

The Lodge Trust CIO

The Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Lodge Trust is a residential care home providing personal and nursing care to up to maximum of 30 people. The service provides support to autistic people and people with a learning disability. At the time of our inspection there were 29 people using the service.

The Lodge Trust is a Christian home and supports people to lead a Christian lifestyle. The service is situated amongst a substantial country park, some of which is accessible and used by the public.

There are 6 different bungalows and houses across the site where people live. Some people lived in their own self-contained flats, whilst others had their own bedroom and ensuite and shared a dining room and living room area.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

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; however, there was not always clear written guidance in place to support staff with this. Some people's specific health needs were not always assessed and documented. Some staff had not received mandatory training regarding supporting people living with learning disabilities and autism.

People received their medicines as prescribed, but some audit processes required improvements to ensure any issues were identified in a timely manner. People were supported to engage in activities and interests and were able to personalise their bedrooms and living spaces as they wished.

Right Care:

Systems and processes were not always effective to ensure safeguarding incidents were identified, investigated and referred to the appropriate agencies. This meant the opportunities to assess safety and take steps to mitigate risk were not always taken. Some people did not have specific health condition care plans in place such as mental health diagnoses. People were supported by staff who were passionate and committed to providing care in accordance with the Christian ethos of the service. Staff were caring and provided support to people with warmth, compassion and preserved their dignity. People were able to make choices and were involved in decisions about their care needs and lives. Staff worked closely with people and made referrals to health and social care professionals in a timely manner.

Right Culture:

Oversight of the service was not always consistent. We found areas of concern that had not been identified prior to our inspection. These included audits not efficiently identifying improvements required, and processes not always being effectively followed. People were encouraged to be independent, and staff listened to people's views. Staff formed good working relationships with people. Staff and management were open and transparent, and acted upon feedback to improve people's outcomes. Systems and processes to govern the service required improvement to ensure the areas of risk were identified, and improvements to drive quality care could be delivered.

Overall, the service was not always meeting 'right support, right care, right culture.' We are aware this is a large service supporting up to 30 people, and therefore is significantly larger than good practice guidance suggests.

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

Rating at last inspection

The last rating for this service was good (published 21 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Lodge Trust on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to how safeguarding concerns were responded to and how the service was governed at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors, a senior specialist with expertise in learning disabilities and autism, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Lodge Trust is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Lodge Trust is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of this inspection was unannounced. The second and third day of the inspection were announced.

Inspection activity started on 24 October 2023 and ended on 7 November 2023. We visited the location's

service on 24 October, 25 October and 1 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 16 people who live at the service and carried out observations to understand people's experience of the care provided. We spoke with 5 relatives to understand their experience. We spoke with 15 members of staff including the nominated individual, the registered manager, the creative enterprise manager, 3 senior co-ordinators and 9 support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of documents and records. These included 7 people's care records and multiple medicine records. We reviewed 4 staff files and a variety of policies, procedures and documents. Following the inspection, we continued to seek clarification from the provider to validate our findings.

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 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding referrals were not always completed. Whilst policies and processes were in place these were not sufficiently embedded into staff practice. Upon reviewing incidents, we found not all safeguarding matters had been identified, investigated or reported to all relevant agencies. This meant opportunities to review incidents and mitigate risk were missed.

Effective safeguarding processes to ensure people were always protected from the risk of harm and abuse were not embedded. This placed people at risk of harm. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was responsive during and after the inspection. They undertook a review of all incidents and submitted notifications to relevant partner agencies as required.

- Staff had received safeguarding training. One staff member told us, "I have been trained in safeguarding, I know what to do. I would raise concerns with the local authority if I needed to."
- People felt safe. One person told us, "I feel safe at The Lodge." Another person told us, "The staff are nice and are there for support if I need it." People's relatives felt staff knew people well and provided the care and support people required.

