

## Ryding Care Services Limited

# The Lodge

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 2 October 2017 and was unannounced.

This inspection was the first for this newly named service with its new provider. The home required a registered manager and there was one in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager (who was also the new provider) of this service had been the home manager of the previous home and many of the staff still worked the newly registered home. This meant that people received support and continuity of care from staff who were familiar with their needs and who knew them well.

The Lodge Care Home is in a large detached period house situated in a quiet suburban area in Hoylake. It is close to local shops and near to local public transport. The home provides residential accommodation for up to 18 people with personal care needs. At the time of our inspection, there were 18 people living there.

The home has 18 large bedrooms, all with en-suite facilities and is arranged over three floors with passenger lift access. The home has been re-furnished by the new provider and the accommodation is light, clean and has a homely feel to it. People have personalised their own rooms and these had been decorated to their choice.

The provider had employed additional staff. The home was clean and tidy and smelt pleasant. The buildings maintenance was carried out by a team of tradespersons which the provider had immediate access, to if urgent work was needed.

The required safety checks on things such as gas, electrical, lifts and fire installations and equipment had all been carried out in a timely manner and any improvements suggested had been completed. The kitchen had a food hygiene rating of five, which is the highest rating attainable. A variety of food was prepared and served according to people's needs and preferences.

People and their visitors told us that the home felt safe. They all told us that big improvements had been made at the service in the last year, since registration. They also told us that the staff were supportive and caring and that the manager was approachable and transparent.

Staff said they were well supported and trained and we saw that safe recruitment practices had been followed. Medication was correctly stored and administered and staff were trained in this area.

Staff were supervised on a regular basis and their yearly appraisal had been scheduled for October 2017.

The provider followed the Mental Capacity Act and its associated deprivation of liberties safeguards (DoLS). At the time of our inspection, there were no people living at The Lodge who were the subject of a DoLS.

Care plans were completed and regularly reviewed. They were person centred and contained risk assessments which had identified any risks to people's safety and well-being.

People were able to participate in a wide variety of activities and their cultural and religious needs and preferences were respected and enabled.

The management had made changes to the way some aspects of the service had been run under the previous provider. There were still some improvements to make but there was a good rapport and understanding between staff and the managers and people living in the home and their visitors and relatives, told us that they appreciated the improvements.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Medication was safely recorded, stored and administered.

Staff had been recruited safely. Recruitment, disciplinary and other employment policies were in place.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable people.

The home was clean, comfortable and well maintained.

### Is the service effective?

Good ●

The service was effective.

All staff had received training and had been provided with an on-going training plan. Staff received good support, with supervision and annual appraisals taking place.

Menus were flexible and alternative food choices were always available. All the people we spoke with said they enjoyed their meals and had plenty to eat.

The environment was decorated to meet the needs and preferences of the people living there.

### Is the service caring?

Good ●

The service was caring.

People told us that their dignity and privacy were respected when staff supported them.

Most people we spoke with praised the staff. They said staff were respectful, very caring and helpful.

We saw that staff respected people's privacy and were aware of how to protect people's confidentiality. People were able to see personal and professional visitors in private.

### Is the service responsive?

The service was responsive.

Care plans were up to date and informative. The information provided sufficient guidance to identify people's support needs.

The complaints procedure at the home was effective. People told us that staff listened to any concerns they raised, these had been followed up and information fed back to the person.

The provider worked with outside professionals to make sure they responded appropriately to people's changing needs.

Good 

### Is the service well-led?

The service was well-led.

The registered manager/provider were open and transparent.

There were systems in place to assess the quality of the service provided at the home. People who lived at the home, their relatives and staff were asked about the quality of the service provided.

Staff were supported by the registered manager and deputy manager.

Good 

# The Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 October 2017 and was unannounced. It was conducted by one adult social care 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.

Before the inspection, the provider completed and returned to us, a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We checked with the local authority and also looked at our own records to see if there was any information we should consider during this inspection. We noted the information the service had sent to us as statutory notifications. We also looked at the local Healthwatch website to see if they had recorded any concerns about the home. We later telephoned Wirral Community Healthcare trust in relation to Infection control for the home.

We toured the home, observed the general interactions between staff and the people there, spoke with nine people who used the service, three of their visitors/relatives and to three care staff, the cook, a domestic, the activities coordinator and to the registered manager.

