

Gemini Care 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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Lodge can accommodate up to 44 people and there were 39 people using the service on the days of our inspection. The service comprises of two houses on one site and supports older people in the larger house and up to five people with mental health needs in the Coach House.

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

At this inspection, we found risk assessments for the environment had been reviewed and actions taken to improve the safety of the service. New window locks had been installed to all upstairs windows which allowed opening for ventilation, but the opening was restricted to prevent people from falling through the gap. The hot water temperature were recorded frequently to a set monitoring plan and any issues identified were resolved.

At this inspection, we found the managerial oversight of the service had improved and the quality assurance checks in place enabled the registered manager and senior staff to pro-actively respond to identified events.

The registered manager and senior staff carried out an assessment of people's needs before they commenced using the service. The information recorded identified to some degree how the support was to be provided in line with the person's preferences and choices. However, the information, although known by the staff, was not always recorded or lacked detail regarding what may upset people and the actions people were to take. The service had a complaints process and we saw that complaints were recorded and responded to in line with the recorded procedure.

Each person had a care plan containing a risk assessment. Staff were aware of people's needs and how to support them. This included recorded information in the care plans regarding people's prescribed medicines and staff had received training in the administration of medicines. Staff were recruited through a robust recruiting procedure. People informed us that there were sufficient members of staff on duty at all times to support them.

The staff were provided with supervision and on-going support including training. Staff recorded when necessary how they had supported people to have enough to eat and drink of their choice. People's care plans recorded information about support provided by other professionals and when appointments had been made for them by the staff with their permission.

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.

People told us that their personal care and support was provided in a way which maintained their privacy

and dignity. People spoke positively about the way staff treated them and reported that they received appropriate care. Staff demonstrated a good knowledge and understanding of the people they cared for and supported, such as people with a diagnosis of diabetes or dementia.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 13 July 2018) and there was a breach of Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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.

Although the rating for the key question for responsive has deteriorated from good to requires improvement. The key questions for safe and well-led have improved to good.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The 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 was carried out by one inspector.

Service and service type

The Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care.

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

This inspection was unannounced. Inspection site activity took place on 5 and 8 July 2019

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 the information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experiences of the care

provided. We spoke with six members of staff including the registered manager, deputy manager, two senior care staff and two care assistants. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medicine records. We look at three staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection of 8 May 2018, which was published on 13 July 2018, the key question for safe was rated requires improvement. At this inspection of 5 and 8 July 2019, improvements had been made in this key question and people were receiving a safe service.

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- The registered manager had arranged for the installation of window restrictors. These were checked on a weekly basis to determine they were in place and effective. The hot water temperature was checked weekly as part of a planned maintenance check since our last inspection and action taken when any issue was identified.
- The fire alarm was tested weekly and a fire risk assessment had been written with reference to individuals personal emergency evacuation plans (PEEP).
- People's care records contained risk assessments which informed the staff about how the risks to people's well-being were reduced. This included risks associated with falls, choking, and moving and handling.
- The service had a system in place to record and analyse any accidents or incidents. This helped to identify any trends or themes.

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns. One member of staff told us, "Safeguard training tells you about all different types of abuse."
- Members of staff informed us they knew how to report any concerns to the relevant external agencies.
- People we spoke with told us they felt safe. One person said, "I know and like the staff, so yes I do feel safe here." A relative told us, "I feel very confident about the manager and staff."

Staffing and recruitment

- The service had developed robust recruitment practices. New staff were appointed only after checks were completed which ensured they were of good character to work with people who had care and support needs.
- There were consistently enough staff to meet people's assessed needs. People had developed positive relationships with care staff who knew them well. Although the registered manager was not using a dependency tool to assist with determining the number of staff required to be on duty. A tool was being considered and people's assessed dependency needs were reviewed monthly or sooner should the need arise.
- People had allocated one to one time with a member of staff due to their assessed support needs. The staff recorded information about how they supported the person during this time.

Using medicines safely

- People's medicines administration records (MAR) showed people received their medicines as prescribed.
- When people were prescribed medicines on a when-required basis, there was written information available to guide staff about how and when to give the medicine to people to ensure this was given consistently and appropriately.
- Competency assessments were completed for all staff which helped to ensure they were safe to administer prescribed medicines to people.

Preventing and controlling infection

- The service had systems in place to make sure that staff practices controlled and prevented infection as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection. For example, they used gloves and aprons appropriately and kept the service clean as directed by cleaning schedules.

