

The Lodge Romford Ltd

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

This inspection took place on 1 and 3 August 2017 and was unannounced. The service had recently transferred to a new provider, The Lodge Romford Limited, and this was the first inspection since the change of provider.

The Lodge Care Home is registered to provide personal care, including respite care, for 94 older people some of which may have palliative care needs. On the day of our visit there were 89 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 premises were clean, tidy and regular maintenance and health and safety checks were carried out. Risks to people, such as falls and certain behaviours were assessed and managed. The provider reported falls to the local authority and notified the CQC of any serious incidents or injuries.

People and relatives commented the service was a safe place and did not have any concerns regarding how it was managed. However, we made a recommendation about ensuring staff followed correct procedures when administering medicines to keep people were safe.

There were enough staff on duty to meet people's needs and the provider was recruiting more permanent staff. The provider carried out appropriate checks on all new employees before they started working at the service.

Staff received training on how to keep people safe and were able to describe the actions they would take if they had any concerns about people's safety. The provider also had a whistleblowing policy which staff were aware of and said they would not hesitate to use.

Staff ensured people had access to appropriate healthcare when needed and their nutritional needs were met.

Staff had a good understanding of how to support people who lacked capacity to make decisions for themselves. The provider had systems in place to support people who lacked capacity to make decisions for themselves. Staff received training in the Mental Capacity Act 2005 and in other areas. This helped to prepare and develop them with skills to look after people who lived at the service.

Staff received regular support through one to one meeting with their line managers. Their work performances were reviewed on a yearly basis.

People were treated with dignity and their choices were respected. Staff encouraged people to be as independent as possible.

People received personalised care and support, to ensure their individual needs were met. They were encouraged to participate in activities or pursue any hobbies and interests.

People and relatives were able to make complaints and have them investigated. We made a recommendation about ensuring people's clothes are returned to them after being taken to the laundry.

The provider had systems in place to monitor the quality of the service provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. The premises were clean, maintained and infection control measures were in place.

Risks to people were identified, assessed and managed. There were policies and procedures for safeguarding people who used the service.

The provider had safe recruitment processes in place and there were enough staff to meet people's needs.

People received their medicines safely from staff who were trained to do this.

Is the service effective?

Good ●

The service was effective. People received care and support from staff who were trained and supported to meet their individual needs.

When people did not have capacity to make decisions, staff acted accordingly and in line with current guidance.

Staff monitored people's health and wellbeing and sought advice or guidance from healthcare professionals.

Is the service caring?

Good ●

The service was caring. Staff knew people well and they provided care with kindness and compassion.

Staff respected people's rights and people were involved in making decisions about their care and support.

People were treated with respect and their independence was promoted. People's care needs were monitored regularly.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care plans were person centred and contained information about people's preferences.

People were encouraged to participate in activities and interests of their choice.

People and their relatives were able to express their views and any complaints and concerns were addressed by the management team.

Is the service well-led?

Good ●

The service was well led. There was an open culture within the service and the management team was available for advice and support.

Quality assurance systems were in place to monitor the service and help drive improvements.

The views of people, relatives and professionals were sought and feedback was analysed.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on 01 and 03 August 2017 and 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, we reviewed all the information we held on the service such as previous inspection reports and notifications. A notification is information about events that by law the registered persons should tell us about such as safeguarding alerts and serious incidents. We also obtained feedback from the local authority for their views on the service.

During the inspection, we spoke with 11 people who used the service, six relatives, the registered manager, three care managers, seven members of care staff and two healthcare professionals.

We looked at a range of records, which included ten care plans, accident and incident records, daily logs, menus, communication logs, healthcare appointments, capacity assessments, staff files and staff training records. We also looked at other records relating to the management of the service including health and safety records, staff rotas, audits, and medicine administration records.

Is the service safe?

Our findings

People felt safe at the service and did not raise any concerns with us. One person said, "Yes, I am happy here and I lock my door if needed." Another person told us, "It is safe and if it is dark they put on lights. I have an emergency button if I hear strange noises." Most relatives were also happy with the way staff looked after their loved ones. One relative said, "Yes [family member] is happy with their room and happy with the staff. They relate very well with the staff." Another relative we spoke with told us, "Yes it is a safe place. The whole environment really helps with carers on hand. It's very quiet and homely."