We used the short observational framework for inspection (SOFI) during lunch time. SOFI is a tool developed between the School of Dementia Studies at the University of Bradford and CQC and is used by CQC inspectors to capture the experiences of people who use services who may not be able to express their views for themselves.

We looked at four individual care records, three staff recruitment files, training records and other information recorded about the running of the home. We spoke with six people who lived in the home, plus chatted to

several others over lunch. We also had brief conversations with several health and social care professional who were visiting people that day.

## Is the service safe?

### Our findings

People told us they felt 'very safe' at The Lodge. One person said, "Staff keep an eye out for you and you can talk about stuff." and another said, "I feel completely safe". Relatives told us that they had no concerns about safety. A relative said, "I can always get hold of someone If my mum needs anyone; they are always around".

Staff had received recent or refresher safeguarding training and were able to tell us what they would do if they suspected abuse. The safeguarding policy had been updated and was readily available to staff, including information about who to contact and about what abuse was.

We saw the staffing rotas had they had been planned so that that sufficient staff were on duty throughout the day and night and we noted the provider had employed additional staff since The Lodge's registration with CQC. These additional staff were a support worker, a training manager, an activities coordinator, a cook, and cleaner. There were mixed views from the people living in the service about staff numbers, however. For example, one person said, "Staff seem very busy at times but if I ring my buzzer they'd come". But another told us, "No, they are understaffed. If I want to go to the toilet they leave me waiting". On the day of our inspection we noted that there were sufficient staff on duty to safely meet people's needs and that all calls for assistance were dealt with promptly by the staff.

We looked at three staff recruitment records and found that all the required checks had been done to ensure staff were recruited safely, such as criminal record checks (also known as CRB or DBS checks) and the provision of two references. We discussed with the provider the best practice of periodically re-checking DBS for staff and they told us they would ensure this became their policy. There were records for such things as checks on the right to work in UK, staff addresses and their photographic identification, in the files.

The whistleblowing policy was available via the staff handbook and staff told us they knew that they could report any concerns to outside organisations. There were suitable employment policies in place for things such as grievance or disciplinary procedures.

We saw that the medicines trolley was secured in a key-pad protected room and that there were no controlled drugs necessary for any of the people living in The Lodge. We checked a random sample of four people's medication administration records (MAR) and their stored medication. We found that the MAR's were accurate compared to the stored medication and that the running totals kept on another record also tallied with what was stored. PRN drugs (as and when needed) were monitored and records kept of their administration. We observed part of a medication round and saw that the staff member in charge of the administration of medication and the trolley, wore a red, 'do not disturb' tabard during this process. One person told us, "If I had pain I would tell them. I have asked for Paracetamol at times and they give them". A medication policy was in place and only staff who had been trained in medication administration were allowed to support people to take their medicines. There were checks completed on the temperatures of the medication room and the medication fridge and they were within the required range recommended. Regular daily and weekly audits on medication records and stocks were undertaken and showed no errors in recent months. A medication error which had occurred in May 2017 had been appropriately notified to



CQC.

There had been a recent bacterial check for Legionella which had found negative results. Legionella is water borne bacterium which flourishes at certain temperatures, in water systems such as air conditioning or hot and cold water systems. However, we did not see that regular temperature checks of the hot and cold water outlets had been conducted as recommended as best practice. The provider told us they would investigate this and in a later email said that the training manager had previously arranged that the domestics conducted these and records were kept on their trollies. New window restrictors were fitted to all windows. All these were seen to be in good order. We were told that they were visually checked as part of the weekly room checks. However, there was no specific record of these checks and the provider immediately agreed to change the weekly check form in order to evidence that these checks had been done. Following the inspection visit the provider confirmed in an email to us that the changes suggested, had been made.

We saw that all the checks on such things as gas and electrical installations had been done regularly and were up to date and within safe limits. There were smoke and fire detectors fitted throughout the home and the necessary fire fighting equipment around the home. These were also checked and serviced regularly. There were appropriate fire alarm checks and fire drills and the home had evacuation plans, should there be an emergency. We observed that the kitchen fire door sometimes did not close properly if the cooker extraction fan was on as it caused a vacuum type pressure against the automatic door closure arm. The provider has assured us that a stronger closure arm has been ordered and will be fitted immediately it arrives. The kitchen had been protected from anyone other than staff entering as it was protected by a key pad lock on the door to it.

