

Lodge Group Care UK Limited

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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 6 November 2018 and was announced. At our last inspection in March 2016, we found the provider was meeting the regulations we inspected and the service was rated Good. At this inspection, we found that the service continued to be rated Good.

Lodge Group Care provides domiciliary care to people in their own homes within the London Borough of Havering. Not everyone using Lodge Group Care receives regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection there were 165 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 were safeguarded from the risk of abuse as the provider had systems to identify the possibility of abuse and stop it occurring. Staff understood how to safeguard the people they supported.

Staffing levels were managed and planned to ensure consistency and staff who were familiar to people at the service. There was an effective recruitment procedure in place.

People's needs and risks were assessed and care and support was planned and delivered in line with their individual care plan. The provider ensured people were supported safely. Where people needed specific support or care, we saw evidence that this was delivered in accordance with people's needs.

Care records demonstrated that when there had been changes in people's needs outside agencies had been involved to make sure they received the correct care and support.

People received their medicines as prescribed and in accordance to their wishes.

Staff had a good understanding of the requirements of the Mental Capacity Act 2005. People who used this service were able to make choices with regard to their daily lives.

Care and support was delivered in a safe way by staff who had received appropriate training. Staff were supported in their roles through one to one meetings and appraisal of their work.

People were encouraged to do as much for themselves as possible. Records confirmed people's preferences, interests, aspirations and diverse needs had been recorded. Staff were knowledgeable about the people they cared for. People's privacy and dignity were respected.

Where requested people were provided with sufficient food and drink and their individual nutrition needs were well supported.

There were systems in place to monitor how the service was run to ensure people received a quality service. The service sought feedback from people who used the service and their relatives, and we saw that this was acted upon. Where shortfalls or concerns were raised these were addressed. Regular audits and checks were also undertaken to ensure the service was run well.

People and their relatives could raise any concern and felt confident these would be addressed promptly. The provider took account of complaints and comments to improve the service.

There were clear lines of responsibility and accountability within the management structure and staff had a good understanding of the ethos of the service. Records relevant to the management of the service were accurate and fit for purpose.

People who used the service, their representatives as well as staff all commented positively about how the service was run, about its leadership and the culture within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

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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 inspection took place on 6 November 2018 and was announced. The provider was given 24 hours' notice because we needed to be sure that members of the management team were available to assist us with the inspection. It was carried out by one inspector.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Before the inspection we reviewed information we held about the registered provider, including previous notifications and any complaints and safeguarding concerns received. A notification is information about important events which the registered provider is required to send to us by law.

During our inspection, we spoke with the registered manager and the quality care officer who was responsible for ensuring people received the care and support they needed. We looked at six records relating to the care of individuals, six staff recruitment files, training records, staff duty rotas and records relating to the running of the service. We also looked at the latest report from the local authority commissioning team. They visited the service on 20/06/2018. We sampled the latest satisfaction surveys completed by people and their representatives.

After the inspection we spoke with three people who used the service and three relatives to obtain their

views of the service. We also contacted four members of staff to ask them questions about their roles and to confirm information we had received about them during our inspection.

Is the service safe?

Our findings

People felt safe using the service. One person told us, "I feel safe with the carers, they are very very good." Another person said, "I don't have a bad word to say about them[staff]."

People were protected from the risk of harm or abuse. Staff were aware of the signs of abuse and understood the policy and procedure for reporting safeguarding concerns. They had received training in the subject and we noted this was also discussed during team meetings. The management team had dealt with safeguarding concerns appropriately.

People were protected from potential risks related to their current care needs. Staff had a good knowledge of the identified risks people had in relation to their care and support. The environment where people lived was also assessed prior to the service starting. We saw accidents and incidents were recorded so any patterns or trends could be identified and action taken to reduce the risk of reoccurrence.

The service had an emergency plan in place so people could continue to receive care and support during an emergency such as loss of electrical supply to the office. The registered manager had access to all people's records remotely.

