

Review of compliance

B & M Investments Limited (t/a B&M Care)
The Lodge Care Home

Region:	East
Location address:	5 Broad Street Hemel Hempstead Hertfordshire HP2 5BW
Type of service:	Care home service without nursing
Date of Publication:	November 2011
Overview of the service:	The Lodge Care Home provides accommodation for up to 46 older people who require nursing or personal care.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The Lodge Care Home was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 14 - Supporting staff
- Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider.

What people told us

People who use the service told us that staff respected their dignity and provided personal care and support in the privacy of their own rooms. During our visit on 30 September 2011, people said that they and their families were involved in their care and support they received. They also said that staff were helpful, caring and offered them with choices in food, drinks and activities.

People told us that health needs were assessed and reviewed on a regular basis and appropriate help was sought from other healthcare professionals when required. People who use the service said that their health and welfare needs were met.

People using the service felt that their views were listened to but not always acted upon in a timely manner. They also said that when they have raised concerns, management has not kept them informed of the actions being taken.

What we found about the standards we reviewed and how well The Lodge Care Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider is compliant with this outcome because people's rights, choices and preferences are respected and promoted. They and their relatives are involved in planning and reviewing the care and support people needs.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider is compliant with this outcome because people receive appropriate care and support that meet their needs. Identified risks are being managed and reviewed on a regular basis so that people are safe and protected.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider is not compliant with this outcome because appropriate actions to address the issues highlighted during a safeguarding review have not yet been fully implemented and therefore people may not always be protected people from abuse and harm. Staff are aware of their responsibilities to report any concerns.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider is not compliant with this outcome because staff are not provided with regular formal supervision. Training needs are not formally identified and performance is not regularly reviewed to ensure people using the service are safe and their needs are met by competent staff.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider is not compliant with this outcome because while the quality of service provided is monitored and areas for improvement identified, action plans are not always developed to implement changes to respond to shortfalls identified. People are not kept informed of actions being taken when they have raised concerns.

Actions we have asked the service to take

We have asked the provider to send us a report within 7 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People who use the service told us that staff respected their dignity and provided personal care and support in the privacy of their own rooms. During our visit on 30 September 2011, people said that they and their families were involved in their care and support they received. They also said that staff were helpful, caring and offered them with choices in food, drinks and activities.

Relatives of people spoken with said that they were aware of the care and support provide to people using the service and were informed of the changes in people's needs. They also said that they were involved in deciding about the care and support people needed and felt that their views were listened to and acted upon.

People told us that health needs were assessed and reviewed on a regular basis and appropriate help was sought from other healthcare professionals when required. People who use the service said that their health and welfare needs were met.

People using the service felt that their views were listened to but not always acted upon in a timely manner. They also said that when they have raised concerns, management has not kept them informed of the actions being taken.

Other evidence

During our visit 30 September 2011, we observed that staff knocked and waited for a response before entering their rooms. This ensured that individual's privacy was respected. The care plans we reviewed during our visit showed that people's needs were assessed, including their likes, dislikes and other preferences. The manager said that assessing people's needs and choices, prior to admission this identified whether the home was able to meet their needs before offered a placement. The staff we spoke with said that the information obtained from the assessment helped them understand the needs of the individuals and ensured that people's wishes were respected and promoted. Staff also told us that respecting people's privacy and dignity was discussed as part of their induction training and further reinforced in 'person centred care' training. They said that this training had helped them to understand and respect people's human rights and treat each person as an individual.

Staff also said that people are informed about the advocacy service 'Age UK' and how they could access this service should they need it. The manager told us that currently no individual was using the services of 'Age UK' because all the people using the service have a relative as their advocates.

Our judgement

The provider is compliant with this outcome because people's rights, choices and preferences are respected and promoted. They and their relatives are involved in planning and reviewing the care and support people needs.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People spoken with said that they and their relatives discussed with staff the help they needed when they were first visited at their home before moving into The Lodge Care Home. They felt that the support and care they received promoted their wellbeing. They also said that staff discussed and reviewed their care plans on a regular basis so that everybody involved in their care was aware of the changes made in their support plans.

People told us that health needs were assessed and reviewed on a regular basis and appropriate help was sought from other healthcare professionals when required. They also told us that they have access to a doctor as and when required.