Risk assessments had been completed in respect of people, for such things as falls, bathing, diet and hydration and emergency evacuation, known as PEEPS (personal emergency evacuation plans). The PEEPS were held centrally in the downstairs office, for ease of access for any emergency services.

The provider told us and we saw that what had been the sluice room had been de-commissioned due to plumbing difficulties which were in the process of being resolved. The provider assured us that it was a priority to improve the facilities in the laundry. The laundry was in an out-building which had been attached to the main building by a covered area. The provider had been advised to use the 'red bag system' for infected or foul linen. This linen was kept safe whilst waiting to be washed, in a special red sealed bag which was then placed in the washing machine. The bags dissolved by external wetting, during the wash. The provider told us that it was rare for linen to be heavily soiled and that invariably, if it was bedding, it was removed from use and disposed of as clinical waste.

The kitchen was large, clean and well-ordered and had had a recent 'five' rating from the local authority's environmental food hygiene check. This was the highest rating awarded. We saw that there were records of daily temperature checks of the fridges, freezer and hot foods and that there was a suitable cleaning and kitchen checking schedule. Foods were stored appropriately and used in a timely manner

We saw that all of the areas were clean and tidy. People told us they felt positive about the hygiene in the home. A cleaner was on duty at the start of our inspection. There were sufficient soap dispensers, towels and bins in the corridors and toilets for everyone in the building to have the opportunity to clean and disinfect their hands appropriately. We noted that staff wore personal protective clothing (PPE) (disposable aprons and gloves) whilst delivering personal care or serving food to the people living in the home. These were disposed of in the correct manner and fresh PPE used for each person's support intervention or otherwise, when necessary.

## Is the service effective?

### Our findings

A person living in the home told us, "They [staff] are all properly trained and know what they are doing. They are excellent".

Newly employed staff were paired with an experienced worker and they received an induction during the first weeks of their employment. The induction included the aims and philosophy of the service, employment rights and basic training, such as safeguarding vulnerable adults, health and safety and moving and handling. Staff had a probation period of 12 weeks which could be extended if necessary. Within the 12 weeks of their probation period, they were enrolled onto the Care Certificate. This was a training programme accredited by Skills for Care often used as induction training.

We saw the staff training matrix which was regularly updated. It showed that staff received various other training once they had achieved the Care Certificate, such as training in medication administration, falls, dementia awareness and infection control. Staff were able to complete the health and social care (previously known as NVQ or national vocational qualifications) training and several had achieved level 3. The provider told us that some, usually basic training, was provided through e-learning via the internet, but that most of the training was provided face to face by a training organisation. We saw that staff had received regular supervision and that an annual appraisal programme had been scheduled for November 2017.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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. A person can only be deprived of their liberty to receive care and treatment when this was in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any authorisations or conditions to deprive a person of their liberty, were being met. We found that they were and that currently no people living in the home were the subject of a DoLS.

Staff had received training some time ago when they had worked for the previous provider and the service had scheduled Mental Capacity Act and DoLS e-learning training for all its staff which was to be completed by the end of November 2017. This would either be training for newer staff or refresher training for the other staff. This would be followed up by face to face training with the training organisation the provider used.

People had free access in and out of the home and were able to have locks on their own bedroom doors if they chose, although no one had asked for this at the time of our inspection. They were able to have visitors throughout the day and were able to go out wherever they chose to. People told us they were always asked for their consent before any staff intervention and that they could choose how they spent their day. We saw

that communication was frequent and effective. One person's relative said, "They took her to hospital last year and told me straight away; they always keep me updated".

Menus were four weekly, with choice being available throughout the day and night. People were consulted about their food needs and preferences and alterations were made if people chose something different to the advertised main meal. The home supported people with special diets including soft diets and nutritional supplements. The cook told us they could cater for people's specialist dietary requirements. One person told us, "I am diabetic so generally stick to water, but I know the juice is sugar free. They always give me a sugar free pudding". There was fresh fruit available and there was always a choice of desert and breakfast and tea time options and we saw that plenty of fluids were offered throughout the day.

We joined people for lunch and sampled the food which we found, was tasty and hot. There was water or juice to drink and staff encouraged the diners to refill their glasses and asked them if they wanted any more food. We observed that staff were pleasant, helpful and chatty to the people at the tables and again, the people at our table confirmed that this was the norm. There was conversation between people whilst music played in the background. People told us they enjoyed the food.