During this inspection, we saw there were sufficient numbers of slide sheets and other equipment, such as hoists, available for use. Slide sheets are designed for the safe sliding, transfer and repositioning of people when they are on a bed. They are usually placed underneath a person. People that required them had their own sheets in their rooms. The service was tidy and largely free from obstructions that could pose a safety risk to people. The premises were cleaned daily and we saw suitable infection control practices to ensure any smells and spills were cleared immediately. We saw regular environment and equipment safety checks were completed, such as fire safety and electrical equipment.

There were policies and procedures to protect people from the risks of harm or abuse. Staff were able to recognise possible signs of abuse and knew who to report any concerns to. They received training in safeguarding adults which was also discussed during staff meetings. The management team and staff understood their responsibilities to protect people from the risk of harm. The registered manager said, "We are very transparent when it comes to safeguarding. We report everything as we have lots of vulnerable people here."

The provider had policies and procedures in place for staff to follow to ensure people received their medicines safely. This included any medicines given covertly, without the person knowing and any controlled drugs (CD). Medicines were stored securely in a locked room and were disposed of safely and appropriately. There were regular checks to ensure people had received their medicines and people had sufficient medicines. Staff who administered medicines had been trained to do so.

One person said, "The staff make sure I have my medicines on time." A relative we spoke with told us, "My [family member] gets their medication regularly and it helps and calms them."

We observed two medicine administration rounds which were carried out by two senior staff, to ensure that they were completed safely and carefully. However, when we checked Medicine Administration Records (MAR), we noted a gap where a medicine was not recorded after it had been given to a person earlier in the day. The care manager who administered the medicine told us it was an error and that audit records would have checked for any discrepancies or gaps later in the day. We did not find any other errors or gaps in records. We brought the error to the attention of the registered manager. They spoke to the staff providing medicines and assured us that it was a very rare mistake. However, we recommend that the registered manager reminds all staff to follow the correct medicine procedures for the safety of people who used the service.

All people in the service had risk assessments, which identified what the risks might be to them, such as with their mobility and risk of falls. Steps that were needed in order to reduce the risk were in place. We found that risk assessments were reviewed and updated to reflect any changes in people's needs. The provider reported incidents such as falls to the local authority and sent notifications to the CQC.

There was a system in place to record accidents and incidents within the service. We saw records of investigations and actions that had taken place following any incidents, which were carried out by the management team. Prior to our inspection, we received information from the local authority that an investigation was taking place to look at the high number of falls people had in the service. We also received some concerns from relatives about this. However, the investigation concluded that the service managed falls effectively and that these types of incidents happened because many people with severe dementia were mobile and did not have restrictions in place. It was highlighted that the premises and environment required some alterations and the provider was complying with any further recommendations and actions set by the local authority.

The service has two floors and is split into units depending on the levels of need in each unit. The provider ensured the environment was safe for people, staff and visitors. The registered manager told us they were planning to make the environment more suited for people with dementia, such as by replacing patterned carpets that could affect a person's vision and we saw that there were plans in place for this. Gas, electric and water services were maintained and checked to ensure that they were functioning appropriately and were safe to use. The temperature of the water was checked to ensure the water was not too hot or cold for when people had a bath or shower. Equipment and machinery, such as hoists and assisted baths were maintained and serviced as per the manufacturer's recommendations.

A fire risk assessment was in place and staff were aware of the evacuation process and the procedure to follow in an emergency. Each person had a Personal Emergency Evacuation Plan (PEEP) to ensure they were evacuated safely according to their individual needs. Records of water, refrigerator and freezer temperatures were available to ensure they were kept at suitably safe settings. We also saw that checks were carried out to ensure that food was kept fresh and was not out of date in accordance with food hygiene guidelines. Kitchen staff we spoke with had received food hygiene training. We saw the kitchen environment was clean with meals being prepared safely using appropriate equipment.

People and their relatives felt there were enough staff around, although one person said, "Staff get over tired. I think we need more staff." A relative felt that the service managed their staffing levels well and said, "No one is neglected from what I can see both during the day and night. Sometimes there are pressures when staff are on holiday or off sick but that's normal. They are very experienced and provide excellent care."

There were sufficient numbers of staff to meet people's assessed needs during the day and night. Senior care staff were always present on each shift. The provider had a system to ensure there were enough staff on duty depending on each person's care needs. The registered manager said, "We are a very large home so we plan in advance how many staff we need for each day. If we need to book agency, we do it a day before. We are planning to not use agency staff in future." We noted that the provider was in the process of recruiting permanent staff and had used agency staff to fill any gaps in the staffing rota. Rotas we viewed showed if additional staff were required on particular days in the forthcoming weeks.

