

# Ideal Carehomes (Number One) Limited

## Lydgate Lodge

### Inspection report

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Date of inspection visit:

28 May 2019

13 June 2019

Date of publication:

04 July 2019

### 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

Lydgate Lodge is a residential care home providing personal and nursing care to 57 people aged 65 and over at the time of the inspection. The service can support up to 64 people.

Lydgate Lodge comprises of four individual units over two floors. Two of the units provided support to people who are living with dementia.

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

Recruitment procedures were thorough and there were enough staff on duty to meet people's needs. New staff received induction and there was an on-going programme of training and supervision for all staff.

People were safe from the risk of avoidable harm, risks were assessed and monitored. People were supported to eat and drink and were enabled to access other health care professionals as required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring. People's right to privacy was respected and staff ensured people were treated with dignity and respect. Staff involved people in making decisions about their care and support. There was a range of activities for people to participate in if they chose to. Links had been formed within the local community.

Care records were detailed, and person centred. Care records were reviewed and updated at regular intervals. Information about people's communication needs were clearly recorded.

People and visitors were aware of how to complain in the event they were dissatisfied with any aspect of the service they received. The registered manager had not received any formal complaints in recent months.

The service was consistently managed and well led. Systems of governance were effective in continually monitoring the quality of the service people received. Monthly meetings were held with people who lived at the home and staff. The registered manager and staff at Lydgate Lodge worked in partnership with other healthcare professionals.

### Rating at last inspection and update

The last rating for this service was requires improvement (published 8 June 2019).

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

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 ●

# Lydgate 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. 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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Lydgate Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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

Both inspection dates were unannounced.

#### What we did before the 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who lived at Lydgate Lodge and three visitors about their experience of the care provided. We spoke with sixteen staff including the operations manager, registered manager, deputy manager, two senior care workers, five care workers, two activities organisers and four members of the catering and housekeeping team. We also spoke with two visiting health care professionals.

We reviewed a range of records. This included eight peoples care records and four peoples medicine records. We looked at five staff recruitment and supervision records and a range of records relating to the management of the home.

After the inspection

After the inspection we requested further information from the registered manager to validate the evidence found. This was received, and the information was used as part of our inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who lived at the home were safe. One person told us, "I do feel safe here, people look after me."
- Staff were aware of the different types of abuse and understood their responsibilities in reporting and acting upon concerns people may be at risk of harm or abuse.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Care records included a number of risk assessments. Risk assessments were person centred and were reviewed and updated at regular intervals. Where a risk was identified, action had been taken to reduce future risk.
- Where people needed a hoist to transfer them, records included sufficient information to ensure this was done safely. However, we spoke with the care manager and deputy manager at the time of the inspection about the need to add further detail about the safe use of equipment to support people to access the bath or shower.
- The premises were safe and suitably maintained. External contractors were used to service equipment. A range of internal checks were also completed on a regular basis.
- Staff had received fire training and we saw personal emergency evacuation plans in each of the care records we reviewed.

Staffing and recruitment

- Staff recruitment was safe.
- People felt there were enough staff on duty although a visitor told us, "No, there's never enough; they're absolutely brilliant, but they're always rushed."
- Staff did not raise any concerns regarding staffing levels at the home. One of the staff we spoke with said, "I feel there is enough staff. If there is sickness, we will cover it. [Name of registered manager and care manager] if needed, will come on the floor and support... We don't often use agency staff and we never use agency staff on the day. On a night, we will use agency staff as new staff are still in training. When we use agency staff, we will use regular faces who are familiar with the home."

#### Using medicines safely

- Medicines were received, stored and administered safely.
- Staff involved in handling medicines had received training and had been assessed as competent to support people with their medicines.

#### Preventing and controlling infection

- The service was clean and free of odour.
- Protective equipment, such as gloves and aprons were available for staff to use.
- Staff encouraged and supported people to wipe their hands before eating at meal times.
- Actions identified during an audit in 2018 by the infection prevention and control team were being addressed by the registered manager.

#### Learning lessons when things go wrong

- The registered manager, care manager and deputy manager demonstrated a clear culture of learning lessons when things went wrong.
- The registered manager told us learning was shared with staff at team meetings, supervisions and daily handovers.
- Accidents and incidents were recorded and analysed to identify possible themes or trends.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 registered manager, care manager and deputy manager recognised the importance of ensuring people's care and support was delivered in line with current good practice guidelines.
- Prior to a new person moving into Lydgate, the registered manager completed an assessment to ensure their needs could be met at the home.
- Care records were person centred and were reviewed at regular intervals. Changes to people's needs were shared at staff handovers.

