

# Gemini Care Limited

# The Lodge

## 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

This inspection took place on 21 July 2016 and was unannounced. The last inspection of this service took place on 15 June 2015 when we rated the service as requiring improvement overall and inadequate in safety with a number of breaches of regulations. The manager of the service sent us an action plan within the laid down timeframe explaining how the service was going to improve.

At this inspection we found that many of those improvements had been put into place. However we were concerned that the staff were not receiving training in the Mental Capacity Act 2005 or receiving organised supervision as the action plan stated would be put in place. Furthermore, at this inspection we found there were insufficient staff on duty to provide the care and support required by the people using the service to keep them safe. The management staff were frequently providing direct care themselves which would also account for the difficulties involving training and supervision.

The Lodge can provide care and accommodation for up to 44 people older people including people living with dementia. At the time of our inspection there were 36 people using the service

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service did not feel safe and secure because there were insufficient staff working throughout the service. At times senior staff and the manager were required to support the care staff with the delivery of care. This impacted on the manager's time which meant that other aspects of their work were detrimentally affected. We discussed our concerns with the manager and informed the provider. Action was taken and the staffing numbers were increased.

People had their mental health and physical needs monitored. Staff had received training in how to recognise and report abuse. Staff spoken with, were all confident that any allegations made would be fully investigated to ensure people were protected. However, the staff considered for the service to be safe additional staff were needed on all shifts.

The service had made referrals and worked with the Local authority to support people who used the service with regard to Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). However, the service had not provided training with regard to (MCA) and (DoLS). This was something we had specifically required the service to do as a result of our last inspection.

The staff did receive some training such as first aid and safeguarding people of which they were pleased with the content. The manager had arranged an annual appraisal for the staff but the planned regular supervision as we required being in place was not arranged, although the action plan informed this would

happen. However we did see that the management team offered day to day support to staff, on the day of our inspection we saw the care manager providing on the spot support and advice for a member of staff.

Most people who used the service were content with the meals and staff supported people with their food and fluid intake. We saw that risk assessments and resulting plans of care had been recorded in the individuals care record. However, due to the lack of staff to organise the meal we found the mealtime somewhat taxing for people. The meal was served over two sittings and people and staff's view was that this was better than one sitting. However, people had to wait, sometimes over 40 minutes, from being seated to their meal arriving. We were concerned that while one staff supported one person with their meal for over 25 minutes, another person in the same lounge had to wait for their meal. This was due to the time it took staff to support people to the dining room and then be available to assist them with their meal.

Before moving to the service people took part in an assessment of their needs from which a care plan was written and reviewed.

Staff had worked with people to support them to have access to and be visited by healthcare professionals when they had been unwell and to attend appointments to maintain their well-being when long standing illnesses had been diagnosed.

There were systems in place for replying to people's concerns. There had been no recorded complaints since our last inspection. We did note there had been a number of compliments from relatives regarding the care provided.

Relatives told us that they had confidence in the manager and senior staff who they saw regularly. People living at the service, staff and visitors described the management of the service as open and approachable.

You can see what actions we have told the provider to take at the back of this report.

## 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 inconsistently safe.

There were not enough staff to support people at times throughout the 24 hour period.

Staff had a good understanding of how to recognise and report any concerns. The service responded appropriately to allegations of abuse.

The service operated a safe and effective recruitment system to ensure that the staff fulfilled the requirements of the respective job descriptions.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People received care and support to meet their needs.

The service had not provided the training required so that staff were not knowledgeable about the requirements of the Mental Capacity Act 2005 and Deprivations of Liberty Safeguards (DoLS).

Staff were not receiving planned regular supervisions.

The service worked with other professionals such as the Local Authority and GP to review care that people required.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by caring staff who respected their privacy, dignity and who knew people individually.

Staff spoke with people in a pleasant, professional and friendly manner and people were not rushed.