Staff told us they were happy with the numbers of staff working on each shift. One member of staff said, "Sometimes we need to call agency when someone calls in sick but it is not often." Another staff member told us, "We always have the correct staff numbers. Sometimes we might have to wait an hour for agency

staff to arrive but it's never a problem. Plus the managers are here to help out when needed."

The provider had a system in place to ensure only suitable staff were recruited to work with people who used the service. We looked at staff files and found a number of checks were undertaken before staff started working at the service. This included, obtaining references, checking if they had any criminal records with the Disclosure and Barring Service (DBS), checking their identification and that they were legally permitted to work in the United Kingdom. The registered manager told us that due to a change in the provider's registration, they would also be acting as a nominated individual, which meant they would have more responsibility for the overall management of the service. The registered manager informed us that a refresher check of their DBS status was in progress and that they would also run refresher checks on all staff who had not had their DBS rechecked for more than three years. This would ensure staff were still safe to work with people and provide care.

Is the service effective?

Our findings

People were happy with the staff and the way that care was provided. Comments from people included, "Marvellous, very, very good team," "Excellent, quick to sort out problems" and "Yes, most of the time things are done very well." Relatives were also happy with the way their loved one was looked after. One relative said, "Really good. We get plenty of feedback about their health. They are very caring and patient."

There was a training programme for all staff to ensure they had the skills to meet people's needs. New staff went through an induction process when they started working at the service and received training on essential topics. From the training records, we saw staff had access to a range of training and completed a number of training courses in areas such as dementia awareness, medicine administration, manual handling, safeguarding adults, Mental Capacity Act 2005, palliative care and first aid. Staff told us the training provided them with the skills and knowledge needed to help them in their roles. One member of staff said, "The training we get is excellent. Really good. The manager provides us training courses and teaches us." Another member of staff said, "I am new and have been here only a few months. I received the training and induction I needed to help me in the job. I have really enjoyed it."

After discussions with the local authority, the registered manager had plans to further develop training by using a Virtual Dementia Tour, which helps care staff learn to walk in the shoes of people living with dementia. This meant they would see and learn how certain environments could increase the risk of people falling. The registered manager told us it was a highly valuable and helpful training aid.

Staff received regular supervision meetings with their line managers to discuss their work and any issues they might have. They also received a yearly appraisal where their work performance was reviewed and any areas for development were identified. Staff felt supported by the management team and told us they were provided guidance and advice from senior staff.

Staff had knowledge of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA and they were compliant. Applications for DoLS were made to the local authority when people were assessed as being deprived of their liberty. Records showed that the registered manager monitored the progress of people's DoLS applications to ensure people's current DoLS agreement did not go beyond their expiry date. Staff were familiar with the processes and principles of the MCA and DoLS and had received training. We saw records of how people's best interests were assessed if the person lacked capacity to make certain decisions about their care and support. People gave their consent to care being provided to them and signed consent forms. We saw in

people's care plans that the service had carried out assessments of their mental capacity and how decisions had been made on people's behalf.

People were supported to have sufficient amounts to eat and drink and their nutritional requirements were met. Staff weighed people regularly and we saw records of Malnutrition Universal Screening Tools (MUST), which were used to measure any nutritional risks to a person such as malnutrition or weight gain. A relative we spoke with commented on how the service was proactive in monitoring their family member's health and nutrition. They said, "After having an operation, my relative had a reaction which caused vomiting. At the home, they were already preparing fluid and food charts and checking weight records. It was in place without us asking."

Staff were aware of people's likes and dislikes and if they had any special dietary requirements. For example, staff told us that some people needed a soft diet and we saw these were provided. We saw records were kept of what people had eaten each day and menus were available for each day of the week, which people were made aware of. People chose what they would like to eat from the menu or they could have another meal of their choice. Menus were displayed in corridors and dining rooms for people and relatives to view.

During our inspection, we observed a lunchtime service on one of the units. Meals were served on tables that were set appropriately with cutlery and napkins. People were able to have their meals without assistance, although some people required help from staff. A person told us they were happy with the choice of food and drink. They said, "I like the food, it is what I like." Another person said, "The food is very good here, I like my glass of wine with my dinner." People were provided with a balanced and nutritious diet. They were given choices for their main meal and dessert if they wanted it. We saw two people request an alternative dessert which was provided by staff. Staff ensured people had enough to drink and also asked if they wanted more food. We noted food was prepared and cooked well. One person said, "There's good food. The meat from the local butcher has improved things." Other comments about the food included, "The vegetables are delivered fresh" and "Yes it is cooked well but some weeks are better than others." A relative said, "We have meetings to discuss meals. My [family member] gets an evening sandwich which [family member] chooses."

