

B & M Investments Limited

The Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Lodge Care Home is a residential home registered to provide accommodation and personal care for up to 45 older people, some who may be living with dementia. At the time of our inspection there were 35 people using the service.

The home is built over four floors, with a range of communal and dining areas on the ground floor.

People's experience of using this service and what we found

At the last inspection the provider had failed to ensure people's safety was promoted, did not have effective governance systems and did not submit the required notifications. We identified multiple breaches of regulations.

At this inspection we found required improvements had been made and systems implemented to address the shortfalls were effective. Therefore, the service is no longer in breach of regulations.

People felt safe and said staff were kind and helpful. Relatives said staff were skilled and knowledgeable and they were happy with the care and support people received. People's safety and welfare was continuously monitored. Incident, events and unexplained injuries were recorded and investigated. Where needed, incidents were reported to external agencies appropriately.

People and staff enjoyed good relationships and staff knew and understood people's needs well. Care plans had been updated giving staff the information they needed to meet people's needs safely. The management team reviewed the care and support staff had provided to help ensure people's needs had been met. People's medicines were now managed safely, and these were checked routinely as part of the registered manager's monitoring.

Feedback received from people, their relatives and staff confirmed there was enough staff available to meet people's needs. The provider's recruitment process was robust, including all required checks to help ensure staff employed were fit to work in a care setting. Staff had support to carry out their role and said the management team were supportive and approachable. Some staff refresher training has lapsed, the registered manager and provider had already identified this and had developed an action plan to address the issue in a timely manner.

COVID-19 and infection prevention and control had been provided. Staff knew how to reduce the risk of transmission of and worked safely in relation to COVID-19.

The provider's governance systems were now being used to their full potential supporting the provider and registered manager to identify potential concerns and manage them appropriately. This had been effective in driving improvements in the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (Published 10 June 2021)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 17 February 2021. Breaches of legal requirements were found relating to safe care and treatment, staffing, safeguarding and governance systems at The Lodge Care Home.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Lodge Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Lodge Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by two inspectors, one working remotely.

Service and service type

The Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection-

We received feedback from three people who used the service and eight relatives about their experience of the care provided. We spoke with six staff and the registered manager.

We reviewed a range of records. This included four people's care records, staff training records, and records relating to the management of the service, including accidents and incidents, safeguarding, complaints and compliments.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from two external professionals involved with the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly respond to safeguarding incidents and failed to develop protection plans and learn from incidents. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider acknowledged shortfalls identified at the previous inspection. The provider had continued with introducing their electronic care planning and governance system. The system, once embedded into practice, enabled staff to raise concerns, accidents or incidents in 'real time.' Staff entered accident or incident reports into hand-held devices, the information was then instantly available to the management team. This meant people's care plans and risk assessments were updated in real time to help ensure staff had access to the most up to date information they needed to support people safely.
- Incidents between people living at the home were investigated and risk assessed. Safeguarding matters were appropriately reported to external bodies including the local authority safeguarding team and the Care Quality Commission. A staff member told us, "All staff now know what they need to report. We go through accident/incident reports and we take appropriate action like report to deputy, manager and safeguarding authority."
- Staff received safeguarding training and were able to clearly demonstrate their knowledge about how to keep people safe. Some refresher training was overdue (due to the pandemic), however, the management team had developed an action plan to address this.
- The provider had learned from safeguarding outcomes and reports from external partners including the Care Quality Commission. New systems had been introduced and embedded since the last inspection. Improvement was clear across many aspects of the home. Staff told us there were so many lessons learnt from previous inspection and they felt more organised now.
- People felt safe in the home and told us they were safe because staff looked after them well. Relatives said they felt people were safe and well looked after. A relative told us, "I think [person] is very safe living at The Lodge, there are always plenty of staff around, they ensure [person] is comfortable."

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the care and support people received was safe and fully met their needs. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The monitoring of medicines and medicine administration had improved since the previous inspection. We checked a random sample of medicines and found they agreed with records held. Medicine administration records were clear. Monitoring was effective in identifying errors and effective actions such as re-training was arranged for staff as well as observing competencies.
- A senior staff member told us, "Medication management has improved- returns are well documented. We improved medicine audits and we identify and take action (when errors occur). Staff member who made the error has supervision and re-training if needed. We also observe their competency in addition to the six-monthly medication administration observation/competency."
- Following an external audit of medication in the home an external professional had said, "Overall the medication management at the care home was excellent and I just wanted to make a point to congratulate all the team for their hard work."
- Risk management had improved since the previous inspection. The provider's electronic monitoring system ensured staff had the most up to date information available to support them to provide safe care. The system prompted staff to check people's pressure area care for example.
- Two staff members had been appointed as falls champions. The registered manager showed this had helped the reduction of falls. One of the staff members was the engagement lead, they had used the exercises learnt to reduce falls by delivering seated exercises. The registered manager told us, "This is empowering our residents to walk the home more freely and gain more independence."
- At the previous inspection people's personal hygiene needs were not met safely. This area had improved significantly, a staff member told us, "I was here at the last inspection. Huge improvement. Now we are given a hygiene chart so we can check who had baths or showers or who needs one. We offer them regularly throughout the day and it's a lot better."

