Platinum Care Homes Limited

Platinum Care Limited t/a Dr Anderson Lodge

Inspection report

Dr Anderson Lodge
East Lane, Stainforth
Doncaster
South Yorkshire
DN7 5DY

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11 July 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Dr Anderson Lodge can accommodate 40 older people. The home comprises of three units in two buildings. The Lodge accommodates people with dementia and people with general nursing needs. The Annex accommodates people who have dementia and require nursing care. The home is in Stainforth, near Doncaster.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us the staff were "Kind" "Lovely" and "Nice" and they felt safe in their care.

Medicines were managed safely and people received their medicines at the correct times.

Staff had training, supervision and appraisals to enable them to effectively meet the needs of the people living at the home.

There were sufficient numbers of staff to support people safely and respond to people's health needs quickly.

Staff understood the requirements of the Mental Capacity Act 2005 and supported people to make decisions that were in their best interest.

People's care and support was planned by a multi-disciplinary team of people. People told us they were supported to maintain good health and wellbeing, which included being provided with a nutritionally balanced diet and plenty of drinks.

People were supported to join in with social activities they were interested in and time was spent with some people on a one to one basis.

The management team completed a range of checks to make sure good standards of care and support were maintained. People felt able to raise concerns and said the management team listed to them and took action to resolve their concerns.

Feedback from the people, relatives and healthcare professionals was gathered and where any actions were identified these were actioned quickly.

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 remains good.	Good
Is the service effective? The service remains good.	Good
Is the service caring? The service remains good.	Good
Is the service responsive? The service remains good.	Good
Is the service well-led? The service remains good.	Good

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 July 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience with expertise in the care of older people and people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 53 people living in the home. During the inspection we spent time observing care and speaking with people about their experience of the care provided. We spoke with eight people who used the service and four of their relatives and friends who were visiting the home.

We also spoke with the registered manager and eight staff including a qualified nurse, senior care staff, care staff and catering and ancillary staff. We spoke with a healthcare professional who was attending to people on the day of our inspection. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local council quality assurance officer who also undertakes periodic visits to the home. We asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR within our requested timescale.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's written records, including the plans of their care and the systems used to manage their medicines, including the storage and records kept. We looked at three staff files, including recruitment and training information. We looked at the quality assurance systems to check if they were robust and identified areas for improvement

Good

Is the service safe?

Our findings

People who used the service told us, "I feel safe, staff are very good" and "Yes, I always feel safe."

Relatives and friends commented on their relief that their relatives where in a safe environment. One relative said, "I know that mum is safe here. In her own home we had the cooker disconnected as she was a danger to herself." Two other relatives confirmed their relatives where safe. Another relative said, "The staff here are good."

All staff were trained in safeguarding adults. We saw when a safeguarding concern had been raised about a person; senior staff had worked proactively with other agencies involved in their care to ensure the person was sufficiently protected.

People's files contained risk assessments relevant to their individual needs. Guidance was in place, which covered areas where a potential risk might occur and how to manage them. This included their personal care needs or certain behaviours that could put themselves or other people at risk. For example, one person's risk assessment advised staff to be vigilant when the person was in close proximity to other people as there was the potential of an incident occurring. Staff were informed to reduce the risk by providing one to one time for the person, moving them into a quieter area and seeking advice from the qualified nurses about administering PRN (to be given when required) medicine as prescribed by their GP.

Where accidents or incidents had occurred, detailed information had been recorded by staff and reviewed by the registered manager to ensure appropriate action had been taken.

People were supported to take the medicines prescribed to them. Appropriate arrangements for safe medicines management was in place. We checked stocks and balances of medicines and people's individual medicines administration record (MAR) which showed no gaps or omissions. Medicines were stored safely and securely. Staff were suitably qualified and trained and their competency to safely administer medicines was regularly assessed.

There were enough staff to support people. The registered manager used a dependency tool, which took account of the level of care and support people required, to help them plan the numbers of staff needed to support people safely. We observed throughout our inspection staff were visibly present and providing appropriate support and assistance when this was needed. People confirmed they had a call bell in their rooms. One person said, "They [staff] don't take long to come [when they pressed the call bell.]

We looked at three staff files which showed new staff went through the registered provider's recruitment procedures. An application form and an interview were completed and two written references, and an evidence of identification obtained. Disclosure Barring Service (DBS) checks were carried out to ensure new staff had no criminal records. These were completed before new staff started their roles caring for people in the service.