Staff supported people to attend healthcare appointments and knew how to respond in an emergency. One member of staff said, "If someone has hurt themselves, I press an emergency buzzer for a senior manager to come. We assess what's happened and call an ambulance. We make sure we have a hoist at hand in case we need to help them up." Records of visits from emergency services, health professionals and referrals to them were logged, along with any recommendations for treatments. We saw that healthcare professionals, such as their GP visited the service weekly to check on people's health. We spoke with both the GP and a district nurse during our inspection. They told us the service was managed well and people were looked after and cared for. The GP said, "The staff in the home are very helpful. They know the residents well and follow the correct procedures. People are cared for and well looked after. I do not have concerns about the service." The district nurse also told us they visited the service regularly to administer certain medicines, such as insulin and treated people who had pressure sores. They said, "I think it is a good service. The staff help us with patients and they know what they are doing."

People and relatives told us the service was "very well supported by health professionals." One person we spoke with confirmed that they were able to see the GP. They told us, "The doctor's round every week on a Thursday. I had a fall; the staff helped me up and called the GP. They arranged painkillers from the chemist which was delivered." Relatives told us the service ensured their loved ones were looked after by staff and health professionals. One relative said, "After my [family member] had a fall the staff responded immediately, took them to hospital and kept us informed." Another comment from a relative was, "The

doctor is in every week and if I am worried about [family member], they are put on doctor's list to see them. They have also arranged a chiropodist for them."

Is the service caring?

Our findings

People and relatives told us the staff were kind, friendly and caring. They told us staff treated them with dignity and respect. One person told us, "Oh yes. If you need anything, they will help." Another person said, "The staff are caring because they are very attentive." Relatives were satisfied with the level of care received by their family members. Comments included, "Staff are extremely caring, friendly and supportive;" "Really good here, very caring and patient" and "The staff enjoy caring for my [family member] and making a fuss of them."

We saw that people were appropriately dressed during the day and they were free to spend time in their rooms, outside or in the communal areas. People's relatives visited them and we noted a calm, quiet and relaxed atmosphere throughout the service. Staff were friendly and knew people well, including their likes, dislikes, preferences and care needs. We saw staff being patient and considerate when supporting people such as when assisting them to eat their meals or when attending to their needs.

People and their relatives felt comfortable around staff and knew who the senior staff were. A relative of a person staying in the service told us staff had a "good attitude" and that they were "happy with the care and attention my [family member] receives." Another relative said, "My [family member] has stayed here for five years and I have no complaints at all. Everyone here is very caring, approachable and friendly." A third relative told us, "The staff are friendly, helpful, caring and supportive." Other comments from relatives were, "First class, always, very accommodating always, a smile on their faces" and "One thing I notice staff are very kind and happy here."

People were able to call for assistance by pressing a call bell attached to their beds. Staff were alerted and responded promptly. This showed that staff were caring and did not wait too long before checking to see what help a person required. Some people required checks every fifteen minutes by staff and some every four hours depending on their care needs, for example, if they required turning. All checks were logged in care plans. Staff knocked on people's doors before entering their rooms and addressed them by their preferred names. Staff treated people as individuals, respected their rights and allowed them to make decisions. One member of staff said, "When providing personal care, I check people are comfortable, make sure they are covered and close curtains and doors."

Each person had their own room which was set up according to the person's needs. The bedrooms were clean, furnished, homely and personalised with people's photographs and any items that were important to them. Staff promoted people's independence as much as possible. One person said, "No one keeps coming round to bother me. They allow me to look after myself." A relative told us, "The staff understand our needs and they let me stay as long as I want to be with my [family member]." Care plans described people's levels of independence and any risks associated with it. For example, one person's care plan said, "[Person] can walk independently around the home but staff to ensure they are familiar with their surroundings and provide guidance."

Prior to our inspection, we received information that people were not provided with baths or showers when

requested. However, people and relatives we spoke with confirmed that staff supported them or their loved ones to have a bath or shower. Records in people's care plans showed how often people were supported to do this, whether it was once a week or more frequently. A member of staff told us, "We do our best to accommodate people's wishes. It is their choice how often they want to have a bath and we go by their preferences. If they want one everyday, we will help them with this as much as possible." The registered manager said, "Some people have them three times a week or every morning. We never refuse."