Staffing and recruitment

At our last inspection the provider had failed to ensure they had enough staff effectively deployed to meet people's need safely. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager and care team had made changes to how they approached the care delivery. For example, more personal care or showers were spread during the day. A relative told us, "They are now working with the 24/hours care and they are flexible and not rigid in their approach. I am very impressed, staff treat people very respectfully, they comfort people and there seem to be a general good family orientated ethos."
- Staff told us they felt staffing was better managed in the home and there were enough staff deployed to provide safe care.
- People's relatives told us they felt there were enough staff deployed now. One relative told us, "There are times when staff are off sick, but I think there are enough staff. The home is a lot more organised, staff are happier, and they provide lovely care. I don't have any concerns. I feel people are well looked after, safe and staff have a lovely relationship with them (people)."

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was supporting family and friends to visit people living at the service in line with current government guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had not ensured their systems and processes were effective in enabling staff to provide safe and good quality care for people in line with current national and best practice guidance. They failed to ensure lessons were learnt and improvement to the service were sustained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had introduced new systems and processes at The Lodge Care Home to ensure quality and safety of the care and support people needed. The system supported the staff team to provide safe care whilst also providing a robust management overview. Any aspect of the service performance could be reviewed simply and speedily. This helped the registered manager to keep a close overview of all areas including medicines, safeguarding, accidents and incidents.
- At the previous inspection the provider had failed to ensure staff were knowledgeable and followed best practice guidance in relation to medicines administration and personal protective clothing (PPE). At this inspection we found these concerns had been effectively addressed.
- The registered manager advised the home was moving towards a 24hr care model. A simple example given was, "bathing and showering does not always have to be just morning or evening." This had a double effect of removing some of the pressure first thing in the morning and supporting people's wishes to have a bath or shower whatever time of day they wished.
- There was a clear management structure, staff were clear about their roles and responsibilities. Care staff knew how, and what, to report to senior staff as well as the records they had to complete. Senior staff told us how they used the information from care staff to mitigate risks and ensure the care people received was safe and met their needs.
- At the previous inspection staff had not had regular supervisions, enough training or management support. At this inspection staff and relatives both praised the improvements made. One staff member said, "I think we have enough staff now. Loads of supervision and staff meetings. I am 100% confident in approaching the [registered] manager or seniors. In staff meeting we can raise issues and I feel listened to."

- Relatives told us they felt there was a family like ethos in the home. They praised staff for being kind and supporting people and relatives in a personalised way. A relative told us, "I would recommend The Lodge Care Home to others, the home is generally managed well, and they have coped well throughout the pandemic. They have kept us informed with at least one email a month. When the guidance changes, we have an email from them setting out what it means for us."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

At our last inspection the provider had failed to notify CQC of reportable incidents. There were two safeguarding alerts raised by family members with the local safeguarding authority. The provider failed to notify the Commission about these when they were made aware. This is a breach of regulation 18 (1) of The Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18(1).

- The provider and registered manager had demonstrated they understood the duty of candour and had an open and honest approach when mistakes were made.
- The provider had fulfilled their legal obligations in relation to notifying CQC of important events they are required to. The provider had displayed their inspection rating clearly in the entrance to the service and on their website.
- The service continued to work in partnership with health and social care professionals involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.

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

- People said they were happy with how the home was managed. Everyone told us how the home had improved in the past year.
- Residents' meetings were a regular occurrence in the home, minutes of these meetings with actions resulting were displayed for all to read.
- Relatives told us, staff and the registered manager were approachable and they felt confident in raising concerns or giving feedback about the service. They told us they received newsletters and updates as needed when Government guidance changed. One relative said, "This has been an extremely difficult time for care homes, and I cannot fault The Lodge at all. I am really happy with [Person's] care, it is a great relief for us that [person] is there." Another relative said, "Staff and management are approachable. I can raise concerns and they listen and act."