

Bliss Family Care Limited

The Lodge Residential 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

About the service

The Lodge is a care home that offers care and support to 32 older people, some of whom are living with dementia. At the time of the inspection 17 people were living at The Lodge.

People's experience of using this service

- People were very happy living at The Lodge. They felt safe and liked the staff who looked after them. Relatives told us the service had improved significantly since the new manager started in January 2019. They were very satisfied with the service the staff gave to their family members and they felt their previous concerns had been listened to and acted upon. Staff were motivated by the improvements that had been made.
- Everyone praised the manager who was approachable, helpful and provided strong leadership. The manager had built a strong management team of two deputy managers and senior care workers. All staff were involved in the improvements at the service.
- The provider employed enough staff so that they could meet people's needs in a timely way. Staff went through a thorough recruitment process so that the provider knew they only employed suitable staff. The staff team included very experienced staff who had worked at the service for several years. Staff enjoyed working together and supported each other and the management team.
- The manager had made an impact since joining the service. They, the management team and staff were clear about improvements that had to be made at the service. They were proud of what they had achieved in a short period of time but understood that improvements had to be sustained and built upon.
- The manager had made improvements to systems that kept people safe from avoidable harm. They had reviewed and improved risk assessments that staff followed to ensure that people received safe care. Staff knew who to report any concerns to and assessments of potential risk ensured that people were as safe as possible. Staff undertook training that supported them to have the knowledge and skills to do their job well and effectively meet people's needs.
- Staff knew each person well, including their likes and dislikes and their preferences about how they wanted staff to care for them.
- Staff gave people their prescribed medicines safely. The manager had improved the arrangements for the safe management of medicines. Staff followed good practice guidelines to help prevent the spread of infection. The premises were clean and fresh.
- The kitchen staff cooked a variety of nutritious meals, based on people's choices and including special

diets for those who needed them. External healthcare professionals supported staff to help people maintain or improve their health.

- People made choices in all aspects of their lives, including being involved in decisions about activities they wanted to participate in.
- Staff respected people's privacy and dignity and encouraged people to be as independent as possible. People had opportunities to decide on the care they wanted and to review and change the care if it was not meeting their needs. Care records reflected their decisions.
- A staff member organised meaningful and stimulating things for people to do. They organised group and individual activities, outings and entertainments. People with faith needs were supported to follow them.
- People knew how to complain and were confident that the manager would resolve their complaints.
- The provider had complied with the conditions we imposed after our last inspection. After this inspection the service was no longer in 'special measures'.
- The local authority had lifted a suspension on new admissions to the service.

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

Rating at last inspection

At the last inspection we rated this service inadequate (report published on 13 November 2018). That inspection followed one in April 2018 when we required the provider to make improvements and issued a warning notice. At our last inspection we found the provider was in breach of four regulations. They had not notified CQC of all of the deaths or notifiable incidents that occurred at the home. They had not identified potential abuse of people and staff with the right skills and knowledge were not always deployed to meet the needs of people. We placed the service into special measures.

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

The Lodge Residential 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 planned this inspection 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

Two inspectors and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had cared for older people with a range of health needs.

Service and service type

The Lodge Residential 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 we looked at both during this inspection.

The service did not have a manager who was registered with the CQC. A registered manager is a person who, with the provider, is legally responsible for how the service is run and for the quality and safety of the care provided. A manager had been appointed and it was expected they would apply to be a registered manager.

Notice of inspection

We carried out the inspection visit on 4 and 5 March 2019. Our visit on 4 March was unannounced and we told the manager we would return the following day.

What we did

Before the inspection visit we looked at information we held about the home and used this information as

part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider must let us know about. We requested and received information from the local authority that pay for the care of some of people.

During our inspection we saw how the staff interacted with people. We spoke with five people and relatives of five other people. We spoke with the manager, both deputy managers and four care workers.

We looked at seven people's care records as well as other records relating to the management of the home.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 19 and 25 September 2018. At that inspection we found two breaches of regulation.

