, including opticians and doctors to make sure that people received additional healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times. Care plans were written in a person-centred way and were responsive to people's needs. People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

Further information is in the detailed findings below

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# The Lodge Care Home

## Detailed findings

### Background to this inspection

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

This unannounced comprehensive inspection took place on 22 November 2018.

It was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 contacted the local authority and we checked the information we held about this service and the service provider. No concerns had been raised.

During our inspection we observed how staff interacted with people who used the service. We observed lunch, general observations and activities. Some of the people who used the service were living with dementia and were not able to verbalise with the inspectors, however, they responded by smiling and using positive body language.

We spoke with four people who used the service and three relatives of people who used the service. We also spoke with the registered manager, two deputy managers, two care assistants, a housekeeper, the maintenance person, the kitchen assistant a visiting GP and a visiting healthcare professional.

We reviewed two people's care records, five medication records, two staff files and records relating to the management of the service, such as quality audits and complaints.

# Is the service safe?

## Our findings

People continued to feel safe living at The Lodge. One person said, "Of course I'm safe, do you see how many safety gadgets there are to get in and out of this place, staff are on hand if you need them."

Staff had received training regarding safeguarding and were aware of their responsibilities to report any concerns. A deputy said, "I would report it immediately." They went on to say what and how they would report any suspected issues.

Within people's records we saw risk assessments. These were in place to keep people safe whilst allowing them to be as independent as they could be or wished. There were a variety of risk assessments in place including for; skin integrity, falls prevention and moving and handling. Risk assessments had been reviewed on a regular basis or required.

There were enough staff with varying skills on duty to support people with their assessed needs. The registered manager told us they used a staffing tool which allowed them to assess the needs of people and staff accordingly. One staff member said, "There are always plenty (of staff) always enough." Staff had been recruited using robust recruitment processes.

People told us they received their medicines as prescribed. One person said, "I have no concerns whatsoever, I am on medication, they give it to me regularly." Medicines were managed and administered safely. Only trained and competent staff administered people's medicines. The registered manager ensured staff training was kept up to date and observed medication practices. Medication Administration Records (MAR) sheets were seen and no errors found.

The Lodge Care Home was visibly clean and concerns were not identified in relation to infection control. People and their relatives commented that the home was clean and tidy. One person said, "My room is cleaned to a high standard." The provider employed housekeeping staff. There were plentiful supplies of Personal Protective Equipment (PPE) for staff use. Catering staff had received appropriate training to enable them to prepare, store and serve food hygienically.

The registered manager had systems in place to learn from risks, significant incidents or accidents at the service. Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers when required.

# Is the service effective?

## Our findings

People's needs had been assessed prior to admission. Care plans we viewed showed this had taken place. They had been completed with the person or where appropriate with their family or representatives. Care records were personalised and contained good information for staff to allow them to support people as assessed. Appropriate plans were seen that covered topics such as; communication, continence, personal care, nutrition and skin care.

Staff told us they had received training appropriate to their job role. A housekeeper we spoke with said, "Yes, I have good training." They went on to tell us they had received training specifically to their role for cleaning and using the products but also the same as the care staff as they worked face to face with the people who used the service. Observations showed that staff were able to use their skills and experience to meet people's needs.

People were supported to maintain a healthy diet. We observed lunch which people said they enjoyed. There were enough staff to support people. Drinks and snacks were offered at regular intervals during the day, and jugs of squash were in all lounges. One person said, "The food is very nice, good selection to choose from, they will make you something else if you don't want what is on the menu, like a jacket potato, or a nice salad, I have never asked for anything at night, I have never needed to, its sufficient what we eat throughout the day, offering tea, biscuits, fruit, all in-between our meals." The kitchen assistant knew who required a specialist diet and also people's likes and dislikes.

The GP visited on the day of our inspection They told us they visited weekly and if and when they were called. They went on to say the staff did very well, as a lot was expected from care staff now days. They were in direct email contact and they were called appropriately. One person said, "A doctor comes every week, if you're not well the doctor will see you here, I have not needed to be seen in an emergency but the staff wouldn't hesitate in calling a doctor if you were ill." Within people's care records was documentation that they had seen other healthcare professionals when needed. A Speech And Language Therapist (SALT) was carrying out an assessment during our inspection.

The premises had been adapted to meet the needs of people who lived at the service. The registered manager explained that there was ongoing work outside which would provide more secure and accessible garden areas for people to use. The home was decorated to a high standard, people's doors and walls outside their rooms were decorated with familiar photos and relevant memorabilia, and things related to their hobbies, for example one male resident had the football team he supported displayed on the wall next to his bedroom door, another resident who liked knitting had balls of wool displayed on her wall.

We observed staff seeking consent from people before assisting with any care. One person said, "Staff are very polite, of course they will ask permission before doing anything, they are very skilled at their job they are taught properly, the way they treat us is evident."

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

Staff had received training in MCA and DoLS, and had a good understanding of the Act. Staff supported people to make decisions for themselves and gave them as much choice and support as possible. Appropriate applications had been made to the local authority for DoLS assessments. There were notices displayed telling people of their right to use an advocate and how to access this if they required. This told us people's rights were being protected.