Learning lessons when things go wrong

- The registered manager had arranged and held meetings with staff to discuss the last inspection and plan how to improve the service for the people living at The Lodge.
- Lessons were learned when things went wrong. The senior staff held regular meetings and implemented actions as necessary to improve the service and to keep people safe.

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 our last inspection 8 May 2018, the key question for effective was rated good. At this inspection of 5 and 8 July, we found that people continued to receive an effective service.

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 had worked with other professionals and developed an assessment tool so that accurate information was collected including people's needs and preferences.
- People's needs were assessed before they started to receive support from the service. One person told us, "The manager came to see me and explained all about the place and how they could help me."
- Each person was introduced gradually to the service. They were invited to tea, and then for an overnight stay, as many times as the person wanted until they felt comfortable. Once the person had settled in they could have longer stays as agreed with them, the local authority and health service.
- People using the service having been referred by the mental health service, reviewed their needs weekly or sooner with the staff from the service and other organisations to determine their progress.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training for their roles. One member of staff told us, "The training is very helpful and you feel able to help people properly because you have been trained."
- New staff having completed the induction training received support from experienced members of staff and were gradually introduced to the service by being given time to meet people and read care plans.
- Staff told us they received regular supervision and an annual appraisal. One member of staff told us, "Supervision is planned and you can always approach the manager or deputy to help you."

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

- The staff had identified people's preferences and choices of food with them. Meals were served over two sittings to enable the staff to be able to support people with their meals and also gave people the choice of where they took their meals.
- People told us they enjoyed their meals and it was a pleasant occasion. One person said, "You never go hungry here, nice food."

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

- The staff worked with people using the service to arrange appointments with other professionals to support people's well-being. Information regarding appointments was recorded in people's care plans.
- The new mental health part of the service had been operating for a few months. The staff worked closely with the people living at the service and in particular staff from other services to ensure care and support was delivered in an effective and timely way.

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

- The Lodge is made up of two separate houses which were divided into personal rooms. People told us how they had been involved in the decision making in how their rooms and lounges were decorated.
- There were plans in place to further develop the gardens and build upon the work which had already taken place since our last inspection. Patio areas had been established and land prepared for the keeping of chickens and to grow vegetables. The staff were keen to support people to use areas of the garden as allotments which had been discussed with the people living at the service.
- The service had benefitted since our last inspection, from an extension to increase the living space for people and improving the amenities, such as the laundry. Additional signage was still being included to help those people experiencing difficulty to find their way around.

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

- Staff had recorded in people's care plans the support received from health care professionals, including their GP and community nurses. Feedback and guidance was recorded to ensure people received a consistent service with regard to their needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The senior staff had made appropriate DoLS applications after assessing people in line with the MCA.
- Staff knew how the MCA and DoLS applied to their work. One member of staff said, "This is about making sure you give people choices: just because someone cannot talk, they can choose."
- We saw staff talking to people about the care and support the person wanted and gained consent before they carried out any tasks. Staff offered people choices in all aspects of their lives.
- The deputy manager had worked with people to determine their capacity and to ensure people were involved in the decision-making process of how they lived their lives. The registered manager explained to us how the process was used to arrange and record best interest decisions.

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 our last inspection of 8 May 2018, the key question for caring was rated good. At this inspection of 5 and 8 July 2019, we found people continued to receive a caring service.

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 treated them with care and respect. One person said, "The staff are kind and understanding, they share my interests in music, so I can talk to them about that."
- People felt the staff had time to support them and they were not rushed. One person told us, "The staff are understanding of what I have been through and how to help me."
- Staff communicated with each person in the way that person preferred. We could see that people had good relationships with the staff. They were comfortable with the staff and enjoyed their company.

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

- People informed us that they were offered choices about how they spent their day and staff listened to them to support with fulfilling those choices.
- Staff knew people well and knew their likes, dislikes and how they wanted to be supported.

Respecting and promoting people's privacy, dignity and independence

- Staff fully respected and promoted people's privacy and dignity. Personal care was offered discreetly and carried out privately.
- People were treated with compassion by knowledgeable staff who respected people by addressing them by their preferred name.
- Staff knocked on bedroom doors before entering and we saw that staff spoke with people in a discreet way about if they needed assistance with their personal care needs.
- People informed us that the staff respected their independence and they frequently visited the local town and nearby amenities.

Is the service responsive?

Our findings

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

At our last inspection of 8 May 2018, the key question for responsive was rated good. At this inspection of 5 and 8 July 2019, this key question has deteriorated to requires improvement.

This meant people's needs were not always met.