People who lived at the service and their relatives were involved in decisions about their care during reviews, and in the running of the home by participating in surveys and meetings.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support which was personalised to their wishes.

There was a complaints policy and procedure. People we spoke with told us they would be comfortable to make a complaint.

### Is the service well-led?

Good ●

The service was well led.

The management team were open and approachable.

The environment was checked regularly so that it was suitable.

People's care records were reviewed monthly as part of an audit and changes were made as required.

# The Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 21 July and was unannounced.

This inspection was carried out by two inspectors.

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. The service had provided an action plan of how it intended to improve as a result of our last inspection of 15 June 2015. We reviewed the previous inspection report to help us plan what areas we were going to focus on during our inspection. We looked at other information we held about the service including statutory notifications. This is information providers are required to send us by law to inform us of significant events.

During our inspection, we spoke with five people who used the service, two visiting relatives. We also spoke with the manager, the care manager, three members of staff and the provider by telephone. We looked at six records which related to people's care, we also viewed health and safety records including fire and water temperature checks and records regarding the safe running of the service.

# Is the service safe?

## Our findings

At our last inspection of 15 June 2015, we rated the safety of the service as inadequate and informed the service of a breach or regulation 12 of the Health and Social Care Act 2008. This was because we were not confident the service was assessing and managing risk to people using the service, in particular with regard to falls. At this inspection we saw that the manager and staff had improved this situation through training and falls were now being monitored, recorded and analysed. The service had appropriately sought the support of other professionals such as the local authority to assist with planning and the falls prevention service for particular advice regarding individual falls.

There were insufficient numbers of staff to keep people safe and meet their needs all of the time.

Some people told us they did not feel safe. One person said, "I do not see many staff sometimes." Relatives told us the staff worked very hard. One relative told us, "The staff are tremendous, but they are very busy." Staff told us that there were certain times of the day that were a struggle to manage on the current staffing levels – mornings and meal times. This was because the needs of people living in the home had increased and more people were requiring assistance with eating and drinking. Staff felt that they were often having to move from one task to another and that people would benefit from staff having the time to sit and talk to them.

People's dependency score were monitored however, the service did not use this to determine staffing levels, for example one person's dependency score had increased from 16 on 2 September 2015 to 20 on 4 July 2016. This meant that they needed more staff time to meet their needs.

There were six staff on duty for the morning shift; sometimes this included the manager, care manager or a team leader. During the morning we found people using the service in different lounges and some people were receiving care in bed either through choice or due to their condition. Many of the people would not be able to summon assistance due to their mental capacity, which meant that staff needed to be able to check on their well-being at regular intervals.

People requiring assistance with their meals remained sitting in the lounge area and were not assisted to the dining room to eat. There were four people in the main lounge that required assistance at lunch time; two members of staff assisted two people and one relative assisted a third person. The fourth person had to wait for one staff member to finish assisting someone else before they could have their meal meaning they had been waiting for over 25 minutes. The other staff were either with the GP or assisting people in what was referred to as the higher dependency lounge. This meant that the staff in the main lounge were assisting people to eat as well as having to respond to people sitting in the lounge who required immediate assistance. One person was repeatedly standing up from their chair, one member of staff had to repeatedly put down the meal that they were assisting with and go and encourage the person to sit down. In the end the member of staff moved the person to sit next to them and said, "Please sit down you will fall and we are very busy."

Although staff visited and walked through the lounge referred to as 'high dependency' because of people's

needs. We observed at times during our inspection there were no staff in this area. This meant that people were not being monitored and were at risk of coming to harm.

A member of staff explained to us that things had improved since the last inspection especially, with the training. However, there was no planned supervision and the number of people in the service had increased and the staffing levels reduced, usually there were six staff on duty for the am shift and pm shift and three for the night shift. Although the cleaning staff worked hard in the afternoon, care staff would do any cleaning required and would also take over the laundry from 2 p.m. This meant that the staff on the rota were not designated solely to providing care. They also considered that there was insufficient time for handovers, and to ensure all the information was exchanged it was not unusual for staff to stay on duty for over half an hour over their designated finishing time to handover information and record notes. This was supported by the other staff we spoke with.