## Is the service caring?

### Our findings

We observed people being treated with kindness. One person said, "The staff are very caring, I am very independent, they will still offer to help with anything, they will say (name) you only have to ask and I can help you. They always knock on my door and wait for me to say come in, I do all my own personal care and they respect this. This is like being in a nice hotel. I think they know me as an individual, they know what my profession was, they know because they are interested and they ask you questions. They don't forget who likes to sit where and so on." A relative said, "My Mother at first, was anxious when she came here, but they settled her in very nicely, she's totally independent, but sometimes gets a little forgetful, for example my father has passed away and it was a huge grief for my mother, so the staff know how to respond when she asks where he is."

We observed one person appeared upset and they walked off to sit alone. A staff member left them for a few moments then gently approached them. They spoke in a caring and kind manner to find out why they were upset. They chatted for a while then offered a cup of tea. The person was happier and they went into the lounge to be with other people.

People had been encouraged to express their views and were involved in decisions about their care. Staff asked people at each step of care or support if they were happy to carry on and were given choices and options at all times.

One person said, "They (staff) are jolly, they are fun people to be around no matter what age they are, I could approach them for anything, and you might think a younger person might not comply, but no, they are all very well trained, respectful and genuinely caring." (this person questioned the CQC role, and the importance of them to inspect adult social care services, we explained why they CQC inspected, and a rating would be given to the home, she asked what the rating last time was we said the rating was good, she replied) "Well make sure you give the same rating because this place is excellent it's like being at home for me, that's how they make me feel."

We observed people's privacy and dignity being respected throughout our inspection. One person said, "I couldn't say any other that they are extremely caring and considerate, they respect people's privacy, they will ask permission before doing anything, you know like 'is it ok if I do this' they wait for the answer they don't rush people, I could ask them to do anything for me and they will, I have never seen an angry face, they are taught very well."

## Is the service responsive?

### Our findings

Within people's care records we saw that they had been involved as much as they had been able to be. Care records fully reflected people's needs and included guidance on the support a person needed at each stage of the day. They also included a life history which enabled staff to understand them and use in conversation. There was an overview on the first page of the care plan which outlined the person and their assessed needs. This enabled staff to have a quick view of their care without having to read the full document.

The provider employed an activities coordinator. They had a variety of activities planned which were advertised on a large notice so people knew what was on offer. People were supported to access activities and they told us they did not get bored. During our inspection we observed activities taking place. One person said, "I like to read I have books I do word search. We have quizzes and crafts, it's up to the individual you don't have to participate in anything you don't want to. I go out with my son for walks, there is a walking club here as well." A relative said, "There are always activities going on when I have visited, like karaoke, bingo, making things together."

The registered manager told us that a group of gentlemen had made friends and were called the gentleman's club. They liked to watch sport, so in response the registered manager had purchased a large screen TV which had been put on the wall in the bar room and was waiting for Sky TV to be put in so they could watch a variety of sports when they wished.

The provider had a complaints policy in place. People we spoke with knew how to complain but had not had cause to. One person said, "I honestly couldn't think of a complaint to give you I have none." A relative said, "I have never had to complain about anything." Where there had been a complaint it had been investigated and responded to appropriately following the providers procedure.

Within people's care records we saw a plan for end of life wishes. This had been completed with the person and or family members as appropriate. Some people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR's) plans in place. These had been completed correctly and staff were aware of who had them in place. The registered manager told us that people would be supported to stay at The Lodge if that was their wish. They would access support from the GP, local nurses and the hospice to provide support and any specialist equipment needed.

## Is the service well-led?

### Our findings

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.

The registered manager and provider had a clear vision for the service. The registered manager told us they were very well supported by the provider and their representatives.

The feedback we got from people who used the service and family visitors, was very complimentary of the staff and the way the home was run. People knew who the registered manager was as she was very visible throughout the home daily. One visitor said, "My mother has been looked after to the highest standard, she is bedbound, she has been here for five years, and not once had a bed sore. There has been a vast improvement when (name) the manager came. Staff are better trained, the home is much cleaner, it's definitely stepped up a level. The staff are genuine in their care and support towards my mother, I can't fault this home in any way."

We observed that staff and people spoke with the registered manager throughout the day. There was an open-door policy where people and staff could speak with any of the management team at any time. We observed this to happen on the day of the inspection. Staff and management were aware of their responsibilities. There were processes in place for staff to account for the decisions they made on a daily basis. Data was kept confidential, staff had individual log in accounts for the computers and paper files were kept locked in the office.

People, their relatives and staff had been involved in the development of the service. There were minutes from recent relatives meeting displayed. Items discussed included; the new electronic care plans, the cinema room and new residents and staff. Residents meeting minutes included; safeguarding, activities they would like and dignity. Some activity suggestions had already been put into practice. There was a residents meeting held on the day of our inspection. This was being run by a staff member from another of the providers homes so people could voice their opinions in an open way.

People who used the service had been asked for their opinions on any decorating. The registered manager told us they had wallpaper samples and all the communal areas wallpaper had been chosen by people who used the service.

There were effective arrangements in place for monitoring the quality of the service and the registered manager carried out a number of audits to give them and the provider a good oversight of the service.

The registered manager told us how they had learnt from a complaint they had received and had changes some working practices because of it. They were members of the local care providers association and the registered manager told us of the support available through them as well as additional training.

The registered manager and provider worked in partnership with other organisations, where appropriate, to provide the best support for people. These included local authority and multi-disciplinary teams.