Staff deployment did not meet the needs of people with higher dependencies. Staff did not always have the knowledge, skills and experience to provide safe care to people. This meant this was a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulation 18 - Staffing. The provider had not used incidents to identify potential abuse and taken preventative action including escalation to the appropriate authorities. This meant this was a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulation 13 – Safeguarding service users from abuse and improper treatment.

At this inspection, whilst we saw improvements had been made, further improvements were still required in some areas. The provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

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 met.

Assessing risk, safety monitoring and management

- We found at this inspection that improvements had been made.
- At the last inspection we found that risks associated with people's care had not always been reviewed or reassessed. We required the provider to make improvements. They sent us an action plan of how they would make improvements.
- The provider appointed consultants to run the service from October 2018. They reviewed all risk assessments. A manager who was appointed from 14 January 2019 continued to review and update risk assessments. These ensured that staff had the right information to safely support people without taking away people's independence.
- The manager ensured that people had equipment to help them stay safe. For example, people had call alarms that were within easy reach and people at risk of falls had sensor mats in their rooms that alerted staff when people were walking. A relative told us, "Safety has improved. [Person] had falls and fell out of bed. They are now safer because they have a mat, so staff know if they are out of bed."
- People who were transferred by hoist had their own seat slings that ensured their comfort and safety.
- Maintenance staff undertook regular checks of all the equipment in the home to make sure it was safe for people and staff to use. This included checks of the fire safety equipment to ensure it would all function properly in the event of a fire.
- Each person had a personal emergency evacuation plan in place so that staff and others such as the fire service would know how to help evacuate the person in an emergency. Fire drills took place to ensure that staff were familiar with evacuation procedures.

Staffing and recruitment

- At the last inspection we found that there were not enough staff deployed who had the right knowledge and skills to meet people's needs. At this inspection we found that the management team planned staff rotas carefully to ensure that enough suitably trained, skilled and experienced staff were deployed.
- There were enough staff on duty on both days we visited to meet people's needs. Although staff were busy, they were not rushing around and they met everyone's needs. We noted that staff answered call bells quickly. A person told us, "When I press my buzzer, they do not take long to come."
- Staff had time to sit and have conversations with people. A relative told us, "It warms my heart to see how staff sit amongst people and do things together, it's lovely, it's something that was missing."
- The manager followed a recruitment policy so that they were as sure as possible that new staff were suitable to work at this service. New staff only started working after all the necessary pre-employment checks, such as a Disclosure and Barring Service check and references, were satisfactory.

Using medicines safely

- At the last inspection we found that staff did not always make sure that people had their medicines at the right times. At this inspection we found that improvements had been made. Only senior care workers who were trained in medicines management supported people with their medicines. A person told us, "I have medication and they do not forget to give it to me."
- People who were able to manage their own medicines were supported to do so safely.
- A member of the management team carried out weekly audits of medicines to ensure people had the right medicines at the right times. The manager ensured that medicines were safely stored and that sufficient amounts of medicines were available.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt people were safe at The Lodge. One person said, "I feel very safe as there is always someone around." We saw that staff were always present in communal areas where people spent time. Another person said, "The staff make me feel safe when they support me." We saw staff safely support people when they transferred them using a hoist or when they supported people to walk. A person told us, "I feel safe walking around with the support of my walker."
- Relatives told us that safety had improved at The Lodge in recent months. One relative said, "I did not always feel that [person] was safe but in the past six months I feel that they are safer." Another relative said, "[Person] used to have regular falls but not in the last six to eight weeks." The improvements, which included making sure there were enough skilled staff coincided with the new management team running the service.
- The provider had systems in place to protect people from abuse and avoidable harm. Staff were trained how to use those systems. Staff knew how to recognise and report abuse using the provider's incident reporting system. Staff told us they were confident that if they raised any concerns the manager would take them seriously.
- After people had reported missing valuables, the manager reviewed people's inventories of possessions so that an up to date records were kept. People were able to keep valuables in a safe.