People's food and fluid intake was monitored daily where necessary and their weights were recorded at least monthly and sometimes more frequently, in line with their care plan. People had access to dieticians and other professionals to support them with their nutritional needs. There was a water dispenser on the ground floor of the building where the communal areas were. Some people had tea or coffee making facilities in their own rooms and others preferred to ask staff for a drink when they wanted one.

The premises were built about 100 years ago, was listed as a grade 2 building and had mostly, large airy rooms. There was a lift to all the three floors. All the bedrooms had their own large en-suites, many of which contained a bath with shower and electric bath chairs. There were communal toilets throughout the building. Rooms were named after places in the lake district and some had additional, more personalised information, such as the person's name who occupied them.

The home was undergoing redecoration and refurbishment. This was being done, in consultation with the people who lived there and their relatives. We noted a lot of improvements to people's rooms and to the communal areas and facilities and most areas had been completed. There were still some projects to complete as part of the refurbishment plan, such as upgrading the laundry areas. The home had been mainly brought up to date given the limitations relating to its layout and its grade 2 listing. The garden was flat and accessible and adjoined the provider's other home next door but was independently fenced.

## Is the service caring?

### Our findings

People told us they were very happy with the care they received at The Lodge. One person said, "I couldn't wish for better staff anywhere" and a relative said, "I trust all the staff...everything is well taken care of".

We noted that all staff on duty knew people who lived in the home well and were able to communicate with them and meet their needs in a way each person wanted. All the people who lived in The Lodge seemed relaxed and comfortable and we observed positive interaction between staff and the people. Staff treated people kindly and always had time to assist them if necessary. We saw staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred.

We observed that staff were very patient and supportive to the people who lived in the home. We saw that the entries that they had made in the daily records demonstrated a clear understanding of the needs of that person and that they reflected that the staff member cared about the person's welfare.

We saw that the people living in The Lodge were supported when necessary, to make choices and decisions about their care and treatment. Every person who lived in the home was treated with respect and all received the attention, care and support they needed in line with their individual care plan. Staff respected and supported people's choices and preferences.

We heard that when members of staff were talking with people who required care and support, that they were respectful to the individuals and supported them appropriately with dignity and in a respectful manner. We observed staff reacting to call bells in an organised way and in a timely manner.

We saw that staff respected people's privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private either in their own rooms or in one of the lounges on both floors as they chose. People who lived in The Lodge were able, if they chose, to have locks fitted to their rooms and to hold their own keys to their 'front doors'. Confidential records were kept in locked cabinets in the office and the office door was able to be locked when staff were not present.

The provider and staff told us that if any of the people could not express their wishes and did not have any family/friends to support them to make decisions about their care they would contact an advocate on their behalf. The provider had an effective system in place to request the support of an advocate to represent people's views and wishes if required. The information for advocates was displayed on the notice board.

Nobody living in the home required end of life care. The provider told us that should this become necessary, staff would be immediately trained in the six steps program and the procedures and protocols followed.

## Is the service responsive?

### Our findings

One person told us, "I couldn't be in a better place. I was in another home before and it was terrible".

The care plans we saw were informative and person centred. Most of the information was kept on a computer system and staff had access to the information on a 'need to know' basis. Information was easy to find; this was especially important for new staff members or agency staff, if used.

There was a key worker system; this meant that one particular staff member was especially responsible for any one person and that they paid particular attention to their support and care needs. Care plans detailed information about the person's daily needs, their risk assessments and medication needs and any important contacts, such as family, friend or professionals such as their GP or named nurse.

We heard complimentary comments from the people we talked with at The Lodge, such as, 'I am very well looked after' and 'It's exceptional'. We observed that staff treated everyone who lived in the home with care and support. People were encouraged to be as independent as they could and to enjoy any activities they chose. People were able to go to the church of their choosing and to receive any visitors they wanted.

There was an activities coordinator who worked between The Lodge and its sister home, which was next door. The activities coordinator arranged various activities for people living in the home and sometimes there were joint activities for both homes. Several people reported going out with staff. The home had a car and a mini bus. One person, who was a wheelchair user, told us they frequently went out in the car. People told us they had been to a MacMillan coffee morning and for a carvery meal at a local pub and that relatives who were able to take people out for meals or to the hairdressers etc.