People had DNR (Do Not Resuscitate) and CPR (Cardiopulmonary Resuscitation) forms where applicable, which meant that they confirmed they did not wish to be resuscitated should they fall into cardiopulmonary arrest. Where this was the case, a label was inserted on the front of the person's care plan folder to remind staff and enable them to identify people more quickly.

Some people were supported with palliative care, which meant they had a terminal illness and were reaching the end of their life. We found that staff ensured people were comfortable, were cared for and regularly checked up on. Support was received from health professionals and local hospices who provided advice to staff on managing people's end of life care sensitively and in accordance with their wishes. Information was provided to people and relatives about how the service could support them and requested any further details in order for them to provide "quality dignified care."

Is the service responsive?

Our findings

People and relatives told us the service was responsive to their needs and provided them with choice in the things they could get involved in. One person said, "Yes, they do respond quickly, in an emergency especially." Another person told us, "The carers listen to me definitely and they help me when I need something." Relatives we spoke with were satisfied with how the service managed queries and concerns. One relative said, "The manager is helpful. I can go to them if needed." Another relative told us, "There is plenty on offer in the service and the staff respect [family member's] freedom of choice and encourage them."

The provider had an effective system in place for receiving and responding to complaints. The complaints procedure was available to people and relatives, who told us they knew how to complain. One person said, "I would go straight to the manager." A relative told us, "First port of call would be the senior carers or direct to the manager. I have no cause to complain. They staff help us without a doubt." Another relative said, "They listen and respond 100 per cent."

We saw that all complaints were logged, acknowledged and responded to appropriately with a formal letter from the registered manager to the complainant. Records to show people and relatives were satisfied with the response after they were contacted following resolution of the complaint were available. Investigations into serious complaints took place and a detailed report was produced, which included action taken to prevent similar incidents in future.

Before our inspection, we noted that people and relatives complained about their items of clothing going missing after being laundered by the service. We asked people about this during our inspection and one person told us, "I put my name and room number on my clothing and have never lost any items. The problem is not everyone puts their name and room number in their clothing or use a biro, which washes out." However some people commented, "Yes, it took a long time to get my stuff back after the laundry" and "I lost something once and had to keep asking, but I got it back." We noted from a complaint, that staff had previously put a person's clothes in the laundry by mistake despite there being instructions from relatives that they would be responsible for washing the person's clothes. Some of their items went missing in the laundry or were returned to the wrong person.

The registered manager had advised staff to be mindful of instructions left by relatives about their family member's laundry in future and had asked relatives to ensure all items of clothing were correctly labelled. The registered manager said, "Because we have nearly 90 people living here, sometimes clothes will go missing unfortunately. We always ask that clothes are labelled, preferably not in ink, so residents get them back straight away." We saw that the issue was also discussed in meetings with people who used the service.

We recommend that the provider seeks further guidance on best practice when managing people's belongings to ensure each person has their clothes returned to them after being washed and dried.

An initial assessment was carried out before people moved into the service. We saw that care plans were

reviewed and updated monthly to reflect people's changing needs in accordance with the provider's policy. Care plans were personalised and included areas such as the person's interests, support needs, their brief personal history, what the person felt their strengths were and what they liked to talk about. For example one person's care plan contained an easy to read diagram about themselves and contained quotes such as, "I am likely to engage with people when they have a sense of humour or talk about my family" and "I need support and assurance when I become tearful." This information was important as it enabled people to have a voice and inform staff about how they wished to be supported.

Where people were not able to be fully involved in the planning of their care, relatives or representatives contributed to the planning of people's care. Relatives were involved in their loved one's care and reviews. They attended care meetings when required. Comments from relatives included, "I have had meetings about care if necessary. We go through the care plan and any problems are highlighted and sorted." Another relative said, "We have discussions with the service yes, to discuss care of [loved one]." Staff completed daily records about people's day to day wellbeing, health and personal care needs and highlighted any concerns or issues. This was helpful for shift changeovers so that all staff were kept up to date and they were aware of any important information about people and what actions need to be taken, if required.