Staff support: induction, training, skills and experience

- New staff were supported. They attended training as well as completing a programme of induction and shadowing a more experienced member of staff. A recently employed care worker told us, "The training was helpful, we got to use the hoist and learnt what to do if there was a fire. I also had orientation around the building and I completed three shadow shifts."
- Staff training was updated at regular intervals. A care worker told us, "Some modules are every six months, some are yearly... I feel the training has helped with my role. It's always a good refresher as things change."
- Each of the staff we spoke with told us they received on-going, regular supervision from a more senior member of staff. We also saw evidence of supervision in staff files.

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

- We asked people and visitors for feedback about the meals they received. Comments included, "I get lovely meals... fruit, biscuits...there's always water, they bring it to you", "There is choice... They got Earl Grey tea in for me. To me there's too much, you can always ask for an extra helping. I have fruit instead of pudding. There are other choices, yoghurts, ice cream. You can have a drink whenever you like, whatever you want" and "[Person] is enjoying the food, they eat more since they have been in."
- Over the course of the inspection we saw staff supporting people with breakfast and their evening meal. On the second day of the inspection we observed lunchtime on three of the four units. On each occasion we saw meal times were calm, relaxed and unhurried.
- Staff offered people a verbal choice; they also showed some people a picture of the meal choices or both plated meals to enable individuals to choose their preferred meal.
- People had a range of drinks and were encouraged to drink throughout the day.
- Snacks were readily available and included fresh fruit, yoghurt, biscuits, crisps and chocolate.
- People were weighed at regular intervals and their nutritional risk re-assessed. Where concerns were raised about weight loss or difficulties in eating and drinking, appropriate action had been taken.

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

- Staff told us information was shared at shift handover, team meetings and at a brief departmental meeting held each day.
- A handover was held at the start of each shift to ensure relevant information about people's care and support was shared within the staff team.
- Care records evidenced the involvement of external health care professionals. This included GPs, social workers, opticians and dentists. One person told us, "If you ask to see the GP or nurse, they arrange it for you. A chiropodist comes regularly."
- We spoke with a visiting health care professional. They told us staff referred people to them appropriately and in a timely manner, and staff followed the professional advice given to them. Equipment such as beds and mattresses were purchased as needed.
- In the event a person needed to go to hospital, staff were able to print an up to date summary of the person's care needs which could go with them to hospital.

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

- Each unit had a communal lounge / dining room as well as a second communal area which was freely accessed by people.
- Peoples bedrooms all had an en-suite shower and rooms were personalised with individuals photographs and personal mementos.
- There was directional signage on all the units to enable people to locate where they wanted to be. Seating was available at the end of each corridor.
- Both ground floor units had access to a secure garden with seating.

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 when this is in their best interests and legally authorised under the MCA. 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 conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- A number of people living at the home had a DoLS in place. Further applications had been submitted to the local authority and were awaiting review.
- From our conversations with the registered manager and staff, it was clear they understood the principles of the capacity act. One of the staff we spoke with said, "I never assume somebody has not got capacity to do things."
- Where people lacked capacity to make a decision we saw person centred, decision specific assessments in their records. Evidence of best interest's decision making was also recorded.
- We heard staff ask peoples' consent prior to care and support interventions.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring and kind. One person told us, "[They are] very, very kind. They sit and chat if they've got time, they say they like to come and talk to me."
- We observed consistently caring and kind interactions between staff and people. One of the staff we spoke with told us, "I am a visitor in their home. They are each a person with individual rights."
- Staff spoke discreetly with people. As staff walked through the communal areas they said 'hello' to people, passing the time of day with them.
- People looked clean, appropriately dressed and well cared for. People told us they were enabled to have regular baths or showers.
- The registered manager and care manager told us a new initiative had recently been implemented, 'This is me'. The registered manager told us this was to identify where people and staff had common interests and hobbies, the aim being to improve engagement and well-being through shared interests.