Staffing levels were sufficient to ensure people received appropriate support to meet their needs. The registered manager ensured that each person had the same staff or group of staff who were familiar with their care and support needs, to visit them. This helped with consistency. One person told us, "I have a carer that comes regularly." There was a system which alerted the office staff if a staff was late for their visit so that appropriate action could be taken.

The provider had effective recruitment and selection processes in place. A number of checks were undertaken before new staff started working for the service. Checks included staff's previous employment history, proof of identity, written references, criminal records check and their right to work in the United Kingdom. This helped to prevent unsuitable staff from working with people who used care and support services.

Where people needed assistance to take their medicine, there was guidance in place on how staff must support them. People told us that they received their medicines on time and as prescribed by the doctor. One person said, "The staff give me my medicine when I need them." Staff were trained in medicine administration and had their competency assessed regularly.

Staff were provided with personal protective equipment such as aprons, hand gels, overshoe covers and gloves, this helped to minimise the risk of infection. Where people had compromised immune systems, staff were provided with face mask.

Is the service effective?

Our findings

People felt staff had the skills and knowledge to support them with their assessed needs, preferences and choices. One person said, "The carers are very good, they know what they are doing, they are very helpful."

People were cared for by staff who were supported to deliver care and support safely and to an appropriate standard. Staff received appropriate training and professional development. We noted staff had regular training updates and were supported to undertake further training if they wished. Staff felt the training they received was good and this helped them to meet people's needs. One member of staff said, "We have regular training and the manager makes sure that we are up to date with our training."

We saw newly recruited staff received an induction which included training, getting to know the provider's policies and procedures and shadowing experienced staff before working alone. Staff described the induction process as very informative.

Staff had regular one to one meetings with their line managers. This gave staff an opportunity to discuss any concerns, their workload, and any training needs. Staff also received an annual appraisal and these were used to review their work performance and identify goals for the coming year.

Before people started using the service, an initial assessment of their needs was undertaken. This covered several areas such as their care and support needs, wishes, preferences, routines and medical and past histories. The assessment used a holistic approach and people and their relatives were involved in the process.

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 when this is in their best interests and legally authorised under the MCA. The registered manager and staff understood the importance of people having the right to make their own decisions. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

People were supported to eat and drink to prevent dehydration and malnutrition. Some people required support with their meal preparation and staff assisted them accordingly. Staff knew what people's dietary needs were and their likes and dislikes.

The service had an effective working relationship with a number of health care professionals to ensure that people received co-ordinated care and support. The registered manager and the quality care officer liaised with a range of health care professionals such as; GP's, district nurses and specialist services such as occupational therapists. Staff knew what actions they needed to take if a person became unwell.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "The staff are lovely." A relative told us, "The staff are so good to [family member], I don't have to bother, they do most things."

Staff had a good understanding of the care needs for people they supported and were able to tell us what people did and didn't like and what support they needed. They had built a very good relationship with them and their relatives. For example, one member of staff told us, "[Person] likes tea and toast in the morning." Staff listened to people and acted on what they said. People were offered choices about how they wanted staff to care and support them.

Staff encouraged people to maintain their independence as much as possible, in all aspects of life and daily activity. This helped to ensure they maintained their abilities in some areas of their care which they used to manage independently. For example, one person was able to dress themselves and just needed someone to support them if they experienced any difficulties whilst getting dressed.

Staff were aware of the importance of respecting people's dignity and privacy. For example, one staff member said, "I will cover the person with a towel when providing personal care to them." Care plans reflected how people liked to be treated and what their particular preferences and wishes were. People could spend their days as they preferred.

Information about people was treated confidentially. Staff knew the importance of maintaining people's confidentiality and not sharing people's personal information with anyone, unless they had the right to have that information. One member of staff told us, "I should only discuss information about service users to people who have a right to know."