Staff were aware that because they were busy providing direct care the senior staff were also frequently needed to be involved in direct care. We witnessed this on the day of our inspection. This was why supervision and not all of the required staff training was organised or delivered.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

The manager informed us that all staff undertook training in how to safeguard adults during their induction period and we saw there was planned and on-going training arranged for the year. The staff we spoke with were clear about how to report and understood the types of abuse people could suffer.

All accidents and incidents which occurred in the service were recorded and analysed. We saw at our inspection that the fire doors were checked to be in working order every week and all fire safety certificates were up to date. We also inspected the records kept for routine maintenance, manual handling equipment and water temperatures and they were all up to date or within acceptable limits. This meant that the service had steps to provide a safe environment in which people lived.

The manager had a safe policy and procedure for recruiting new staff to the service. A member of staff explained to us how they had been recruited. They had completed an application form, were aware their references had been checked after the interview and they had been given a job description and contract of employment. The manager explained to us the recruitment process and they followed the company procedure which included seeking clearance from the disclosure and barring service for each applicant.

Staff had been trained to administer medicines and they were stored safely in locked facilities. We looked at the arrangements for people's medicines. One person told us, "The staff bring my tablets to me, they are very good." A relative informed us that they had been concerned about their relative's medicine in the past, but since coming to The Lodge they were very pleased with the care. They were often present at times of medicine administration and thought the staff were kind and professional in the administration of medicines.

A member of staff told us about the training they had received to administer medicines. They also informed us about the importance of monitoring the storage temperatures of the medication rooms and the refrigerators on a daily basis. Records we saw indicated they were within the safe storage temperature range. This meant that medicines were stored at recommended safe temperatures.

We looked at medication administration record (MAR) charts for seven of the people living at the service. We



saw that people's MAR charts were easy to follow and were up to date, with staff having signed appropriately when they had administered each medicine. There were no gaps in any of the records we inspected. We saw an example of when a person had refused their medicines. Staff had gone back later to attempt to administer the medicines again in an effort to ensure the person received all their medicines as prescribed.

We saw accurate and up to date records for the receipt of medicines into the home and the return of medicines to the pharmacy. Bottles containing liquid medicines and packets containing loose medication had been dated upon opening, which meant the amount of medicine remaining could be accurately checked against administration records.

## Is the service effective?

### Our findings

At our last inspection of 15 June 2015 we rated the effectiveness of the service as requires improvement and informed the service of breaches in regulation 13 and 18 of the Health and Social Care Act 2008. This was because staff were not receiving planned supervision and because the staff had not been trained in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). We were also concerned about the documentation and if the service was complying with the above Act.

During this inspection we found that some improvements had been made. We saw the care manager provide supervision on the spot to support a member of the care team. However no planned supervision had provided in this calendar year. Staff told us they were just too busy for this to be arranged, meeting people's everyday care needs. The manager had received some training and had worked closely with the local authority, but the staff had not been trained. We looked at the documentation in place and were satisfied that they were in order.

The action plan supplied to the Care Quality Commission as a result of the last clearly stated that staff would receive training and supervision. Although there had been improvements the service was still not fulfilling this requirement,

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Although the staff had not yet received training in this area the manager had informed staff about MCA and DoLS at team meetings. Two members of staff informed us that they were aware that they started from the point of believing that people had capacity to make decisions. When they were unsure they had discussed this with the manager or deputy.

The manager informed us that training for the staff in MCA and DoLS was being arranged for the coming year. And that they believed that people who did not have the mental capacity to make decisions for themselves had their legal rights protected because they had received appropriate training and had shared their knowledge with the staff.