Preventing and controlling infection

- The provider had systems in place to make sure that staff followed infection control procedures. The home was clean, fresh and tidy. A person told us, "Everything is clean and tidy here." A relative told us, "This place is clean and odour free."
- Staff had training and were fully aware of their responsibilities to respond appropriately to protect people from the spread of infection. They followed good practice guidelines, including washing their hands thoroughly and wearing gloves and aprons when they supported people with personal care.

Learning lessons when things go wrong

- The manager had a system in place to check incidents and understood how to use them as learning

opportunities to try and prevent future occurrences.

- The management team reviewed risk assessments and care plans following incidents to prevent recurrence. The manager discussed incidents and accidents with the staff team to ensure all staff knew about any resulting changes to practice.
- The manager and management team used earlier CQC inspection reports as a basis for learning from past errors and making improvements.

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

- The manager and deputy managers carried out assessments of people's needs before they offered a person a place at the home. They took the needs of people already living at the home into account, to make sure staff could meet everyone's needs.
- The manager told us that they kept up to date with good practice in several ways, including attending training, meetings and reading publications. This ensured that staff delivered care in line with all relevant guidelines.
- The manager considered protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, the staff could meet those needs.
- A staff member responsible for arranging activities used the internet to explore ideas about activities they could introduce into the home. They had supported people to create 'memory books' that told the story of their life and which was updated by people and their relatives. This provided people with a meaningful activity.
- People's and relative's feedback about their care and support was consistently positive. They all said that improvements had been made since the new manager began in January 2019.

Staff skills, knowledge and experience

- Staff received training, support and guidance so that they had the knowledge and skills to do their job well. Training included information about health conditions people lived with, such as dementia. Staff were up to date with all training required by the provider, which a trainer delivered face-to-face or via the computer. Staff found the training helpful and appreciated that the manager fulfilled their requests for additional training.
- People and their relatives told us they felt staff knew what they were doing. A relative told us, "The staff seem to me to know what they are doing when looking after [person]."
- All staff had regular supervision from a member of staff senior to them. Staff also knew they could ask the manager and senior staff anything at any time.
- New staff underwent a thorough induction, which included shadowing more experienced staff.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff involved people in deciding which meals they wanted on the menu and produced a range of nutritious and appetizing food. A choice of meals was always available and the cook offered alternatives if the person did not want the meals on the menu. One person said, "The food is very good. I have enough to eat and we have choices. Drinks are always available."
- The manager assessed people's nutritional needs. Staff were fully aware of people's likes and dislikes as

well as any dietary needs such as having food served in smaller portions or of a consistency which made it easier for people to eat and reduced risk of choking.

- Staff helped make mealtimes social occasions that people enjoyed. They sat with people and supported those who needed help to eat their meals. People ate their meals at a pace that suited them, they were not rushed.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as the local medical practice to make sure that they met people's needs, for example if a person had to go to hospital. The service had links with a pharmacy that supplied medicines and an optician who supplied spectacles for people.

Supporting people to live healthier lives, access healthcare services and support

- An exercise coach visited the service on Mondays to run armchair based physical exercise activity sessions. Most people participated. The exercises provided people with aerobic activity which was good for their health. We heard people saying how much they enjoyed the exercise. Staff took people for walks in the garden or into the local village.

- Staff involved other healthcare professionals to support people to maintain their health. These included the GP, community nursing team, a chiropodist and an optician. A person told us, "We have the doctor visit us whenever we need, or the chiropodist or optician."

- Staff knew people well and recognised when someone's health was changing. The staff referred people to other professionals such as the dietician and tissue viability nurse who gave advice on preventing skin breakdown. We saw from records that staff followed the advice, for example ensuring that people were repositioned at regular intervals.

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

- The Lodge was an extended family home that had been adapted to provide a home for older people, including people living with dementia. The home was decorated to a high standard and people's rooms were personalised. People had a choice of four communal areas to use. A person told us, "It's a lovely environment, it makes me feel safe here."

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that they were.

- Staff had training about the MCA and DoLS and were aware of how this legislation affected their work. We heard staff asking people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives.