Assessing risk, safety monitoring and management; Managing medicines safely

- Risk assessments to enable people's health conditions to be safely managed were not always in place. For example, people's care records did not always include assessments for specific health conditions such as mental health diagnoses. Staff knew people well however which allowed them to identify if their health needs were changing.
- People did not have Deprivation of Liberty Safeguards (DoLS) care plans in place. Some people lacked capacity to make decisions about where they live, and DoLS are authorised so care is delivered in a proportionate way. Staff did however know people well and were aware some people were subject to DoLS.

The registered manager responded immediately during and after the inspection. They confirmed all risk assessments and care plans identified as being absent were now in place.

We recommend the provider reviews management of risk associated with specific health conditions to ensure risk assessments are person-centred.

- "Daily checks were undertaken but some improvements were required to medicines audits. Whilst there were no medicine errors identified, the audit in place did not always cover all areas that would allow for potential issues to be easily identified. This meant opportunity to identify errors and prevent recurrence could be missed.
- Records were up to date and completed in a timely way. Staff documented people's daily care needs in an accurate and legible manner. Handovers took place between shifts so people's changing needs were communicated to staff supporting them.
- Medicine administration records (MARs) were in place. Staff completed MARs and recorded instances where people did not take their medicines. Follow up calls to the GP and the 111 service were made where required.
- Covert medicine protocols were in place. Some people required medicines to be given concealed in food or drink. When this was required relevant health professionals had been involved, and clear guidance on safe administration from the GP and pharmacist was in place for staff to follow.
- Medicines were stored safely. Fridge temperatures were taken and monitored, and medicines were dated upon opening. Stock counts were made each time medicines were administered and processes for ordering medicines were effectively embedded.

Staffing and recruitment

- Not all staff had completed required training. We reviewed the training matrix and found some staff had not completed mandatory training on learning disabilities and autism. This training is important to ensure staff understand people's needs and can support them in line with best practice.

We recommend the provider ensures all essential training is completed and a record maintained of this.

- Safe recruitment processes were not always followed. We reviewed 4 staff files and in 3 found gaps in employment were not always explored at interview. This meant opportunities to identify potential risks were missed.
- Disclosure and Barring Service (DBS) checks were completed on all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

The registered manager took action during and after the inspection. Reviews of documentation were undertaken to improve the prospective staff interview process, and outstanding training needs of staff were promptly addressed.

We recommend the provider reviews recruitment processes to ensure all pre-employment checks are completed.

- Staffing levels appeared sufficient. We observed enough staff during inspection, and people who required 1 to 1 support received it. Dependency tools and staffing rotas reviewed supported this, although some people felt staffing was sometimes short in the evenings and at weekends.

Preventing and controlling infection

- The service was clean. Regular cleaning tasks were undertaken by designated housekeeping staff, but people were also encouraged to be independent. The service worked to an ethos of 'it's your home, not a hotel', and encouraged people to be proud of keeping their bedrooms and communal areas clean. Staff assisted people who needed extra support and completed cleaning tasks for people who were unable to.
- Staff wore Personal Protective Equipment (PPE). Staff were observed using PPE appropriately when

supporting people and undertaking cleaning tasks. This helped to ensure the risk of catching and spreading infections were reduced.

Visiting in care homes

- People received visitors. Family and friends were able to visit freely and arrangements were in line with best practice guidance. This impacted positively upon people's wellbeing.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met, and improvements to documenting care plans and conditions were made.

Learning lessons when things go wrong

- Lessons were learnt. The registered manager reviewed incidents and completed reflections with staff to improve practice. Information around changes to practice were shared with staff in team meetings.
- The registered manager was making changes to lessons learned logs as part of their action plan, and acknowledged some improvements could be made to make the process more effective.