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

- People were consistently offered choices. A member of staff told us, "I ask them if they would like to get up, I ask them what they would like me to do, what they would like to wear. Everyone is different, and we need to go by what they prefer."
- We heard staff asking people what they wanted to eat and drink, where they wanted to sit and how they wanted to spend their time.
- The care manager told us they had begun to complete annual care plan reviews with people and their families. They showed us evidence of a recently completed review.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy. One person told us, "I can lock my door."
- Staff were able to tell us how they maintained people's dignity. One of the staff told us, "I will make sure the window and door is shut. I will ask them, explaining what I am doing. I will get the clothes ready nearby, so they're not exposed for too long."
- People's independence was maintained. One person told us, "I do all on my own, they help me at the beginning and the end." Care records noted the tasks people were able to complete themselves.
- Confidential information was stored securely. A GP visited the home; we saw a member of staff prompt the person to go to their bedroom to ensure privacy during the consultation.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We asked people how they passed their time. One person said, "I like going out in the garden, it suits me." Another person said, "Every day is the same. I have the tablet, computer, TV, I use the phone. I don't like doing the activities, I like to be by myself. There are tons of books to read, I have my camera." A relative told us, "There's a range of activities. [Person] tends to like music but [person] isn't bothered by arts and crafts."
- We spoke with both activities' organisers. One of them said, "Residents receive a weekly planner... Residents will ask for the planner. They will sit with their families and plan... At the resident meetings people will come and talk to me and tell me what they want to do. I will also observe how an activity went. If it went well, I will put on again... I will also speak with families."
- Each of the care records we reviewed was person centred and provided sufficient detail to ensure people received care which met their individual needs and preferences. Information was consistently recorded throughout each set of care records.
- Care records were reviewed and updated at regular intervals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about peoples' individual communication needs was clearly recorded in their care records. This included aids, for example, use of glasses and hearing aids and how they communicated with others.
- A weekly activity plan was displayed on notice boards within the home and was provided using a mix of words and pictures.

Improving care quality in response to complaints or concerns

- People were happy with the service they received. One person said, "Complain? Never; they're very good to us."
- The registered manager told us they had not received any formal complaints. They told us, "We deal with everything before it gets to that point."
- During the inspection we heard a visitor raise a query with a member of staff. The member of staff investigated the query and reported back to the visitor immediately. The visitor was clearly satisfied with the response they received.

- A visitor we spoke with told us they had recently raised a concern about a member of staff. Following the inspection, we discussed this with the registered manager, we were re-assured the matter had been addressed appropriately.

#### End of life care and support

- Care records noted people's preferences, where known, when their health deteriorated, and as they entered the final stages of their lives.
- Where people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNAR) instruction in place, this was clearly visible in their care records.
- The registered manager knew how to obtain additional advice and support regarding end of life.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

- Feedback about the registered manager was positive. One person told us, "[The management] are very approachable, they keep you informed." We asked another person if they thought the home was well managed; they responded, "I don't think you would get any better." A relative said, "Yes, the manager's not here today, when he's in you can speak to him, he's nice and tries to get on with things."
- Staff told us, "The management take on board any personal problems. They will come and talk to you. Very approachable, all hands on" and "I feel [registered manager] has made a big difference, he acts on it, puts things in place. Everybody feels a lot more supported... If we have any new ideas, [registered manager] and [care manager] are willing to listen to us, take them on board and consider them."
- A recent audit by an external organisation noted, 'The management team received criticism constructively, evidenced a passion for the work of improving the lives of vulnerable older people and were evidently willing to learn and improve.'

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

- The registered provider had a policy in place and the registered manager understood their responsibility and acted on their duty of candour. This is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf). The policy included the steps to be taken when things went wrong, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things had gone wrong.
- The ratings from CQC's previous inspection were clearly displayed in the reception area and on the registered provider's website.

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

At our last inspection the provider had failed to ensure robust quality assurance systems were in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- A number of internal audits were completed on a regular basis. Where issues were highlighted, actions taken to address these were recorded.
- Monthly visit reports were also completed by an operations manager. We reviewed three recent reports. Where an issue was identified, we saw the operations manager had re-visited this to ensure action had been taken.
- Since our last inspection, two audits had also been completed at the home by an external organisation.

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

- Staff meetings were held at regular intervals. One of the staff we spoke with said, "We have them every month. The notice is put up in the staff room to inform staff of the date... A couple of days before, [registered manager] will ask staff if there is anything they would like to discuss during the meeting. Minutes are always printed out and are put in the staff room and senior staff will inform those who were unable to attend, of matters discussed during the meeting."
- Regular meetings were held with people who lived at the home, although not everyone we spoke with felt they were effective. The activity organiser told us they chaired residents' meetings every month. Topics discussed included feedback about the service, activities and future trips.
- Links had been forged with the local fire service and a children's nursery as part of the home's involvement in an upcoming gardening competition. The activity organiser also told us about a 'Copshop Dementia Café' held at a police station. They told us, "We will usually hire a taxi and take residents there. It is an opportunity for residents to socialise and meet different people."

#### Continuous learning and improving care

- The operations manager, registered manager and each staff member we spoke with were clear in their desire to learn and continually improve the quality and safety of the service provided to people.
- We found shortfalls identified at our previous inspection had been addressed.
- Internal systems of governance were effectively monitoring the quality of the service people received.
- Effective systems were in place to ensure staff received regular training updates and management supervision.

#### Working in partnership with others

- The registered manager and staff worked in partnership with other organisations. These included the local authority, social workers, relevant healthcare professionals and the local community.