

Shaw Healthcare (Group) Limited

Figbury Lodge

Inspection report

2 Mitchell Road
Poole
Dorset
BH17 8US

Date of inspection visit:
05 May 2021

Date of publication:
19 May 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Inspected but not rated

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Figbury Lodge is a care home providing personal and nursing care to up to 80 older people, some of whom are living with dementia. The home had 20 transitional beds; this meant that people were admitted into the home temporarily following discharge from hospital. People living on the transitional unit had access to rehabilitation and therapists. There were 66 people living at the home at the time of inspection.

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

People and their relatives told us they were happy with the care at Figbury Lodge. Improvements had been made in all areas of the home and further improvements were planned. Infection prevention and control procedures were in place to keep people safe during the coronavirus pandemic. The home was clean and tidy.

People and their relatives were complimentary about the staff. One relative said, "I've never experienced anything other than kindness." They told us communication with the home is good, especially during the times when visiting has been restricted. The home has tried in a variety of ways to keep people and their loved ones connected and a recent survey showed this had been appreciated.

Staff felt supported and had the necessary skills and experience to support and care for people. Staff told us they worked within a good team and felt the home had improved. People had care plans which were personalised to their needs. Regular reviews ensured people were involved. People knew how to make a complaint or raise a concern and, were confident it would be addressed in a timely and efficient manner.

Staff were described as kind and caring, including reception staff, kitchen staff, domestic support and care staff. One relative told us, "The staff have been absolutely superb." Staff told us things had improved within the home and they felt proud to work at Figbury Lodge.

People had access to healthcare when needed and records showed input from a variety of professionals. Health and social care professionals who worked with the home were positive about their interactions.

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 staff asked their consent. Staff understood the importance of gaining consent from people.

People, their relatives and staff were complimentary and had confidence in the management of the home. The registered manager and deputy manager were well thought of and known to be effective. A relative said, "I do think it's well managed."

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 18 March 2020) and there were multiple breaches of regulation. 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.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 31 January 2020, 3 February 2020 and 4 February 2020. Breaches of legal requirements were found. We carried out a focused inspection on 22 September 2020 and to follow up on a warning notice issued for the breaches in safe care and treatment and good governance. We found the provider no longer in breach of those regulations. The provider completed an action plan after the comprehensive inspection to show what they would do and by when to improve staffing, need for consent and person centred care.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions effective, caring, responsive and well-led which contain those requirements. We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question to assure ourselves the provider's infection prevention and control procedures were safe.

Inspected but not rated

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?

This service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Figbury 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors who visited the home and an Expert by Experience who made calls to relatives. 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

Figbury Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

What we did before the inspection

We reviewed the information we held about the service. We sought feedback from the local authority and the clinical commissioning group service improvement team. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to

give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and eight relatives by telephone about their experience of the care provided. We spoke with 11 members of staff including the registered manager, deputy manager, team leaders, support workers, kitchen staff and the regional operations director.

We reviewed a range of records. This included eight people's care records and daily monitoring charts. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from six professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at part of the key question.

Within this inspection we looked at infection prevention and control; we do this in all care home inspections. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. We will assess all of the key question at the next comprehensive inspection of the service.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection of this key question the provider had failed to ensure people's consent was sought and their rights fully protected. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The home met the requirements of the MCA. MCA assessments had been carried out where necessary in relation to people's care and support needs. This meant that people's rights were fully protected.
- People and their relatives told us staff asked for their consent before supporting them and providing their care. We overheard staff seeking consent and offering choices throughout the inspection. A person told us, "They [staff] always ask my consent."
- MCA assessment outcomes where the person lacked the capacity to make a specific decision were followed up with best interest decision meetings. The meetings or discussions involved the person, those closest to them and professionals involved in their care.
- Staff had received training on the MCA and were confident about consent and involving people in decisions.
- The management team had identified where people needed to be deprived of their liberty. They had

applied for this to be authorised under the DoLS.

Staff support: induction, training, skills and experience

At our last inspection of this key question the provider had failed to ensure staff had the necessary skills, supervision and training to support them to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff told us they had the training they needed to do their job effectively. Staff had received an induction, and this included shadow shifts within the home. A relative told us, "Staff definitely have the skills and experience they need."
- Staff told us they felt confident when supporting people who had complex needs due to their training, guidance from senior staff and the support of their colleagues.
- Staff had access to online training and although face to face training had been postponed due to the pandemic, this was being offered again within the home with additional safety precautions.
- Staff told us they enjoyed the training. There was a varied programme of training for staff to complete and this included: professional boundaries, dementia awareness, safeguarding adults and dignity through action.
- Staff received supervision from a senior member of the team, and they told us this was a two-way process. They felt supported.
- Some staff were trained to train and assess staff using moving and handling techniques. This had been particularly helpful during times when non-essential visitors were restricted within the home.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home. During the pandemic this had been done over the telephone or by video call. People had a detailed pre-assessment form completed which formed the basis of their care plan.
- People's outcomes were identified during the care planning process; guidance for staff on how to meet these was detailed. Staff training and knowledge about nutrition and safe handling demonstrated the plans had been created with evidence-based practices in mind.

