

Lodge Group Care UK Limited

# Lodge Group Care UK Limited

## Inspection report

Victoria House  
199 South Street  
Romford  
Essex  
RM1 1QA

Tel: 01708548250  
Website: [www.lodgegroup.com](http://www.lodgegroup.com)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Lodge Group Care UK Limited is a domiciliary care agency and is based in the London Borough of Havering. The service provides personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, there were 165 people using the service.

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

People told us they felt safe when staff visited them. Staff understood what abuse was and the actions to take if a person using the service was being abused. Risks to people were identified and care was planned to mitigate the risks. The recruitment procedures were thorough with appropriate checks undertaken before new staff members started working for the service. There were enough staff working to meet people's needs. People were protected from the risks associated with the spread of infection. 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. Where people did not have the capacity to consent, the staff acted in accordance with legal requirements.

The management team had systems to monitor and improve quality of the service provided. People, relatives, staff and other professionals were encouraged to help improve the service provided to people. The registered manager was aware of when the CQC should be informed of events and incidents that happen within the service. There were regular audits and checks were undertaken to ensure the service was run well. The management team worked with a number of health and social care professionals and this helped to ensure people's needs were fully met. People were treated equally regardless of their abilities, background, lifestyle, values, beliefs, and their cultures were respected.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 14 December 2018).

### Why we inspected

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

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage

with people using the service as part of this performance review and assessment.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Lodge Group Care UK Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### 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

We gave the service 48 hours' notice of the inspection. This was because we wanted to make sure someone

would be available to support us with the inspection.

#### What we did before the inspection

We reviewed the information we already held about the service. 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. We looked at notifications we had received from the service. A notification is information about important events, which the provider is required to tell us about by law. We used all this information to plan our inspection.

#### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 1 November 2023 and ended on 06 November 2023.

We reviewed a range of records. This included people's care records, medicine administration records, audits, staff files, staff rotas, incidents/accidents, minutes of meeting and satisfaction surveys. We also looked at records relating to the management of the service and a sample of policies and procedures.

We spoke with 4 people who used the service by telephone to obtain their views of the service. We also contacted 4 members of staff by telephone, to ask them questions about their roles and to confirm information we had received about them during our inspection.

# 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 remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- People told us they experienced safe care. A person told us, "I feel safe here when the carers come to see me, I have no concerns."
- The provider had policies and procedures in place for safeguarding adults. They had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.
- Staff had received training in how to safeguard people from the risk of abuse. This subject was also discussed during team meetings.
- Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. They were clear about their responsibilities and were familiar with the process to follow if any abuse was suspected. A member of staff said, "I would inform my line manager of any allegation of abuse."
- The provider also had a whistleblowing policy and procedure in place. Staff were aware of the whistleblowing procedures. A whistle blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe.
- Risks about people's safety were assessed to ensure they were supported to remain as safe as possible.
- We found the risk assessments gave staff clear guidance on how best to support people in different situations, for example, the risk of falls. This helped to ensure care and support was delivered in a safe way.
- Records showed checks on the premises were carried out to ensure health and safety of people, staff and visitors to the service.
- Risk assessments were reviewed and updated to reflect as and when required to ensure people remained safe.

Using medicines safely

- People were supported to receive their medicines safely.
- There were suitable arrangements to protect people using the service against risks associated with the unsafe management of medicines.
- People told us they were happy with the way staff administered their medicines to them. A person told us, "The carers give me my medicines."
- There were medicines policy and procedures in place for staff to follow when supporting people with their medicines.

- Staff who helped people take their medicines, had been trained to do so. Medicines administration records (MAR) were all signed appropriately and there were no gaps in signatures.

#### Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- There were enough staff to meet people's needs and to provide personalised care and support.
- People were supported by the same staff members unless the staff were on leave or not well. This helped with consistency and continuity of care as staff were aware of the needs of people they were caring for.
- There was a system to monitor when staff arrived and left for their visits. This helped to ensure people received their visits on time. People told us staff always arrived within the allocated time and if they were running late, the office would inform them. They mentioned they never had any missed calls.
- The provider operated safe recruitment processes.
- The provider had a thorough recruitment and selection process for new staff. This helped to ensure people were protected from the risk of receiving care from unsuitable staff.
- Appropriate checks had been carried out such as criminal records, proof of identity and requests for references before staff started work.

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Accidents and incidents were recorded in detail and these were investigated by a member of the management team to prevent or minimise them from happening again. This helped to ensure that people remained as safe as possible and where necessary, measures were put in place to avoid any repeat events.
- There was an on-call system 24 hours a day where a member of the management team was available to advise staff in the event of an emergency.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The provider had systems in place to ensure people as well as staff were safe regarding the spread of infection.
- Staff were provided with PPE (personal protective equipment) such as gloves and aprons as part of infection control and prevention measures. They were aware of their roles and responsibilities for the management of infection.

#### 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- People were able to make day to day decisions about their lives. For example, they were able to choose how they would like staff to support them and at what time.
- People or their representatives had signed the care plans to indicate they agreed with the care and support being provided.
- Staff were trained on the MCA and they told us if there were concerns about people's capacity, they would refer it to the appropriate professional for an assessment.
- People told us staff asked them for their consent before providing them with care and support.

# 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 for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and open culture at the service.
- People told us the service was good and they were complimentary about the management team as well as staff. A person told us, "I am very happy with this agency and the carers are very good." Another person said, "The agency is amazing and the staff as well."
- The registered manager operated an open-door policy where people, relatives and staff were encouraged to discuss any issues they might have.
- Staff also felt supported by the registered manager in their role. A member of staff told us, "The manager is wonderful, always very supportive."
- The provider understood their responsibilities under the duty of candour.
- The registered manager knew they had to inform CQC of any notifiable incidents in line with the current regulations.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Staff were clear about their roles and responsibilities and had a good understanding of what was expected of them. They knew who they were accountable to.
- The management team had a hands-on approach to delivering the service, which enabled them to build up positive relationships with the staff, people using the service and/or their relatives.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- People, and their relatives were routinely involved in the planning and review of their care and support.
- The management team was in regular contact with people who used the service and encouraged them to have their say about the care and support they received. A person told us, "Someone from the office always call to check if I am OK, and check if I was happy with the carers."

- Staff were able to discuss any issues they might have or share ideas to improve the service people received. There were regular meetings held for staff.
- Staff had received training in equality and diversity. They ensured people had equal opportunities, regardless of their abilities, their background or their lifestyle.

#### Continuous learning and improving care

- The provider had created a learning culture at the service, which improved the care people received.
- The provider had a range of monitoring and audit tools to assess and monitor the delivery of care and support to people. If shortfalls were identified, appropriate action was taken.
- The management team also carried out regular unannounced checks on staff to ensure people were being cared for and supported in a safe way.
- The management team sought the views of people using the service and their relatives through different ways, which included completing satisfaction surveys, regular phone calls and home visits.
- The registered manager reviewed the feedback received and this helped them to improve the quality of service provided as needed.

#### Working in partnership with others

- The provider worked in partnership with others.
- The management team worked closely with health and social care professionals to monitor the health of people. Any advice or treatment from healthcare professionals were incorporated in people's care records.
- The registered manager kept themselves up to date with best practice. They regularly attended meetings, which were held by the local authorities and other organisations. They kept themselves up to date with best practice as far as health and social care was concerned.