The provider had an equal opportunities policy in place. Everyone was treated the same regardless of their specific protected characteristic, nationality, gender, disability, belief, sexual orientation or age. People were called by their preferred name and this was noted in their records.

Information about advocacy services was available to people if they wanted to use them. An advocate helps people to express their views and wishes, and makes sure their voice is heard.

Is the service responsive?

Our findings

The feedback we received from people and their representatives about their care was positive. One person said, "The staff are very good to me and very friendly." Another person told us that the staff were fantastic and looked after them well.

We found care plans were well organised and provided staff with detailed guidance about how people's needs should be met. Where people had culturally diverse needs identified, those needs were recorded in their care plans. People were at the centre of the service provided. Care plans showed the person and relatives had full involvement and had signed to indicate they agreed with the contents. Staff were responsive to people's needs and ensured they were met as the person had agreed.

The registered manager informed us that a copy of each person care plan was kept in their homes. This was confirmed with people we spoke with. We saw that care plans were reviewed regularly to ensure the service continued to meet the person's changing needs. Staff told us that the care plans were informative and this helped them to meet people's needs as they wished.

People were able to take part in activities and lived their lives how they wanted. For example, if people liked to go out, staff encouraged them to do so. The provider also offered a sitting service where staff visited people and do activities within their home, such as reading newspapers. This helped to ensure people were not socially isolated. People were supported to maintain relationships with the people who mattered to them.

The service had a complaints procedure that was clearly written and easy to understand. People knew that they were able to express any concerns to the care staff or the registered manager. One person said, "I will call the office if I am not happy." We saw where complaints had been received, an acknowledgement letter had been sent to the complainant followed by a response after investigation had been completed. Informal concerns raised by people were addressed through discussion with staff on a day to day basis.

The service had received a number of compliments from people and their representatives. One relative wrote, "After my husband had a stroke we were offered the service of the Lodge Group. The carers are great and help me care for my husband the way I want. The 24-hour helpline gives me peace of mind."

We saw end of life planning was documented in people's records. These included advanced decisions and funeral arrangements. This meant that the staff knew what people's last wishes and respected them.

Is the service well-led?

Our findings

People and their relatives were happy with the way the service was run. One person told us, "The agency is very good." Another person said, "I am very satisfied with Lodge Group." People and their relatives spoke positively about the service provided. Some mentioned that they would not hesitate to recommend the service to other people. One relative told us, "I am very happy with this agency."

The registered manager had been in post since 2013 and had extensive experience within the health and social care field. During our discussions they told us that they wanted people to be at the heart of the service and staff to be proud working for the service.

People, their relatives as well as staff told us that the management team was very approachable, and they could contact them at any time. They were comfortable talking to registered manager and staff were happy to express their opinions. One person told us, "I am very satisfied with the Lodge, the carers are wonderful."

The registered manager acknowledged good practice and ensured staff were aware they were important part of The Lodge Group. They mentioned that, "Staff were not just carers. Caring can be a very undervalued workforce for many reasons and it is very important to us that our staff know how important they are." Staff told us that it was a good place to work and that they felt valued by the management team. One member of staff told us, "The manager is very good, they play their motherly roles, always available to talk to."

The registered manager was aware of their responsibilities of when the Care Quality Commission should be notified of certain events. All notifications were submitted to us in a timely manner. They kept us up to date with any changes that happened at the service and provided us with information promptly when we had requested them.

The provider continually sought feedback from people, relatives, staff and other professionals. This was gained by satisfaction surveys. The management team visited people on a regular basis to ensure that they were well supported and satisfied with the care they received.

There were also audits carried out to monitor the quality of the service and to identify how the service could be improved. These included areas such as care records, daily records, medicines charts, staff training and spot checks on staff to ensure they provided care and support to people to the required standard.

The registered manager had good links with several health care professionals. They recognised the importance of developing close ongoing professional relationship with individual professionals. They had a close working relationship with the commissioners.