The premises had outdoor spaces which meant there was a plenty of space for people to sit outside in suitable weather and for events to be staged by the provider. For example, a fete was scheduled for people and relatives later in the year. We saw there was a programme of activities in the service, which was organised and devised by two activities coordinators. They told us, "We try to find out what sort of things people like during resident meetings. We also talk to people individually and slowly encourage them. If they don't want to get involved, that is their choice and we do not make them do anything." Some activities were designed to be suitable for people with dementia, such as reminiscence, which involved people going through old photographs to remind them of their past lives and occupations. Other activities included pet therapy, arts, outings, games, quizzes and entertainment, such as live music. One person told us, "Sometimes the activities are good, sometimes I am not interested." Relatives said their family members were able to choose what they wanted to get involved in and one relative told us, "There's always something going on. Singers, activities in the afternoon, model making and making other things."

During our inspection, we found that most people enjoyed the activity sessions. After lunch, there were afternoon activities and we saw that people were engaged with a music and singing session. We also observed quizzes and bingo sessions taking place, which used an electronic board to display numbers in a large format for people to be able to see. The activity coordinators were able to encourage people to participate.

Is the service well-led?

Our findings

People and relatives told us the service was well led and were happy with the management of the service. They were complimentary about the positive, open and transparent culture. One person said, "They are quite good." Another person said, "They are ok yes." Relatives' comments included, "Very co-operative", "Very good" "First class, no problems" and "Their doors are open twenty four seven." One relative felt that the service was very supportive of new people and their families and told us, "Very helpful, you can approach them at any time. They were brilliant when [family member] first arrived." Another relative said, "The manager's door is always open. They make you feel comfortable with everything."

There were changes in the registration of the service prior to our inspection. The responsible individual and provider of the service had retired and transferred responsibility to new directors, who were already familiar with The Lodge Care Home. The parent company's name also changed to The Lodge Romford Limited and CQC had approved the change following notification of this by the provider. The registered manager was also given additional responsibility to ensure the service was meeting standards and was compliant with all regulations. The registered manager told us they were happy with this arrangement in the interim because of their experience and knowledge of the service. This would also help the new directors as they settled into their roles and the service adapted to the new ownership and any changes.

We found there was effective communication between staff and people. Staff enjoyed working in the service and were confident they could meet any challenges and difficulties they faced. One long serving member of staff told us they were very happy working at The Lodge Care Home and would often bring in their pet cat for people to enjoy seeing. Other staff spoke highly of the support offered by the registered manager, with one staff member telling us, "The manager is fantastic, very supportive." Another member of staff said, "All the managers are good. The registered manager is very nice and understanding."

The provider held monthly 'residents meetings' and regular meetings with relatives. People were able to provide feedback on meals, desserts, activities and any issues they wanted to address. Relatives were also able to have their say in their meetings with senior staff, including the registered manager. Important announcements were also made about changes that affected the service, such as fee increases and management changes. One relative told us, "We always get plenty of feedback and information about the service and our loved ones." Another relative commented that their family member was now in a "far better home than [person] was in before." Other comments from relatives included, "They go above and beyond what is necessary. On my first visit everyone knew my [family member's] name and background".

We received positive feedback about the quality of the service from people, relatives and staff. One relative said, "I have seen many care homes and they are not a patch on here. I am very happy my family member is here." A new member of staff told us they were supported by the management team with their induction and training and was made to feel welcome. They said, "I was very impressed. The quality of care is excellent. They really look after people well. I would have a family member stay here, definitely."

People and relatives were able to complete annual questionnaires and surveys that were issued to them by

the provider, who analysed the responses and produced a detailed report. We saw that the feedback from the surveys were also positive. Any negative feedback was taken on board by the provider to drive further improvements. For example, we noted the provider and registered manager planned to make improvements in staff training, maintenance and one to one care.

The registered manager understood their role and responsibilities. They had a system in place to check the quality and safety of the service people received. We looked at records of daily, weekly and monthly audits, such as medicine and health and safety checks. The management team also conducted audits and checks of the service at all times of the day, including at night. A senior member of staff told us, "I expect high standards and make sure all our staff do things the right way. I carry out unannounced checks at night as well." Records of spot checks and any action taken were available. Monthly reports of all findings were produced, which detailed any actions that needed to be addressed. We saw minutes of staff meetings for both staff working the night shift and day shift. Any serious issues or concerns about staff performance were raised by the registered manager, who also took appropriate disciplinary action when necessary.

The management team and care staff knew people well and had received training in equality and diversity. This meant that staff treated people equally, no matter their gender, race or disability. They were respectful of and had a good understanding of all people's their religious beliefs and cultural backgrounds. Staff respected people's human rights and recognised the importance of people's personal details being protected to preserve confidentiality.