

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## The Lodge

Westbourne Road, Scarborough, YO11 2SP

Tel: 01723374800

Date of Inspection: 22 January 2014

Date of Publication: February 2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Hamilton Care Limited
Registered Manager	Mrs. Julia Anderson
Overview of the service	The Lodge provided accommodation and personal care for 38 people. It is located on the south bay area of Scarborough.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services.

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### What people told us and what we found

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We visited The Lodge at 7am so that we could observe the early morning routines and regime. We found that people who used the service were involved in making decisions about their care and treatment. People told us that they could have freedom in their daily routines.

We found that people were provided with a choice of suitable and nutritious food and drink. People told us they enjoyed the food provided for them. One person said "No complaints here, they look after me very well." Another person said "We always get the best of everything, and the quality of the food is no exception."

The service was warm and comfortable, and we found that the furniture and décor were in keeping with the style of the home. All the areas of the home we looked at were clean and tidy.

There were enough qualified, skilled and experienced staff to meet people's needs and effective management arrangements were in place to provide staff in sufficient numbers to promote people's safety and wellbeing.

People had the opportunity to be able to speak out and raise any issues or concerns that they might have. One person said "We can ask staff about a little thing and next thing it is sorted."

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

We arrived at the service at 7am and spent some time talking with the seven people who were in the lounge. Most people told us they were able to get up with only minimal assistance and said they chose to be up and about early. People told us they had already had one drink and we saw another was taken round just after we arrived.

One person who told us that she didn't like being up early had recently moved to The Lodge from another service.

We spoke about this to the provider who confirmed that there was no expectation people should be up at a certain time and she would reassure the person about this. Later we saw staff quietly checking on another person who was asleep in bed at 10.30am so as not to disturb her.

People confirmed that they had been involved in planning their care. They told us there were lots of activities and things to do but they were free to follow their own interests and pursuits if they wanted. One person was preparing to go out when we visited. We spoke with both her and the friend who came to take her to church later in the morning. Both confirmed that they were satisfied with the care provided in the service and they said staff were friendly and kind.

The manager told us people were consulted during the assessment process so that they had sufficient information to make an informed decision about admission. People told us that the staff spent time with them talking about their care needs, which included their likes and dislikes, the people who were important to them and what they enjoyed doing.

We saw there was a lot of friendly banter between people who used the service and the

staff who supported them. However, staff were also sensitive to people's mood. For example, during our visit we saw staff were quick to offer reassurance and support for one person who was quite tearful and checked they were comfortable and had everything they needed before leaving them.

Staff told us that people's views were of central importance to their care. They said that they were given time to spend with people, asking them about their choices and we saw that a record of these was kept in people's care plans. People were also consulted in regular residents meetings. These meetings were documented and suggestions by people were recorded with examples of when these had been acted on.

From our discussions with staff it was evident that staff understood the principles of The Mental Capacity Act 2005. When a person lacked mental capacity to make a particular decision then actions were only taken in the person's best interests. We saw evidence of a 'best interest' decision meeting for one person who had high care needs owing to reduced mobility, blindness and loss of hearing to remain at The Lodge where she had always been happy, settled and well cared for.

Staff told us that they always treated people with respect and regard for their dignity and we saw that the home had a policy which included privacy and dignity. Consulting people about their care was included in each staff member's induction training.

We observed staff speaking with people in an inclusive and respectful way. They asked people about their preferences for food and how they were assisted to move about the home.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People told us that they enjoyed their life at The Lodge and that they could have freedom in their daily routines according to their wishes. We saw that this included regular trips out of the home to take part in individual interests and to keep in contact with friends and relatives. One person told us that he was unsteady when walking on his own but that staff would accompany him outside whenever he wanted to go in the garden.

We visited at a busy time in the early morning and were able to observe the handover between night and day staff. We observed that members of staff coming on duty were updated with timely information about people's health and wellbeing, and other essential information such as appointments. For one member of staff who had not worked in the home for some days the handover covered this period as well. We saw in the daily diary that staff coming on duty were allocated with certain tasks for the day and had responsibility for assisting named individuals. This helped to make sure that people received consistent, safe care.

We observed staff were cheerful, greeted everyone by name and asked how they were feeling and whether they needed any assistance. We saw staff constantly chatted with people and were kind and friendly. One person said "They are very good to us. " Another person said "I've really landed on my feet here, I'm so lucky."