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

- People told us they had enough to eat and drink. One person told us, "The chef comes and asks me what I like." People and their relatives told us that the food was a good standard with variety and choices. Another person said, "They always offer choices."
- Staff were aware of people's needs. The chef told us that they received people's dietary requirements before they moved into the home.
- People's up to date dietary needs were clearly displayed in the kitchen. The kitchen staff told us communication was good between the care staff and the kitchen. This meant they had the most up to date information and it contributed to people's safety.
- Where needed, people's weights were monitored. For example, people who needed to gain weight were given high calorie foods to support this.
- We observed the mealtime to be a pleasant and social experience. People were supported dependent on their needs and alternatives offered if the person wanted. Food looked plentiful and appetising.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive healthcare services when they needed. Referrals had been made to GPs, nurses, specialist mental health teams and general hospitals for physical health needs. A health professional told us about their experience of the home working to support people's health needs and said, "They [staff] had a really good system when we went in and made everything so easy."
- Records showed referrals are made at appropriate times. A health professional told us, "We have created a traffic light system to indicate the urgency of referral to the GP. This has been adopted well by staff."
- Guidance that Figbury Lodge had received from medical professionals including treatment and behaviour plans had been integrated into people's care plans. A health professional told us, "They [staff] do follow the plan of care for patients".
- The home worked closely with external health and social care professionals and the registered manager said relationships were good. They felt comfortable seeking their support and guidance and needed. A relative told us, "The home arranges it all, GP etc. Then they phone me to tell me what is happening."

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

- Figbury Lodge was accessed across two floors by stairs or lift. Restrictions on lift capacity were currently in place to support social distancing.
- Signage around the home directed people to the places they needed to go. People were supported to be as independent as possible. There were different areas for people to enjoy when they came out of their room.
- People had space to walk and secure gardens to explore. One person told us they liked to walk up and down and see different people throughout the day.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was protected. Confidential documents were kept securely locked away when not in use. Staff were aware of the procedures for handling sensitive information within the home.
- Staff told us how important it was to support and promote independence. Care plans supported this. A person told us that staff supported them to be independent and said, "They [staff] don't try and take over."
- We observed staff supporting people to access different parts of the home including the gardens.
- Staff told us it was important to know what the person can do for themselves so they could keep doing that activity for as long as possible.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind and caring. Comments included: "People accept you for who you are here", "Staff are kind and caring, they treat me very good", "Staff are very good", "I'm well looked after", "Staff are so nice. [name] is really good at their job", "It's one of the best homes you can be in. I couldn't wish for any better care, no matter who they are from the top to the bottom the staff are very kind and very caring", "The staff are brilliant, amazing", and, "All the staff, I couldn't speak more highly of them".
- Staff had received training in equality and diversity and told us they would support people from any background with their care needs. One person told us about living at Figbury Lodge and said, "People accept you for who you are."
- The home had received compliments about the care it provides. We read the following: "Your dedication is fantastic", "I am happy with the care I am receiving. Nothing is too much trouble and staff respond quickly when I ring the bell", and, "I would like to thank all the staff at Figbury Lodge for all the care you give to my relative [name], it is very, very, much appreciated and doesn't go unnoticed".

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

- People and their relatives were involved in their care. Reviews of care were held regularly. However, these had not always been able to take place face to face due to the pandemic. All the relatives we spoke with were aware of their loved one's care plan and had been involved with them in reviewing the document.
- Staff told us they always gave people choices throughout the day with all their care and support needs. A health and social care professional told us, "Staff have a good rapport with the residents."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection of this key question the provider had failed to ensure people's needs were properly assessed. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Improvements had been made and people received personalised care that was responsive to their changing needs. Care plans were person centred and had been reviewed regularly and updated to reflect changes. A member of staff told us, "Care plans have improved. They are so much better. You know what to do for people."
- Staff had access to care plans and told us they were able to contribute to them. They said this helped them to understand people's needs and supporting the same people enable them to get to know them better. This meant that people were receiving the care that was important to them. A health professional told us, "Staff know the residents well, I just had to ask a question and staff knew all about them."
- People's end of life wishes, and preferences had been explored. The home had received compliments about its end of life care. One relative said, "Thank you for making the last part of my loved one's [name] life so very happy. We are very grateful."