The registered provider had systems in place to ensure the environment was safe and did not pose unnecessary risks to people. There was an on-going programme of maintenance and servicing of the premises and equipment and any issues identified though these checks were immediately dealt with. A fire risk assessment was in place and staff were aware of the evacuation process and the procedure to follow in an emergency. Personal Emergency Evacuation Plans (PEEP) were in place to ensure people were kept safe according to their individual needs. Health and safety checks were regularly carried out on such things as hoists and gas and electric services were regularly serviced to ensure they were safe to use.

The home was very clean and we saw domestic staff were working throughout the day of the inspection. Staff were seen to use Personal Protective Equipment (PPE) where necessary, for example when providing personal care and serving meals.

The registered provider had a policy and procedure in relation to supporting people who used the service with their personal finances. We saw the registered manager had a system in place to manage each person's money and a sample of documentation was reviewed. We saw finance sheets for money put into and taken out of people's accounts had been recorded and verified by the registered manager and the home's administrator. Four people's money we checked tallied with the records and receipts kept on file.

Good

Is the service effective?

Our findings

People and their relatives told us they were happy with the food provided. People told us they were offered choices and portion sizes met their appetite. We sampled the lunchtime meal and found this was substantial and tasty. One person told us they felt 'angel delight' [dessert] was offered far too frequently.

During the inspection we observed lunch being served in three dining rooms. Over the lunchtime period we carried out a SOFI observation in one dining room. We found people were assisted and supported where needed. Staff sat with people and offered encouragement and engaged in pleasant conversation. We saw aids, such as plate guards, straws and beakers were used to help people to eat independently. Staff knew people well and were aware of their preferences and if they were on any special diet plan. People were given choices, in what they ate and how much they wanted. When staff saw people not eating they offered alternatives such as fruit and sandwiches. In one dining room we saw the tables had not been set with cloths, napkins, crockery and condiments. Although staff gave these to people as they served the meal the dining experience would have been more homely if tables had been set and readily prepared. The registered manager told us they would address this immediately.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Some people who used the service were subject to DoLS and we saw there was the appropriate documentation from the local authority confirming this was the case. This assured us people would only be deprived of their liberty where it was lawful. The registered manager had suitable arrangements in place for obtaining consent, assessing mental capacity and recording decisions made in people's best interests. We saw people made choices about their daily lives such as where they spent their time and the activities they participated in.

The registered manager showed us the staff training matrix. This evidenced there was a rolling programme of training for all staff and staff were up to date with their mandatory training. The registered manager had supervision and appraisal matrix which showed all staff had received supervision and appraisal in line with the registered provider's policy. Staff told us, "I feel well supported by the manager. She works with us not against us," "The manager explains to us what supervisions and appraisals are and what benefits these have. For example we're given time to talk about our role, any problems and how we want to develop" and "The manager helps us with personal issues as well as work issues. I feel very well supported."

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the staff that supported them. Their comments included, "Everyone is kind" and "We're well looked after. The staff are considerate and try their best." When visitors were asked if they would recommend the home to others they all said yes. One visitor told us, "This is one of the nice places and I've been in a few."

We observed many positive interactions between people and staff through the course of our inspection. Staff chatted with people, asked how they were and regularly checked if people required any help or assistance from them. People appeared comfortable and relaxed with staff and readily asked for their support when they wanted this. Staff reacted promptly and appropriately when people became distressed, alleviating their anxiety in a calm and reassuring manner. We saw people asking where and when particular staff were on duty and heard comments such as, "I missed her [staff member] last week" and "Tell them [staff member] to come and see me I've got things to tell them."

Staff had an understanding of equality and diversity. They were respectful of and had a good understanding of people's care needs, personal preferences, their religious beliefs and cultural backgrounds. They also treated people as individuals, respected their rights and allowed them to make decisions.

We observed care staff transferring a person to a chair from a wheelchair using a hoist. This was carried out by two staff that were seen to talk to the person explaining what they were doing and offering encouragement and reassurance. Relatives said the home provided aids and adaptations including handrails, assisted bathing, raised toilet seats and grab rails. These helped to promote people's independence and keep them safe.

We observed how staff sought to settle and reassure a person who was feeling anxious. Staff held the person's hand and spoke calmly to them. One care worker sat with the person and reassured them whilst stroking their hand which had a calming effect. We also observed a blanket brought for one person after they said they were cold and people saying thank you and kissing the staff when they had assisted them.