We looked at four assessments and care plans with associated documentation. We saw that care plans included both physical and mental health needs. They contained a personal history of each person which had been completed either with the person, a representative, or both. Care plans included details on people's wishes for future care. Care plans often included people's views on the way they wished to receive their care. For example, they included what people preferred to eat, wear, how they preferred to be dressed and their routines of daily living.

This gave staff valuable information about the person, their likes and dislikes, their personality and what was important to them including interests and significant

relationships. Staff told us that they knew people well and this knowledge was important because it helped them to provide personalised care.

The provider told us that some people admitted into the service had more complex care needs than in the past. Since the last inspection the provider said she had reappraised the care planning tools used by the home and she was intending to introduce new documentation into the home. We saw copies of the new documentation which once completed would assist staff to capture and record information and review changing needs more effectively. This would help ensure that risks were adequately identified, assessed and minimised.

We saw that people's care files showed evidence that specialists had been consulted to ensure people had the benefit of expert advice and knowledge. One person who was at risk of self-neglect owing to their poor oral intake had received specialist support from the community mental health team and the dietician. We saw that the risks had been clearly identified and decisions recorded by the professionals involved in their care. Although consideration had been given to the use of covert medication it was deemed the person had capacity to refuse treatment following a capacity assessment in accordance with the Mental Capacity Act 2005. The provider may wish to note however that when the person had accepted treatment such as a liquid supplement this had not always been recorded on the person's medication administration record (MAR) sheet as required. The MAR sheet was the formal record of administration of medication within the service and therefore staff had a duty to record all medication administered. Accuracy was particularly important in this case as the person had a known history of non adherence in medicine taking and a limited nutritional intake.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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People were provided with a choice of suitable and nutritious food and drink.

People told us they enjoyed the food provided for them. One person said "No complaints here, they look after me very well." Another person said "We always get the best of everything, and the quality of the food is no exception."

During our visit we observed the breakfast experience in the dining room. Staff told us that people usually took their meals in the communal dining room. However, they said people could choose to have meals in their rooms if they wanted. We saw that the daily menu was on display so people could check what was on offer for the day and decide what they might like to eat for lunch. On the day we visited lunch provided people with a choice of pork and mushroom stroganoff or cheese omelette. However, in practice people told us that an alternative to the main menu choices would always be provided.

Tables were well set with suitable arrangements to allow people to assist themselves, for example to butter, fruit juice and jams. People had a choice of cereals or porridge and we saw that hot drinks were supplied as people sat down. Staff took freshly prepared toast round each table. We saw this allowed staff the opportunity to speak with people and offer people with discrete assistance as needed. We saw staff prompt people with eating and drinking as needed. No one was rushed and we saw that people were supported to leave the table when they wished.

The manager told us that people's dietary needs were assessed on admission. We checked care files for three people. We saw where one person had a poor dietary intake appropriate advice was sought from the person's doctor. Another person told us they had spoken to their own doctor about their diet and was awaiting an appointment with the dietician.

We spoke with one of the chefs. He confirmed he was always informed of any dietary issues to ensure that people's dietary needs were met. It was evident that the chef was knowledgeable about people's dietary preferences. He told us he regularly asked people at mealtimes about their food preferences and factored these into the menu changes. People were also regularly asked for their views at residents meetings about what they would like to have on the menu.

We found effective arrangements were in place for safe handling and storage of food. The kitchen contained appropriate facilities for the storage and preparation of food. The chef showed us the stock rotation he followed for frozen foodstuffs and how he managed and recorded what he did to make sure food was safe. The kitchen had been awarded a hygiene rating of '5' when it was inspected by a local council food safety officer. The rating of '5' means that the service was found to have very good hygiene standards.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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**Reasons for our judgement**

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The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

Accommodation was provided in a large detached building with two purpose built extensions. During our inspection we looked at most areas of the home. We saw that the communal areas were warm and comfortable, and the furniture and décor were in keeping with the style of the home. All the areas of the home we looked at were clean and tidy. People were encouraged to bring small items of furniture and possessions into the home and we saw people's private rooms were well personalised.

Accommodation was offered in a range of bedrooms with approximately two thirds also equipped with en-suite facilities. The provider told us about plans to refurbish the home which included increasing the provision of en-suite facilities and upgrading bathrooms and toilets around the home. We saw an example of one of these where the work was nearing completion and saw it was being completed to a high standard. Some rooms also had separate bedroom and sitting rooms.