The manager stated that most people were able to make day to day immediate choices, which was supported by our observations and talking with people who used the service and staff. We saw that where this did not apply the appropriate documents regarding the Mental Capacity Act 2005 had been completed. Information had been clearly recorded in the person's care records to ensure all staff were aware of the person's legal status. The service had worked with the local authority to make sure people's legal rights were protected.

A relative told us. "The care manager knows [my relative] very well and we are very pleased with the care they provide."

The staff were given training to develop their knowledge and skills to deliver care to people. Three staff members explained how new staff were formally inducted into the home. Each staff member had a general induction and then at least three days of shadowing an experienced staff member before forming part of the official staff numbers.

Staff told us that they were expected to complete a range of e-learning training courses, for example health and safety, safeguarding and food hygiene. Staff confirmed that they did have practical classroom-based training for first aid and moving and handling. This meant that staff had the opportunity to complete essential training. The manager considered the training was effective and delivered as per the company policy. They considered as did the staff that some training was better when delivered by a person rather than e-learning and they would also look at this option as the delivery method of choice.

The manager showed us the induction training programme for new staff and we saw on-going training records for staff to have the skills and knowledge to meet people's needs. The impact of the induction programme was that new staff were supported into their role and given necessary knowledge and skills to provide care and support to people who used the service.

The service sought consent before care and treatment was provided. We noted that people inter-reacted with each other and staff always explained what they wanted to do and asked for people's consent before taking any action. We saw one member of staff explaining to a person they were about to move them with a hoist. They ensured they had the person's consent before using the hoist and communicated with the person and staff colleague throughout to reassure the person and take the lead of the process.

We were informed by the manager that the service worked well with other professionals, sought advice and acted upon it to make sure people's needs were met. We saw from the care records that professionals from other services, including mental health staff and district nurses, had responded to requests. They had advised the staff advising upon best practice to support staff to meet people's needs by sharing their knowledge. Care records showed that appropriate professionals had been involved in the review of care plans as had relatives.

We asked people about the food and they said there was always enough to eat and drink and there were snacks available throughout the day. One person told us. "The food is lovely and the staff are nice." Another person told us. "The meals are not as good."

The choice of that day's food was advertised on the noticeboard, although this was not correct. The information on the dining tables was accurate and supported with photographs of the meals and these could be shown to people living with dementia to enable them to make a choice.

The manager told us that they would raise the matter of meal choices and the quality with the residents and families at meetings and reviews to consider any necessary improvements. The manager explained to us that from discussions with families and staff members the service operated a two sitting meal. This was so that staff could support people appropriately to enjoy their meal.

One person told us. "They weigh me each month, to see how I am doing." A member of staff explained to us the importance of ensuring that people's diet and fluid was sufficient for them.

Each person had their nutritional needs assessed and met. The service monitored people's weight each month, or more frequently if so required. All of the care records we read showed that people were maintaining a stable weight. We saw that any concerns about a person's weight, food intake or swallowing

ability were referred to an appropriate specialist. This demonstrated that the service had acted effectively in asking a specialist to use their knowledge and support for the benefit of the people who used the service

People had their physical and mental health needs monitored. There were planned reviews and spontaneous reviews of the people's care in response to situations recorded in the care record. We saw that a sudden deterioration in a person's condition had triggered a review of their care needs and appropriate changes were made to the care plan. All care records showed people had access to healthcare professionals, including their own doctor, dentist, and chiropodists plus support from opticians and hearing services as required. Staff supported people to attend medical appointments outside of the service by attending the appointment with them, when asked to do so.

## Is the service caring?

### Our findings

At our last inspection of 15 June 2015 we found that the service was not always caring and was in breach of regulation 10 of the Health and Social Care Act 2008. At this inspection we found that the service had addressed the issue raised and we saw evidence of staff providing care and support to people that was dignified and empathic.

People who lived at the service were supported by kind and caring staff. One person said: "The carers are very nice to me I know all their names."