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

- People's needs had been assessed and recorded but had not been fully developed and recorded to show how person-centred care was to be provided.
- Although staff knew how to support people should the need arise from when they were upset or in response to a medical need, such as hypoglycaemia. This information such as triggers in people's behaviour prior to them becoming upset or what to do when a person was hypoglycaemic had not been recorded.
- There was no record in one care plan that it had been reviewed for over six months. Another recorded that a person had a diagnosis of asthma but there was no information of what the staff were to do should the person become unwell. Another care plan contained a behaviour chart but lacked the detail of what were the triggers to the behaviour and what actions the staff could take to help to resolve any situation.
- The staff were provided from their training information and guidance regarding falls, urinary tract infections and hypoglycaemia and were knowledgeable about these situations but this information had not been recorded in people's care plans when they were subject to these conditions.
- The registered manager was planning to address this through holding reviews with people and their relatives to agree and record this information.
- The service provided consistent staff which helped to develop positive relationships between the people using the service and staff members.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We found that there were improvements needed with the recording in detail of people's life histories, responses to events and how to support them to pursue their interests and hobbies.
- One person had within their care plan information under the heading 'this is me', designed to record what was important to the person. But the section entitled, 'what I need to do' was blank.
- The service did not have dedicated activity staff. The registered manager had arranged a programme of events for each day but this would vary upon people's feelings at the time. We saw events were planned, such as entertainers coming to the service and a saxophonist had recently attended.
- People told us they were content using the service, and they received care which met their needs. One person told us, "I do get a little bored sometimes."
- The service did have various equipment for people to use for entertainment including an interactive table which we saw some people using for their enjoyment through interactive and recognising games.

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.

- People were provided with information in a format they could understand, and signage helped people to locate their way around their home.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure which had been developed with the people in mind that were using the service to support them to make a complaint should the need arise.
- Information about how to raise a complaint was given to people upon joining the service.
- People felt able to raise concerns if they wished to and none of the people we spoke with as part of this inspection said they had raised any formal complaints. One person told us, "The manager is very good and they would sort out any problems."

End of life care and support

- Nobody living at the service at the time of our inspection required support with end of life care. The registered manager informed us the service had been provided this support in the past for which staff were trained and excellent support was provided regarding palliative care from qualified nurses.
- People would be supported to remain with the service, if they chose to, and supported by staff who knew them well. The registered manager planned to work with other professionals to support people appropriately at that time in their 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 our last inspection of 8 May 2018, the service was rated requires improvement overall. The key question for well-led was rated requires improvement. There was a breach of Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection of 5 and 8 July 2019, improvements had been made and the service was no longer in breach of any Regulations. Improvements were being made and ongoing in the governance systems.

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

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

- Since our last inspection, the registered manager had developed the service governance systems to improve monitoring in order to identify issues and take appropriate action.
- Audits were carried out regularly to check that window restrictors were in place and working and the hot water temperatures were checked. Staff showed us the monitoring systems which they were responsible for completing, which clearly demonstrated overall improvements in the governance of the service.

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

- The senior staff had reviewed and rewritten the statement of purpose to include and take account of the new development at the service of supporting people with specific mental health needs. The service had sought advice from the CQC regarding registering the correct service user bands.
- The service was well-organised and there was a clear staffing structure. The staffing rota was organised in advance, so staff were aware of when they were required. One member of staff told us, "I have worked elsewhere but like it here as it is really well organised."
- Staff understood their roles and responsibilities and found the management team supportive. A member of staff told us, "The manager or deputy asks each day how we are."
- The senior staff felt valued and well-supported by the management team because they were available to support at anytime through the on-call process.

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

- People were invited to meetings to talk about the service and plan future activities such as the allotments and caring for chickens.
- Relatives told us they were encouraged to provide feedback on the care delivered. A relative told us, "I have been invited to reviews and there are no problems with the service."
- Staff spoke positively about the support they received from the management team. A member of staff told

us, "We have been consulted about the hours we work and shift patterns."

Continuous learning and improving care

- The management team supported a culture of continuous learning and improvement. Staff informed us that both the registered manager and deputy were supportive of training requests.
- The management team positively encouraged feedback, reviewed the quality of the service and acted on any identified shortfalls to continuously improve the service.

Working in partnership with others

- The service worked collaboratively with other agencies such as the mental health service and local authority.
- The registered manager had sought the support of other organisations to work together to support the people living at The Lodge. This included people who used the service, their families and representatives, GPs, community nursing teams and other health care professionals.