Other activities included games such as bingo, BBQ's and race nights. A relative told us, "Christmas is always fun". However, the activities timetable was not always followed, we were told. This was because the activities coordinator also accompanied people to hospital appointments or church functions. We discussed this with the provider who told us they were considering bringing in other groups which might be of interest to the people living in the home. Following the inspection visited the provider informed us that a local pony sanctuary had visited the home with a miniature pony, and told us, "Much to people's delight".

People's individual needs were taken into account. One person had been in the army for many years and had followed a specialised way of life. Arrangements were made for this person to pursue this interest and meet like-minded people in an outside organisation.

We asked people about their health care needs and how the service worked with other health and social care professionals. All said that they had free access to any professional they required and that staff enabled them to attend appointments. One person told us they needed to see a dentist and we discussed this with the provider, who told us several appointments had been cancelled by the person. They would re-arrange another appointment for them.

People confirmed to us that when they had needed to see a doctor it had been arranged in a timely fashion. One said, "Yes, my leg got infected so they called the GP and I had antibiotics" and another told us, "When I was ill they got the doctor and I went to hospital. The hospital and staff here were wonderful".

Several people stated they had a District Nurse coming in to give them treatment. They reported they were happy with this service. Most people told us a chiropodist visited the home and several said their relatives took them to other health care appointments.

The provider had a complaints policy which was available for people and visitors to see. There had been no recent formal complaints. We saw that any complaints were dealt with promptly and that all were treated seriously. Residents and relatives meetings were held regularly where people were able to give their views and visitors were encouraged to access any staff members with concerns or issues.

## Is the service well-led?

### Our findings

The provider, who was also the registered manager and the staff had a clear understanding of the culture of the home and were able to show us how they worked in partnership with other professionals and family members to make sure people received the support they needed.

We talked with the provider and they told us how committed they were to providing a quality service. We observed that there was a relaxed and homely feel at the home and that the people living there appeared content and happy.

The leadership was visible and it was obvious that the registered manager knew the people who lived in the home. Staff told us that they had a good relationship with the managers who were supportive and listened to them. We observed staff interactions with the manager which was respectful and positive

Staff told us that the provider was open and transparent and we saw that there were good relationships between them. One said, "[Name] is very approachable" and another said, "You can always go to [Name] if you need to check anything".

This was the first inspection of this service since it had been taken over by the new provider. Many of the systems the previous provider, had had taken some time to be replaced with the new systems implemented by the new provider. However, the home was now running well and although a little more improvement to the quality assurance systems and auditing processes were needed, such as having available water temperature checks and managing the activities programme better. Other aspects of the homes quality assurance audits had been completed, such as care plans, medication, health and safety and infection control.

It was taking a little longer for all the staffs' training to be brought up to date, although most of the staff were experienced carers and had received training with the previous provider.

Other aspects of the service needed updating, such as the British National Formulary (BNF) which is pharmaceutical reference book that gives medicines guidance and details about many medicines available on the UK National Health Service (NHS). The version present in the medicines room was published in 2003 which meant that if referred to, the information it contained may be out of date. The BNF is usually updated annually.

One staff member told us that the provider was very supportive with their quest to achieve a higher health and social care qualification and that they had been promoted in line with their training. They aspired to become a manager themselves and the provider had been very helpful and encouraging with their studies. They had their own responsibilities and themselves were open and transparent. The service also had employed a part time training manager who was responsible for training and several other aspects of running the home.

Staff reported to us they found it was a better place to work. One said, "Its good working for [Name]. It's improved, to be honest. The environment has improved as well as the training". They went on to tell us that there was nowhere for staff to go to have their breaks. They said that staff would sometimes be interrupted whilst having their breaks. We discussed this with the provider as this was a potential health and safety issue who told us that there was no space available in the home for a dedicated staff room. They agreed to try and resolve it for the benefit of all.

The provider told us, "There's been a lot to do to get it the way I want it and there are a few things I want to get in place yet, but we are getting there". They told us they felt proud of their service and that the staff had been very co-operative in implementing the changes they were making. They said, "It's a work in progress".

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

The registered manager had submitted the required statutory notifications to the Care Quality Commission and met the registration requirements. They had also made appropriate referrals to either the local social services or local healthcare providers, as necessary.