

## Maldon Lodge Care Home Ltd

# The Lodge

### Inspection report

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13 March 2019

21 March 2019

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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

About the service: The Lodge offers both personal care and accommodation for up to 24 people who have mental health difficulties. At the time of inspection there were 20 people using the service.

People's experience of using this service:

People told us they felt safe living at The Lodge. Risks were managed safely and safe processes were in place. People were supported with their medicines in a safe way.

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. People were supported to maintain good diet and access the health services they needed.

Staff were skilled, competent and able to fulfil their role. Staff told us they received supervisions and appraisals to enable them to review their performance. A complaints procedure was in place and people knew what to do if they had a concern of any kind.

Staff had built positive relationships with people living in the service. There was a relaxed atmosphere between people and staff. Care plans were person centred and included guidance for staff in how people wanted to be supported. A range of activities were available for people to take part in.

Staff said the service was well-run and the registered manager was supportive. There was evidence of effective checks being carried out to assess and monitor the quality of the service provided..

Rating at last inspection: Good (report published 06 August 2016).

For more details please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# The Lodge

## Detailed findings

### Background to this inspection

The inspection:

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

Inspection team: The inspection team consisted of two inspectors.

Service and service type: The Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced. Inspection site visit activity started on 13 March 2019 and ended on 21 March 2019.

What we did: 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 reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with five people that used the service, the registered manager and four staff. We reviewed three care files, staff recruitment files, medication records and audits related to the service. Following the inspection, the registered manager sent us information related to the inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from abuse or poor care and knew what action to take.
- People told us they felt safe living at the service. One person said, "I find it very good, yes I am safe here."

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe, the assessments covered preventing falls, moving and handling, nutrition and skin integrity.
- One person had a risk assessment for bedrails and had signed their consent for these to be put into place. When we spoke with the person they told us they chose to have these in place as they made them feel safe. The person had a call bell to use when needed.

Staffing and recruitment

- There were enough staff available to support people with their personal care needs and to spend time with people in conversation and activities. One person said, "The staff are very good when I use my buzzer, they come quickly."
- Throughout our visit staff responded to people quickly. Some people chose to remain in their bedrooms and whilst we were talking to people staff came and checked on people or brought them a cup of tea. A staff member said, "There is more than enough staff, we get time to support people. Most people are self caring and just need prompting."
- Appropriate recruitment checks took place prior to staff commencing employment which ensured potential staff were suitable to work with vulnerable people.

Using medicines safely

- We observed staff administer people's medicines safely and according to their needs. This meant staff had dedicated time to support people with their medicines.
- All medicines were managed safely and in line with national guidance.

Preventing and controlling infection

- The service was clean throughout.
- Systems were in place to prevent and control the risk of infection. Staff had completed infection control

training and were provided with personal protective equipment such as gloves and aprons.

#### Learning lessons when things go wrong

- Accidents and incidents were fully recorded along with actions taken at the time and afterwards to reduce the likelihood of them happening again.
- A tool was in place should a safeguarding incident occur where staff would need to describe the incident, the immediate action taken, the root cause, and any lessons learned.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their care needs assessed and care, treatment and support were delivered in line with national guidance.

Staff support: induction, training, skills and experience

- People told us they were supported by staff who knew how to care for them. One person told us, "The staff know what they are doing, particularly with the hoist. They are very good."
- Staff had completed training to ensure they had the knowledge they needed to meet people's needs effectively. Additional support and time was provided to a staff member with a recognised disability to enable them to complete their training.
- Another staff member whose first language was not English was supported with flexible shifts so they could attend an English language course.
- Staff attended mandatory training such as fire safety and safe moving and handling. In addition, they were provided with training relevant to their roles and individual needs of the people in their care. For example, a member of care staff told us they had attended training to help them understand the needs of a person living with dementia and said, "I was shocked how difficult it is for people with dementia, it made me understand more."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food. One person said, "The food is excellent." Another person said, "The food is quite nice and we get a choice."
- During lunch, staff provided encouragement and supported people to eat and drink at a pace that suited them.
- The service had a menu displayed which included pictures of the choices available at the entrance to the dining room. Catering staff served people their food and offered a choice at the time of the meal.
- One of the choices on the day of inspection was Frittata, the catering staff showed people who were not sure what this was, what it looked like, and what it contained.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Care plans described what support people required to maintain good health and wellbeing. For example,

in one care plan it recorded, "I am aware that I should not have sweets and sugar but as I do my own blood sugars, I am able to adjust my diet accordingly." Other people had regular visits from health professionals to ensure their needs were met.

- Staff were knowledgeable about people's individual healthcare needs and how to support them. They could describe how people's health conditions affected their lives and knew what action to take to keep people safe and well.

#### Adapting service, design, decoration to meet people's needs

- People's bedrooms were personalised and people had items that were important to them. One person clearly enjoyed art and had their work displayed both inside and outside their room.
- Some areas of the service required improvement and the registered manager told us they worked closely with the local planning department as the building was listed. Some improvements had taken place but some areas still required attention and were planned.

#### Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty 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 Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the principles of the MCA and sought people's consent before they provided assistance. One staff member said, "We offer choices like clothing."
- Where people were unable to consent to receive care and support, capacity assessments had been carried out and best interest decisions made on people's behalf.
- Where restrictions had been placed on people's liberty to keep them safe, the registered manager worked with the local authority to seek authorisation to ensure this was lawful and that any conditions were being met.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed people were cared for by kind, caring and compassionate staff. One person said, "Staff are easy talk to and very polite and kind." Another person said, "Staff look after me very well."
- We observed a staff member hand a person their doll to hold while waiting for their lunch. The person hugged the doll and then showed it to the person next to them who also took a turn in holding the doll. The person turned to the other and said, "Shall we put her on the shelf while we eat so we can both keep an eye on her (The doll)."
- Staff interacted well with people in a warm and friendly manner and we observed people were comfortable in the presence of the staff who were supporting them.
- While we were talking to people in their rooms staff came to check on them or provide them with a drink. People waited until the staff member had left and then described to us how lovely and kind that staff member was.
- Staff were knowledgeable and respectful about people's individual needs, backgrounds, religion and personalities. People from the service attended Church if this was their preference and services were held at the home.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make decisions about their day to day routines and express their personal preferences.
- People could spend time how they wanted to and make decisions about their care. One person said, "They get me up at 11am to have my dinner, this suits me."
- A staff member told us, "We have one person that likes their hair dyed pink."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and people could spend time alone in their rooms if they wished. When we asked a staff member if we could speak to a person in their room, they made us wait outside, knocked on the door and went in and asked the person if they were happy to talk with us first.
- One person told us, "The staff are very respectful and always knock."
- People were supported to be independent. People's care plans included information on things they could do for themselves and things they needed staff support with.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans informed staff how they should support people in a way that met their likes, dislikes and preferences. For example, one person liked to watch snooker and tennis and their care plan added, "I also like to feed the birds."
- Care plans were regularly audited, and information was updated if people's care needs changed. Whilst we found evidence of monthly reviews it was not always clear who was involved in the reviews. The registered manager told us they would make this clearer.
- The service had taken steps to meet the Accessible Information Standard (AIS). All providers of NHS care or other publicly-funded adult social care must meet the AIS. This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss.
- Each person had an individual book that included life story work, comments made during activities and photographs of things they liked to do.
- People told us there was variety and opportunity to socialise and participate in activities if they wanted to. The activities on offer included karaoke, board games, bingo, exercise sessions, music and arts and craft. There were visits from singers, line dancers and local schools. One person said, "There is always something to do here."
- The children from a local school had made memory boards for each person to look at.
- The activity organiser told us they also supported people to follow their interests or hobbies. One person used to play netball and now plays this in the service, another person goes out to a local choir group, and a third person could continue with their line dancing.
- During our visit people throughout the service were occupied, a craft group was taking place in the activity room. Staff were supporting people in the lounge with either games or memory cards.
- People also accessed the local community and the activity organiser kept up to date with everything going on in the local community. A recent event had been a taxi parade people had attended. A charitable event organised by London taxi drivers.
- The service also met up regularly with other care homes in the area for tea dances.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt able to raise concerns if they were unhappy. They felt confident the provider would act to address any concerns. One person said, "Never had to complain as staff listen to me."
- The management support staff member told us, "We had a person whose jumper shrunk in the dryer and we purchased a new one."

## End of life care and support

- People's end of life wishes were recorded in care plans. However, we did find one care plan that did not contain any information about people's end of life wishes or preferences. The registered manager sent us this information following the inspection.
- Some people had made the decision not to be resuscitated if their heart was to suddenly stop beating. One care plan stated the person had capacity to make decisions about their care and support. We found on their DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation) it had been recorded this had been discussed with the person's power of attorney rather than them. The registered manager told us this had come from the hospital and would get this reviewed straight away.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff felt supported had confidence in the management team and were positive about working in the service. One staff member said, "[Registered manager] and senior team are very approachable." Another staff member said, "It is very good care, I would put a relative here."
- The registered manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We observed the senior team were visible role models to other staff.
- Quality assurance systems were in place to assess, monitor and improve the quality and safety of the service.
- The local authority, the pharmacy provider and the food standards agency had all recently visited the service and findings were good.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were encouraged to provide feedback on their experiences of the service and feedback was positive.
- People told us they were happy with how the service was run. One person said, "I am happy with standards here." Another person said, "It is a Lovely place to live."
- Staff meetings were held to discuss people's care and support and keep staff up to date with any changes.

Continuous learning and improving care

- Learning was shared with the staff team during meetings.
- The registered manager kept up to date with best practice by subscribing to professional newsletters.

Working in partnership with others

- The service was part the local authorities Prosper' programme, an initiative aimed at improving safety and reducing the risk of harm to vulnerable people. The benefits for people using the service were their health and wellbeing was managed more safely through daily monitoring.
- A local pre-school visited the service every three months for shared activities. The service also held events like fetes and parties where the local community were invited to attend.