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

- People and their relatives all made positive comments about the staff. They used words such as "lovely", "patient and "caring" to describe the staff. One person said, "The staff are good, they would get anything for you if you ask."
- A person said, "The staff are very good. They care for me, feed me, wash my clothes and do my cleaning. What more do I need?" Staff were kind, thoughtful and patient. A person told us about things that embarrassed them and said staff put them at their ease and showed they cared.
- Staff knew each person well, including their likes and dislikes and their preferences about the way staff gave them care and support. A person told us, "The staff know my likes and dislikes."
- Staff did things to make people feel they mattered to them. When staff saw that people were anxious they immediately reassured them, sat with them and comforted them.
- Staff participated in fund raising activities of their own accord to raise money to fund activities that people wanted to participate in but could not entirely fund themselves, for example trips to the seaside.

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

- Most people who lived at The Lodge had family members who could help them, if they needed help, with decisions about their care. Nevertheless, the manager had ensured that people had information about advocacy services if they wanted an independent person to help them with their affairs.
- The manager had introduced themselves to people and relatives and engaged with them to encourage them to express their views. This was through residents' and relatives' meetings and a survey. People and relatives had responded positively and they were made to feel involved in a drive to improve the service. A relative told us, "I feel involved and feel that the service is moving in the right direction now."

Respecting and promoting people's privacy, dignity and independence

- People had no concerns about the way staff treated them. They described ways in which staff promoted and protected their privacy and dignity. One person told us, "I feel respected. They talk to me when they assist me with personal care, they treat me with respect."
- Staff encouraged people to do as much for themselves as they could. Another person said, "I do most of my personal care but staff will assist me when I need" and another said, "They encourage me to be independent but they are always there if I need them."
- Staff did not talk about people in front of others and they made sure that they stored any confidential information about people securely.
- The staff team made visitors and relatives very welcome. Relatives told us that the atmosphere at The Lodge had transformed since the new manager came to the service. A relative said, "There is a much better feel about the home [comparing it to six months previously]."

Is the service responsive?

Our findings

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

Good: This meant 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

- A consultancy team had introduced a computerised system for care records but this had not been a success. Staff had not adapted to it. Computerised daily records were not punctually completed which meant that those records did not include sufficient information about how people had been supported. For example, some records lacked information about when people had been repositioned or when staff made night-time checks to ensure people were safe and well.
- The manager introduced new ways of making those records on the second day of our inspection. Those we saw were detailed and provided evidence of how people had been supported. However, it was too early to say that the new way of record keeping would be maintained.
- The manager led a staff team that were responsive to people's needs. They had reviewed all people's care plans and began a process of improving them to make them more person centred. At the time of our inspection four out of 16 care plans had a complete review and redesign.
- People and their relatives were involved in the reviews of the care plans. A relative told us, "When we requested something they made sure it was done."
- The most recently revised plans gave staff detailed guidance about how to support people with their needs.
- An activities coordinator worked with people and relatives to arrange a wide range of activities, entertainments and outings. They put together weekly plans so that everyone knew which activities happened each day.
- The activities coordinator was aware of people's preferences and carried out individual activity sessions if the person did not enjoy group activities. Care staff supported the activity programme by participating in them with people. The activities coordinator evaluated whether people enjoyed activities and how many participated.
- People and relatives told us they enjoyed the activities. A relative said, "There is much more stimulation for residents than before, there is so much more going on at the home since the new manager came."
- Staff supported people to follow their own interests, cultural and faith needs. For example, a staff member took a person to services at their preferred place of worship and provided them with appropriate reading material.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would talk to the manager or one of the senior care staff if they had a complaint.
- The manager and deputy managers investigated complaints. They met with or telephoned the person making the complaint and resolved them.
- The manager kept a complaints log, which showed the actions they had taken to resolve complaints.

End of life care and support

- The manager and deputy managers had given people opportunities to discuss their end-of-life wishes and they had recorded these in people's care plans. People who wanted had a DNAR (Do Not Attempt Resuscitation) record in place.
- Staff had attended training on end-of-life care and felt confident that they could provide this care well if the need arose.

Is the service well-led?