Suitable locks were provided for all doors leading to people's private areas with keys supplied to the occupants so they could keep their personal possessions safe. Rooms also had separate lockable facilities or safes in which people could store their own medicines or money.

Adequate space was provided for the storage of reserve linen, continence supplies and bedding. Space was also provided for the storage of people's belongings which could not be kept in their own rooms.

The provider had an effective system in place to identify, assess and manage risks in relation to health, safety and welfare to meet the requirements of the Health and Safety at Work Act 1974 and associated regulations and the Regulatory Reform (Fire Safety) Order 2005 and other relevant legislation.

During our visit we were shown evidence of the regular health and safety, and

maintenance checks carried out in the service. This included, for example a current electrical certificate dated 19/03/2010 and valid for five years signed by an approved contractor of the National Inspection Council for Electrical Installation Contracting (NICEIC). We saw that the passenger lift was serviced and maintained on a regular basis. We saw that the service kept a maintenance book where staff could enter items for repair. The manager told us the book was checked each morning and noted once finished. When we visited there were no outstanding maintenance issues all having been completed.

The manager told us the quality checks included health and safety aspects. This included ensuring equipment was safe, that water temperatures were recorded and that risks for example in relation to the use of bed rails were audited.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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There were enough qualified, skilled and experienced staff to meet people's needs.

We saw during our visit that there was enough staff to meet people's needs in a timely way. The manager said the rota was organised to ensure that there was enough suitably qualified and competent staff on duty to look after people and to spend time with them.

Both the manager and the provider were on duty during our visit and we saw they were both actively engaged with how the care and support was being delivered to people. Staff we spoke with told us they were generally satisfied with the staffing levels. They said they worked as a team and supported each other to cover sickness and holidays.

Staff told us that there was a stable staff group with some people having worked at the service for a number of years and through several changes of ownership. One staff member said "We all help each other and will come in to work if someone is off sick." One person who used the service said "They all work well together as a team, I think that is obvious."

New members of staff completed Skills for Care common induction standards. The induction framework covered orientation with the building, introduction to the company, health and safety issues, and organisational rules.

Staff we spoke with during our visit said they received on-going training to develop their skills. We looked at the training records of two staff which confirmed this. We saw that training was provided in a variety of subjects such as safeguarding, end of life care, equality and diversity, infection control and moving and handling.

The manager told us she operated an open door policy and staff could approach her or the provider at any time. Staff received supervision and appraisals. We checked the supervision records for two members of staff and saw these contained a summary of work performance, and a record of issues discussed and action points for the next meeting. We saw that staff meetings were also held. These meetings provided staff with a forum to discuss organisational matters, training issues and complex cases. We looked at the staff meeting minutes for the ancillary staff team, which was held on 12/12/2013. Among other issues staff had discussed specific areas of responsibility, supervision and appraisals and

forthcoming training on health and safety, food hygiene and information about the investors in people award.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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People's complaints were fully investigated and resolved, where possible, to their satisfaction.

The home had a clear policy for managing complaints although they had not received any since our last visit. The manager told us that she investigated complaints and recorded actions and outcomes. We saw a complaint policy and procedure and noted that this gave clear timescales and actions which would be taken to ensure people's complaints were resolved quickly. The brochure contained a copy of the complaints procedure and people could complete a form raising any issues they may have. The manager told us she operated an open door policy and encourage people who used the service, visitors and staff to tell her of any problems or niggles so they could be swiftly sorted out.

We spoke with seven people who lived at the home. We asked people if they knew who they could speak to if they had any worries or concerns. All said they were confident that their concerns would be listened to, treated seriously and that something would be done to put things right straight away. One person said "We can ask staff about a little thing and next thing it is sorted."

The people we spoke with during our visit said that they felt involved in decisions about their care and were able to raise suggestions for improvement at the home. People told us they were asked about their care at reviews and at residents meetings which were held on a three monthly basis. Minutes were kept from the meetings and action points from these were recorded to ensure people had their suggestions acted upon.

Staff said that people would be encouraged to speak with their key workers who could advocate on their behalf if they were feeling unhappy about anything. Questionnaires were also routinely sent out to people who used the service and their relatives. We checked an example of the questionnaire that had been sent out to people in the past month and saw that people were invited to comment on the environment, meals, laundry, carer attitude and activities and entertainment. This gave people regular opportunities to raise any issues or concerns that they might have.

We spoke with two members of staff who told us that the home treated complaints seriously and acted quickly to put things right.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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