People told us that they had been asked what they enjoyed doing and the staff arranged activities with them. The activities coordinator prepared for bingo in the main dining room prior to lunch being served. One person told us. "I really enjoy my game of bingo." The staff ensured that everybody was ready, moving from person to person to check all was OK, adjusting curtains to keep the sun out of people's eyes. The activities coordinator explained that as well as one to one activities they provided group activities in line with the individuals care plan.

In the afternoon people watched TV in one of the lounges. The staff interacted with people and served drinks and biscuits. One person told us. "This is a regular event and we all enjoy it." All the staff were pleasant and communicated well, for example talking to people at eye level and using gestures to explain to people that with reduced hearing.

We saw staff engaged people with activities which stimulated conversation and laughter. We saw staff supporting people in a kind and unhurried fashion. Staff encouraged people with their mobility, using a walking frame to cover short distances and were appropriately supported by staff to return to their room. Some people found it difficult and others impossible to communicate by speech but we observed from their gestures and smiling they were confident in their reactions to staff.

All staff we spoke with had a good knowledge of the people they cared for. They were able to tell us about the individuals and aspects of their life history.

Staff had a good understanding of the needs of people with dementia and encouraged people to make choices in a way that was appropriate to each individual. People told us they were able to make choices about what time they got up and went to bed. One person said: "The home is lovely and clean and the carers are very nice and friendly. They will do anything for you."

People were supported to express their views. One person told us. "It never worries the staff what time I get up and sometimes I like a lay down in the afternoon, but the staff always ask if I am alright." The care plans we looked at showed that people had been involved in the creation and reviewing of the plan. One relative said: "The manager and the carers are lovely and I have no complaints whatsoever – never have." Another relative informed us that staff treated their relative with great respect, especially when assisting with personal care. The relative also confirmed they had attended the care plan review and was happy that the

staff kept them informed of events between visits.

People's dignity was respected. We saw staff escorting people to their own room to assist them to change their clothing with tact and diplomacy. A member of staff told us that they had received training regarding the promotion of people's dignity and rights. They told us about empathy and to always think what would it be like for you.

People's privacy was respected. All rooms were single occupancy. This meant that people could spend time in private if they so wished. Rooms we were invited to see had been personalised with people's belongings, including photographs, pictures and ornaments which all assisted people to feel this was their home. We noted that bedroom doors were always kept closed when people were being supported with personal care.

# Is the service responsive?

## Our findings

At our last inspection of 15 June 2015 we rated the service as requiring improvement with regard to being responsive. Our particular concern was that the service was not reviewing care in a consistent manner and also was not reviewing the care provided in response to an event. This had caused us to record a breach of regulation 9 of the Health and Social Care Act 2008. At this inspection we saw the service had improved and regular reviews of care were in place and incidents where changes of care needed to be considered had triggered care reviews.

We asked people who used the service if they thought the service was responsive to them. One person replied, "The staff always helps me." A relative informed us that their [relative] had deteriorated in their health and staff had responded to the increased care needs in a responsive and supportive way.

Throughout the time of our inspection we saw that staff responded appropriately to people's needs for support.

One person told us about how they met the manager before coming to the service and an assessment of their needs was carried out. All enquiries regarding using the service were individually responded to determine the person's need. The service would visit the person to carry out an assessment of need. The manager told us, that people were encouraged to visit the service and come for a day or meal on more than one occasion before making a decision to move to the service. We saw that plans of care were written from the assessment and were then further developed into a care plan with the person in the first few days of coming to the service.

The care staff that we spoke with were knowledgeable about the care needs of the people they supported. This meant staff were able to support people in line with the information contained within care plans that reflected people's needs and were kept up to date.

We saw eight care plans which were presented in a consistent and user-friendly format and contained a full assessment of people's needs. Care plans had been developed from the assessments of need that covered important areas of care such as personal care, mobility and dietary requirements. The care plans had been reviewed on a monthly basis.

Each person who lived at the service had been involved with recording their life history. We saw that this identified what was important to people and was further demonstrated by the personal memory boxes people had outside their room. The care record contained information about people's preferred daily routines. This meant that staff were able to provide care that was personal to the individual.