People spoken with said that activities are provided for them everyday and they look forward to 'Music and Movement' and 'Pat dog' sessions. They also said that the hairdresser visited the home regularly and a weekly programme of activities was available to them. They told us that staff also reminded them of the activity taking place on a daily basis.

People were complimentary of the staff and said that they were happy with the care and support they received.

Other evidence

A sample of five care plans were reviewed during our visit on 30 September 2011 which showed that an assessment of care needs had been carried out before people moved into the care home. This ensures that the home was able to assess if they could meet

the person's needs before the individual was offered a place at the home. The care plans reviewed included detailed information about various aspects of care that was to be provided and daily records of how this care was to be delivered in line with the individual's identified needs. Staff spoken with said that the care plans were compiled, using the information gathered at the initial assessment and further developed after admission to reflect any changes in needs. The staff spoken with said that they seek the views of people and their relatives to ensure individualised care plans were developed. For example, in one person's care plan, it showed how the individual was being supported in the control and management of diabetes and in another how the person's nutritional needs were being assessed, monitored and evaluated. The bereavement and end of life plans seen were signed by individuals, demonstrating that they were involved in deciding with their relatives how care should be delivered and ensuring that their wishes during the final days of their life were respected.

Staff spoken with said that people's health needs were assessed and reviewed on a regular basis so that appropriate support from other healthcare professionals was sought when required. The care plans we reviewed demonstrated that daily records of care and support provided were kept up to date so that continuity of care is maintained.

The home has a range of activities that people are able to participate in. Staff told us during our visit that they have received training in supporting people with dementia and respected their wishes when they chose not to participate in planned activities.

During our visit on 30 September 2011, we noted that a group of people were participating in a 'quiz' session that was taking place as part of the daily planned activity programme. We also noted that a weekly activity programme was displayed on the notice board and the manager said that this is displayed to ensure that people and visitors are aware of the activities planned and taking place. The manager also said that staff reminded people of the planned activities on a daily basis to ensure they are able to participate if they wish.

Our judgement

The provider is compliant with this outcome because people receive appropriate care and support that meet their needs. Identified risks are being managed and reviewed on a regular basis so that people are safe and protected.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are moderate concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People who use the service told us that they would inform the staff and their relatives if they have any concerns. They also said that they were happy with the support they received from the staff.

Other evidence

CQC has received a number of recent safeguarding concerns and alerts regarding the staff removing people's call bells during the night so that the person could not call for help. We have also been alerted to another incident that involved a senior member of staff who failed to seek medical help when a person had a fall and sustained facial injuries.

In response to these concerns CQC conducted an unannounced visit on 30 September 2011. During the visit it was established that the provider had dismissed the member of staff who had removed people's call bells and had referred the member of staff to the Vetting and Barring Scheme so that this person is not employed again to work with vulnerable people. We were provided with evidence about the disciplinary action taken against the senior member of staff for failure to follow the home's policies and procedures regarding falls and facial injuries. The provider has stated in the action plan and reported to the safeguarding team that staff would be given further training to ensure that they have the knowledge and confidence to deal with such incidents. The provider has also stated that the policies and procedures regarding falls and facial injuries would be amended to ensure these were easier for staff to follow. However, during this review we were not provided with evidence that these policies and

procedures had been amended and therefore could not assess the impact these were having on protecting people from harm.

The provider stated that they would take action to reduce the number of falls and incidents occurring in the evenings, by increasing staffing levels during twilight hours to provide additional support and supervision of people, to minimise the number of incidents and protect people from falls and injuries. However, the provider was unable to demonstrate that additional staff have been recruited to ensure staffing levels can be increased at specific times of the day.

At a serious concerns meeting on 26 September 2011, chaired by the local authority, an action plan was requested from the provider demonstrating how risks were being minimised and managed. To minimise the risks to people a decision was made to suspend admissions of people to the care home until appropriate action had been taken to address the risks. This suspension was lifted following a meeting on 6 October 2011 as the provider produced an action plan with timescales to demonstrate that appropriate action were being taken to address the concerns raised. However, the majority of the concerns raised had been addressed but some remained outstanding due to longer timescales in particular the recruitment of staff to cover the twilight hours.