We observed staff showing sensitivity in keeping confidentiality. Staff did not speak about people within earshot of others and when we asked staff questions they made sure no one was able to overhear our conversations. During the administration of medicines we observed staff sitting with people, asking questions in a quiet manner, listening carefully to what people said and then responding kindly and appropriately.

Good

Is the service responsive?

Our findings

When asked if they could talk to someone about worries or concerns about their care people confidently said they could talk to staff. One person told us, "I can talk to staff when they have time." One person said, "I don't like to bother the staff as they're busy doing their job." However they followed up by saying they talked to their daughter, which was fine.

We observed the health needs of people were met in a variety of ways. For example, the cook made sugar free puddings for diabetics, there was an optician and GP in the home on the day of the inspection and the chiropodist was due to visit a person who had a fungal toenail and had been seen by the doctor and referred to the chiropodist for treatment.

One relative described how impressed they had been when a telephone call came from staff at the home a few hours after they'd visited to inform them that the treatment prescribed by the GP earlier in the day was, "Working a treat."

Care plans seen confirmed people were assessed by the registered manager prior to being offered a place at the home. Following this initial assessment care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people. Care plans ensured staff knew how to manage specific health conditions. Relatives told us they had been asked to be involved in the initial planning of care for their family member.

Care plans seen showed people had their individual needs assessed and regularly reviewed so any changing healthcare needs could be responded to. We saw care plans and risk assessments were reviewed following such things as a fall or illness to see if any amendments to the person's plan were needed.

We found there was a programme of activities available for people to participate in if they chose. Information around the home showed people had enjoyed taking part in a variety of activities and that trips outside the home were also available. On the day of the inspection we saw people enjoying a pamper session, and joining in with games and quizzes. The activity coordinator told us they also spent time with people on a one to one basis. They said they found some people living at the home gained more benefit from this than doing group activities.

People and their relatives were informed about how they could make a complaint if they were unhappy and dissatisfied with the service. Records showed when a concern or complaint had been received, the registered manager had conducted an investigation, provided appropriate feedback to the person making the complaint and offered an apology where this was appropriate. A praise and grumbles box was available in the home for people to give their comments. The registered manager told us this prevented small concerns becoming formal complaints, as they could be dealt with almost immediately.

We found the registered provider's complaints policy did not give people information about other agencies, for example the ombudsman and local authority that they could report their concerns to if they were

dissatisfied with the response from the home. We pointed this out to the registered manager who said she would include this information immediately

Good

Is the service well-led?

Our findings

People and relatives were satisfied with the way the service was managed. People told us, "I like the manager, she's good" and "She [the registered manager] is always around sorting things out."

The manager had been employed at the home since 1993 and was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their visitors spoke positively about the management team. People told us they knew who the registered manager and deputy manager were and found them approachable. They told us they felt involved in decisions made at the home and were often asked their opinions on the quality of the service.

The registered manager and senior staff said they were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager told us during the last year they had omitted to notify CQC when a death had occurred at the home. The registered manager had notified the local authority but not CQC. When this oversight was pointed out to the registered manager she immediately put in place a new system which would prevent senior staff from omitting to send a notification to CQC following the death of a person. We saw all other notifiable incidents had been reported to us.

We saw that quality assurance and auditing systems were in place. The registered manager and deputy manager regularly carried out checks of all aspects of the service. Staff were then told of any actions required and within what timescale this must be completed by. Staff told us they respected the honesty and openness of the registered manager and were clearly supportive of her desire to continually make improvements at the home.

The registered manager was continuously seeking and implementing new ideas and ways for the service to improve so that people experienced good quality care that met their needs. The registered provider had recently commissioned an independent consultant to visit the home and give advice to the registered manager about how they could move from being a good home to an outstanding one. We saw the registered manager had actioned many of the suggestions given by them.

'Resident and relative' meetings and staff meetings had been held at the service. People told us this gave them an opportunity to give feedback on the quality of the service. The registered manager told us they were trying different ways to engage people who used the service, relatives and staff in meetings and discussions. Staff told us, "Nothing could be better. We have a stable group of staff who work well together" and "I love working here and get much pleasure from improving people's quality of life."

The last quality assurance survey had been completed in April 2016. The report showed what people who used the service, their relatives and friends and healthcare professionals had said about the service and

what actions had been competed in response to their comments and suggestions. We saw questionnaires had been sent to people during 2017 and the registered manager told us she was in the process of putting the results of these into a report. We viewed a selection of the questionnaires and saw they were in the main positive with people commenting highly about the staff being the "Heart of the home." Areas for improvement were, keeping the gardens tidier, answering the phone more promptly and more activities.