Our findings

At our last inspection we rated Well-led as inadequate because the provider had failed to provide sufficient leadership at the home and had not made improvements to the quality of care provided to people. They continued to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not notified us of all of the deaths of people who lived at the home. This was a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009 – Notification of death of service user.

The provider had not notified us of all of the incidents that should have been notified to us. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 – Notification of death of service user.

At this inspection we found that improvements had been made and that the provider was no longer in breach of the regulations.

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

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

- At this inspection we found that the manager had assembled a management team that provided strong leadership. Relatives consistently told us that they had seen improvements since the manager came to The Lodge on 14 January 2019. Relative's comments included, "I feel that they are now moving in the right direction" and "The place has got nicer, it has improved."
- Everyone we spoke with told us how visible and approachable the manager was. They had relocated their office from upstairs where it was remote to a location next to communal areas. A relative told us, "I feel so pleased there is a manager who watches what is happening and is not isolated in an office upstairs. There is a much better feel to the home."
- Staff were happy to be working at The Lodge. They felt that the senior team supported them well. They had regular one-to-one supervision sessions and staff meetings. Staff were motivated by the improvements that had been made and they were involved in the development of the service. A staff member told us, "It was awful when I came in October [2018] but it is brilliant now." Another staff member said, "It is lots better now, the morale is better since [manager] came. It was nerve wracking before."
- We found that after a period of instability during which two managers had left the service, the situation was now settled and all staff were clear about improvements that had to be made.

- The manager understood the legal duties of a registered manager and sent notifications to CQC as required.
- The provider had a quality assurance system in place to ensure that staff provided high quality care. This included quality surveys which a member of the provider's staff carried out and the providers made regular visits to the home. The management team carried out audits of various aspects of the service such as medicines, health and safety and care records.
- The manager used information derived from the quality assurance system to drive improvement. They kept the provider informed of progress.

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

- People, their relatives and staff all made very positive comments about how much the service had improved since January 2019.
- Staff were fully aware of their responsibility to give a high-quality, person-centred service, based on the provider's ethos and values.
- The manager promoted transparency and honesty. They had a policy to openly discuss issues with people and relatives which they demonstrated by inviting them to a meeting to discuss the challenges the service faced. A relative wrote of the meeting, 'A great honest meeting, a great relief to me and my family. At last we feel we have some leadership at the home.'
- The ratings from our previous inspection were displayed and discussed with people and relatives. The manager was open and honest about the scale of the challenge they faced.

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

- The manager and staff team encouraged and supported people and their relatives to express their views about the management of the home. People and relatives were involved in improving the service. The manager had invited relatives to meetings and discussed how improvements, for example, to activities could be made. People felt listened to because improvements were made.
- The manager engaged with staff. They listened to and acted on what staff said. For example, staff were not comfortable using an electronic system for recording daily care records. We found the records to be unreliable as a source of assurance that people received the right care at right times. The manager dispensed with the system and introduced one that staff were comfortable with. They decided that it was not the right time to expect staff to learn how to use a new system because other required improvements took priority.
- The manager's first act was to carry out a survey of people, relatives and staff. They used this and our last report as a basis upon which to develop a plan for making improvements.
- The Lodge was close to the centre of the village. The manager had begun taking steps to make it a part of village life. Staff were organising a garden fete at The Lodge to which village residents were invited. Links with local schools and churches had been made.

Continuous learning and improving care

- The manager told us that they had decided to 'go back to basics' and to begin a journey towards establishing a good reputation for The Lodge. They had made in-roads which had been recognised by the local authority's decision to lift a suspension on new admissions to The Lodge.
- The manager and staff were using the period during which The Lodge was at half-capacity to embed improvements. They wanted all systems to be working efficiently before they considered doing that.
- The management team were focused on continuous learning through participation in and observation of people's care and support.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP and the local authority to ensure that people received joined-up care.
- They had worked with the local authority to make improvements at the service.
- The provider had appointed a consultancy team in October 2018 to help run the service and to support improvements.
- The provider cooperated with the local authority to make improvements at the service.