During our visit, the manager said that the service had safeguarding people from abuse policies and procedures that are in line with the Hertfordshire Safeguarding Procedures. The manager stated that these policies and procedures had previously been used to protect people from harm, for example disciplinary actions had been taken where poor practices have been identified and that referrals to the safeguarding team have been made to ensure that they worked together with other relevant services and agencies to safeguard and protect the welfare of people using the service. The staff we spoke with told us that they had received training in Mental Capacity Act, Deprivation of Liberty Safeguards and safeguarding people from abuse. They also told us that they were aware of their responsibility to report any concerns that they may have so that people using the service were protected and safe. The service has a whistle blowing policy which staff said that this was made available to them and that they would not hesitate to report any abuse and knew how to do this appropriately.

Our judgement

The provider is not compliant with this outcome because appropriate actions to address the issues highlighted during a safeguarding review have not yet been fully implemented and therefore people may not always be protected people from abuse and harm. Staff are aware of their responsibilities to report any concerns.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are moderate concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People who use the service said that their health and welfare needs were met.

Other evidence

During our visit on 30 September 2011, the registered manager told us that all new staff complete an induction programme so that they feel confident in supporting people who use the service and the work they perform. The manager showed us a rolling programme of mandatory and other relevant training that staff had attended and the training that was planned to take place. This programme showed that staff had also been provided with specific training, for example - dementia, as some people using the service have dementia.

The staff we spoke with said that they had completed their induction programme when they first started work at the care home and have also attended the mandatory and other training relevant to their work. They also said that they have completed their National Vocational Training in care at Level 2 and above. This range of training provides staff with the knowledge to deliver appropriate care.

However, the staff we spoke with said that they had not received formal supervision and appraisal on a regular basis. Resulting in their work not being appraised and their learning and development needs not being identified in a formal way. The manager said that some staff had received supervision and there are plans to implement this support programme for all staff once the new deputy manager has completed the probationary period.

Our judgement

The provider is not compliant with this outcome because staff are not provided with regular formal supervision. Training needs are not formally identified and performance is not regularly reviewed to ensure people using the service are safe and their needs are met by competent staff.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People using the service felt that their views were listened to but not always acted upon in a timely manner. They also said that when they have raised concerns, the management team had not kept them informed of the actions being taken.

Other evidence

A range of audits were undertaken to monitor the quality of service delivered and to identify areas for improvement. During our visit on 30 September 2011, the manager said that the quality assurance manager of the organisation carried out an audit in December 2010 as part of their yearly audit that included the monitoring of safe practices and made several recommendations including weekly review of care plans, development of a record sheet in relation to choices from the menu requested by people on a daily basis. The manager stated that monthly in-house audits were undertaken by senior members of staff and included the administration and management of medicines, health and safety, infection control, maintenance and other practices. The local pharmacist who supplies the medication carried out an audit on 2 March 2011 and made some recommendations that were already implemented.

The maintenance of repair work audits showed that the bath on the first floor had been in need of repair for a number of weeks. People using the service have complained about the inconvenience caused and they felt that management have not kept them informed of the delay. The manager said that the broken parts had to be ordered from overseas and it was taking longer than expected.

A questionnaire was circulated to people using the service, their relatives and staff in December 2010; this sought their feedback on the level of satisfaction in relation to the service provision. Although the report was produced that reported the findings of the questionnaire, an action plan had not developed to demonstrate how the provider would make the changes to improve the quality of service provision based on the response where people had indicated that they were not happy with the service provided.

Our judgement

The provider is not compliant with this outcome because while the quality of service provided is monitored and areas for improvement identified, action plans are not always developed to implement changes to respond to shortfalls identified. People are not kept informed of actions being taken when they have raised concerns.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	How the regulation is not being met: The provider has failed to implement a number of concerns raised at a safeguarding meeting to ensure that people are not put at risk of harm.	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	How the regulation is not being met: The provider has failed to ensure that staff received formal supervision and that their work is appraised on a regular basis so that people using the service are safe and their needs met by a competent staff team.	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met: The provider has failed to develop an action plan on how the service would be improved in response to the shortfalls identified in the questionnaire surveys.	

Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>How the regulation is not being met: The provider has failed to keep people informed of actions being taken when they have raised concerns.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 7 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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