One person informed us that the staff were highly responsive to requests and grumbles and through this attentive approach and care, matters did not escalate to a complaint. A relative explained to us that they had never needed to make a complaint and they found the staff helpful to any issue they raised at the time.

The service had a complaints policy and procedure which was available and within easy access to all people that used the service. People who lived at the service informed us they would have no hesitation in complaining if the need arose.

Staff at the service had worked closely with one person, their family members and local medical professions when they appeared unwell. As a result of their observations and response to their illness the person had received a prompt diagnosis and treatment had begun immediately. The care provided was being reported to the social worker on a daily basis to monitor if the service could continue to meet the person's needs

The service had a meeting room for use by family members or visiting professionals and a large garden. Unfortunately on the day of our inspector when the weather was pleasant nobody used the garden and this was put down to the staff being busy and focusing upon direct care duties.



## Is the service well-led?

### Our findings

At our last inspection of 15 June 2015 we rated the service as requiring improvement in well-led and because of the overall lack of systems and processes recorded the service was in breach of regulation 17 of the Health and Social Care Act 2008. At this inspection we saw that there had been an improvement and the manager had implemented a number of systems and processes to better manage the service.

A person told us, "I see the manager often, most days they come around, so you can talk and discuss anything that you wish." A relative told us, about the care and support the service had provided when their relative had been admitted to hospital and discharged back to the service. They said "The manager and staff could not have done more and been more helpful to them." Two members of the care staff said that the manager was approachable and often worked with them to provide direct person care. They saw this as good positive leadership.

We discussed with the manager these positives examples but with the balance of having sufficient staff on duty to ensure that they spent appropriate proportions of their time providing direct care with the overall duties of the manager. They said they would discuss this as a matter of urgency with their manager. The manager informed us the next day that the dependency levels for each person had been recalculated to determine the required staffing levels, the result being that the overall establishment was increased by two people. Their manager had authorised them to recruit to these positions immediately and for the staffing levels to be reviewed monthly and also with any significant change in anybody's dependency needs.

The service was working on continuing to improve an open and empowering culture. There was a whistle blower policy of which staff were aware. The service encouraged links to be built with supporting professionals and also the local school and religious organisations. The service undertook weekly checks of the environment including fire safety. We noted that the fire-fighting appliances were within date and the service emergency lighting fire doors were checked to be in working order appropriately.

There was a management structure in the home which provided clear lines of responsibility and accountability. There was a manager and a care manager in post. The manager met regularly with the provider and they were available by telephone for support. The manager was developing a monthly report regarding aspects and issues of the service for discussion with their manager to discuss and manage challenges and issues. The intension of this report was that the provider and manager could work together to resolve problems and to support the smooth running of the service.

We observed that staff had a good knowledge of the people who used the service and people were very comfortable in their presence. The manager explained that part of their role was to tour the service each time they were on duty and to have time to check people's well-being. Staff we spoke with found at times the work was demanding and wished for additional staff to support them on a day to day basis, which would release the manager's time so that they would be able to support them better by providing training and supervision.

The manager and senior staff carried out quality assurance and monitoring systems which had been put into place to monitor care and plan on-going improvements. The maintenance team worked closely with management colleagues carrying out audits and checks to monitor safety of the service which included lifting equipment and checking that water temperatures were within acceptable ranges. We noted how the auditing information was recorded and shared between staff so that action plans to resolve problems as they were identified were clear.

Relatives and friends were invited to attend meetings, including reviews with the person's consent. We saw that care plans were discussed and plans changed accordingly, which were then signed. This meant the service communicated with people in an open and transparent way and people's views were recorded, considered and acted upon. There were also regular staff meetings. Staff members told us that there was an open door style of management and they could raise matters freely at any time. Staff meetings were a valued opportunity to do this so that information could be shared and discussed as a team.