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's communication needs were detailed in their care plans. These needs were shared with other professionals when needed. Staff supported people and met their communication needs.

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

- People had access to a wide range of activities. These were both group and individual.
- People were encouraged to maintain personal hobbies and interests and details were recorded in their

care files. People told us they spent their day as they wished, some preferring to be alone in their room and others socialising with others.

- There was a programme of activities which included: bingo, floor football, painting and crafts, word games and puzzles, newspaper reading and dancing. There were dedicated activity staff, however, all staff supported the social aspect of people's days.
- Staff had supported people to maintain contact with their relatives and loved ones during the COVID-19 pandemic by telephone, video calls and face to face visits. At times throughout the past 14 months visiting had been restricted and it had been acknowledged this was difficult for everyone.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint and who to speak to. One person said, "If I have concerns then they would sort it. They are on your side. I think I would be listened to; I don't have any complaints". A relative told us about a concern they raised and said, "It was dealt with swiftly". Another said, "It was dealt with straight away".
- The home had a complaints policy and procedure in place. Records showed that complaints had been dealt with by the registered manager in line with this policy and to the complainant's satisfaction.
- People were confident that their concerns would be heard. Staff felt confident in the management of the home that concerns would be dealt with efficiently. A health professional told us, "The registered manager and their team are open to constructive feedback."

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- Improvements had continued with the monitoring and quality assurance processes within the home. They had been fully embedded into practice and the registered manager told us how vital it was to the smooth and safe running of the home.

- A range of audits were completed and the information input onto the central system. This meant that all actions for the home were in one place and created an overall improvement plan for the home. The audits included: COVID-19 infection control, health and safety, medicines, care plans and operations manager audit.

- The provider and registered manager had oversight of the home. The registered manager told us the provider's quality team had visited in February 2021 and completed a full audit. The audit report showed overall compliance of over 90%. Actions points were completed by the registered manager.

- The home had daily meetings to communicate any changes to the team. This included checking daily recording such as food and fluid charts and prescribed cream charts. Records and staff feedback told us these meetings were effective to give oversight of the service.

- The registered manager told us worked well with health and social care professionals and the local authority. One professional told us, "I feel Figbury Lodge is one of the most organised homes I work with." Another said, "They [staff] are really on the ball."

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

- Staff told us there continued to be improvements within the home. Communication had improved between staff and managers.

- Staff told us morale had improved and they worked well as a team. Staff told us they enjoyed their job and were happy to support the people who lived at Figbury Lodge. Staff told us: "I love my job, my team. I really like it here", "I enjoy working here, it's a nice bunch of people", "I love the home, good routines and communication is good", "A great team here", "Everybody is so welcoming, it's warm, friendly and caring" and, "Staff are supportive. I felt comfortable asking for help".

- We received positive feedback about the management of Figbury Lodge. Some of the comments were: "The management are amazing, so supportive. If I have a concern, I can go straight to them and it is resolved", "The registered manager [name] and deputy manager [name] sort out any problems", "I feel the team are well supported by the registered manager [name]", "The registered manager [name] is lovely. When I have needed help, they have always been there. I think they are there for you", "The registered

manager [name] is amazing, so good to me" and, "The deputy manager [name] is very, very good".

- The home had created a 'wellbeing wall' for the staff which was a wall display with clips holding treats for the staff; we saw chocolates, snacks, face masks and foot soaks. The registered manager told us, "If someone wants a little pick me up just because, they help themselves to what they want". Staff told us they appreciated this gesture. Staff were also recognised by an 'employee of the month' scheme.
- The registered manager told us that the staff team had worked incredibly hard especially through the pandemic. The registered manager said, "The staff are absolutely amazing, I have no words. I can't do this by myself. It's been a team effort."

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 registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. Records confirmed that the home had made all necessary referrals and notifications, for example, to the local authority and CQC.

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

- In April 2021 the home undertook a survey of people and their relatives about their views on how they had managed safety at Figbury Lodge during the coronavirus pandemic. The surveys recorded an average satisfaction score of over 90%. The registered manager told us they were currently bringing all the comments and actions together into one plan.
- During the pandemic visiting restrictions have been subject to change through directions from the government. The registered manager told us they had adhered to all guidance to keep people safe. A relative told us about the home keeping people safe but also connected and said, "The home has been very good at facilitating this."
- We observed relatives visiting their loved ones and bookings being made for future visits. People and relatives said these safety checks helped them to feel safe.
- Staff told us they felt respected by each other and the management of the home. One member of staff told us, "I enjoy working here it's a nice bunch of people."