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 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was not always well-led. The provider and registered manager did not have full oversight of the service. This led to the shortfalls we identified during the inspection.
- The provider and wider management team did not always provide sufficient support to the registered manager. We found their lack of knowledge and experience impacted upon the management of the service.
- Some required notifications were not submitted to CQC. There is a legal requirement to alert CQC to certain events that occur. This is to allow CQC to take follow up action as needed. We found upon review of health and safety meetings some incidents that warranted a notification had not been sent.
- Systems and processes were not always effectively implemented or embedded. For example, safeguarding concerns were not always identified or reported. This meant opportunities to review practice and introduce changes to reduce the likelihood of issues of risk arising were missed.
- Quality assurance processes were not always effective. Some monthly audits were completed to assess the quality of care provided, but there were shortfalls identified during inspection which had not been identified by the registered provider independently. For example, care plan audits were not effective at identifying the requirement for health specific care plans and risk assessments to be in place for all people's records we reviewed. This meant opportunities to improve care and develop staff practice were missed.

Systems and processes were not effectively established to provide oversight and drive improvements required. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection to begin implementing changes required. They confirmed an action plan was in place and they were committed to making the necessary improvements.

- The registered manager was committed to supporting people to live by the service's values and ethos of supporting a Christian lifestyle. The registered manager was open and honest about the improvements required to enable this and wanted to work collaboratively with CQC and partner agencies.
- Duty of Candour processes were followed. The registered manager was transparent and alerted relevant people when things went wrong. People and their relatives were involved in discussions and actions undertaken collectively.

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

- People were involved in shaping the service. Decisions were made jointly between people in each of the houses, and where people were unable to communicate their wishes, family and relatives were involved. One person told us, "The staff listen to me and support me."
- Community links were established. People living at the service were engaged in local community life, and enjoyed attending local churches, the bowls club and the village pub. One relative told us, "[Name] is involved in gardening, crafts and working in the café. They also go to the local bowls club, swimming, bowling, and attends the local church. They are definitely part of the community."
- Staff received regular supervision. Staff told us they felt supported and able to raise questions or concerns if they had them. This helped to create an open culture at the service.
- People received person-centred care. Staff understood people well and supported them to engage in activities that interested them. The service and facilities lent itself to this, and an on-site café, wood working shop and crafting area were available for people to use. People also worked communally to maintain the grounds, cultivate fruits and vegetables onsite and could access the communal hall for activities such as prayer and film nights.

Continuous learning and improving care

- The registered manager was committed to making improvements and had implemented an action plan following the inspection. Reviews of people's care plans and risk assessments had been completed, as well as actions to implement changes to monthly audits completed by the senior management team.
- Improvements to social activities had been made. In the last few years there was a shift in focus from work-based activities to encouraging people to build upon their own interests and hobbies. This helped to identify people's strengths and abilities and supported people to lead more fulfilled lives.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture was positive. The registered manager fostered an inclusive way of working. Feedback from staff confirmed this and they told us the registered manager was approachable. One staff member told us, "I can raise anything I like with my manager; we are a big family here. I can make suggestions and I know I'll be listened to."
- People were listened to. Monthly 'Our Voice' meetings took place where people could share their wishes and concerns. People's feedback was acted upon to improve their outcomes and quality of life. For example, wheelchair accessible benches were installed so people with varying mobility needs could all sit in the courtyard areas together.
- Relatives told us they were happy with the level of care people received. One relative told us, "I'm happy with the care, I'd recommend The Lodge." Whilst another told us they had previously recommended The Lodge Trust to other people who required this type of service and support.

Working in partnership with others

- Effective working relationships were established. Referrals were made to health and social care professionals promptly as people's health needs changed. One health colleague told us, "Staff are welcoming, helpful and always ready to support people through any appointments. They [staff] want good outcomes for people."
- People were supported to engage with health and social care professionals. Information was shared with people in ways that was appropriate to them which helped them to make decisions about their care. Staff supported referral and assessment processes by sharing appropriate information in a timely way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Safeguarding incidents were not always identified, investigated and reported to the relevant authorities. This exposed people to the risk of harm due to actions that could mitigate risk not always being taken.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service was not always well led, and oversight was not always consistent. The registered manager and provider did not always have the knowledge or expertise to ensure roles and responsibilities were carried out.</p> <p>Systems, quality assurance and processes were not always effectively applied or embedded sufficiently.</p>