

Indigo Care Services Limited

# Paisley Lodge

## Inspection report

Hopton Mews  
Leeds  
West Yorkshire  
LS12 3UA

Tel: 01132632488

Date of inspection visit:  
30 January 2020

Date of publication:  
26 February 2020

## 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

### About the service

Paisley Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. This service provides nursing and personal care for up to 45 people. At the time of this inspection there were 34 people using the service.

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

People were happy with the care and support they received and told us they felt safe. Staff told us they felt people were safe as they knew them well.

People felt there were a lot of activities to support people's wellbeing and interaction.

Medicines were managed safely. Staff were aware of risks to people and knew how to keep them safe. The registered manager was monitoring accident and incidents and taking action to prevent re-occurrences.

Staff were recruited safely, were well trained and had the required skills to meet people's needs. Staff told us they felt well supported and received supervisions and appraisals.

The home was clean and well maintained. There was an ongoing refurbishment plan which included improvements to many areas of the home including people's bedrooms.

People and relatives spoke of the kind and caring approach of staff. We saw staff treated people with respect and maintained their privacy and dignity. People had access to healthcare services. People were happy with the choices and quality of food and said they received plenty to eat and drink.

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.

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 and update: The last rating for this service was requires improvement (published 26 October 2017). There was also an inspection on (17 and 18 October 2018) however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected: This is a planned re-inspection because of the issue highlighted above.

### 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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **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?**

The 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** ●

# Paisley 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.

#### Inspection team

The inspection team consisted of one inspector, 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

Paisley 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 information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch (Leeds). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection, due to the timing of the inspection. This is information we require providers to send us annually, to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, operations director, activities coordinator, laundry and the chef.

# Is the service safe?

## Our findings

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

At the inspection on 24 July 2017 this key question was rated as requires improvement. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person said, "Oh yes I feel safe I do because there is always someone there. I am checked in the night and there is always someone in the passage. They come to my buzzer, sometimes they come quicker than others." Another person said, "It feels safe because there is that many people about."
- Staff were familiar with safeguarding procedures and understood what action to take if concerns were raised to keep people safe from harm. One staff member said, "Their safety comes first. I feel everyone is safe here. Staff know them well."

Assessing risk, safety monitoring and management

- Risks had been assessed, and clear guidance was in place for staff to show how they could minimise these risks.
- We observed safe practice in using equipment such as people's walking frames and hoists around the home.
- People had personal emergency evacuation plans which guided staff on how to help people to safety in an emergency.

Staffing and recruitment

- There was enough staff available to safely support people. We saw people were promptly supported when needed or requested. One person told us, "Mostly enough staff just busy times, seems short at dinner time." Another person said, "Yes there is staff if I need them."
- Recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people.
- Staff on the whole told us there were enough staff on duty to ensure people's individual needs were met. One staff member said, "Yes, it is busy especially when staff are on holiday." Another staff member said, "Yes there is enough of us."

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. People told us they were supported to take their medicines at the right time and frequency.
- Staff had received training in the safe administration of medicines and their competency was assessed annually.
- People had an up to date list of prescribed medicines. Detailed protocols were in place to clearly described when medicines prescribed for use 'as required' should be administered.

### Preventing and controlling infection

- Staff received training in relation to infection control.
- Staff were provided with personal protective equipment (PPE), so they could carry out their work safely.

### Learning lessons when things go wrong

- The provider looked to make improvements where things had not gone as planned. They shared examples of incidents where action was taken to reduce the risk of the same thing happening again. We saw these were discussed in daily meetings with the head of each department.

# 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 inspection on 24 July 2017 this key question was rated as requires improvement. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 service through pre-admission assessments. The information gathered during the assessment was used to develop care plans and risk assessments.
- People's protected characteristics under the Equality Act 2010, such as age, disability, religion, gender and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics and these were recorded in their care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who had access to a range of training to develop the skills and knowledge required to meet people's needs. Records showed training deemed mandatory by the provider for their role was up to date. People told us staff knew what they were doing. One person said, "Some are better than others, but they are nice to me and look after me."
- New staff completed an induction to their role. In addition, new staff worked alongside experienced staff members until they felt confident to support people safely and effectively. We saw evidence of this with agency staff shadowing senior staff in the home.
- Staff told us they felt supported in their role and told us supervisions and appraisals were carried out regularly.

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

- People had access to snacks and drinks throughout the day. The activity coordinator went around with drinks of sherry and wine for people to try in the afternoon. This was accepted and enjoyed by most people.
- We saw information in place around people's portion sizes and what support was needed at meal times. People were complimentary about the food. Comments included, "The food is wonderful all homemade, you get enough, all you do here is eat." And "Food ok more than enough, enough choice."
- The chef had won an award from across the providers group for the best chef in 2018 after a 'MasterChef' style contest.

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

- Staff had developed good relationships with outside professionals which ensured any support people required was accessed appropriately, including care related to people's health.
- People's care records showed health and social care professionals were involved in people's care such as GPs, district nurses, chiropodists and opticians. A relative told us, "They would get a doctor for mum if she needed one."

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

- The home was adapted to meet the needs of people living at Paisley Lodge. We found the home was clean and bright with appropriate decorations.

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.

- We saw appropriate DoLS applications in line with the MCA had been completed and systems were in place to ensure any renewed applications were made in a timely way ensuring people's rights were maintained.
- Staff were aware of the importance of seeking consent before supporting people. We observed them doing so with meals and medicines.

# 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 inspection on 27 July 2017 this key question was rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff treated them well. One person said, "They ask if I am alright in the night." Another person said, "Oh yes they are kind and caring." A third person told us, "They would chat to me if having a bad day."
- Relatives spoke highly of the staff. Comments included, "The staff are caring but sometimes the agency staff are miserable. This was discussed with the registered manager at the time of inspection." And "No concerns about the staff, they are really caring."
- Staff consistently interacted with people in a person-centred way. For example, staff knew the different communication methods and re direction techniques when people were becoming anxious.

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

- The care plan documentation was detailed and showed staff had got to know people's needs well. Information about families and life histories to date, hobbies and interests and any spiritual or faith practices the person may need support to maintain were in the care plan.
- People and their relatives told us they were involved in the care plans. Comments from relatives included; "Only had one meeting, been here for 14 weeks." And "My brother did the care plan." One person said, "Yes they keep me involved."

Respecting and promoting people's privacy, dignity and independence

- Staff were very respectful of people's privacy. People were supported to access drinks throughout the day, which were in all the communal areas.
- Staff told us they promoted people's independence as much as possible. One staff member said, "We try to support people to do what they can themselves, like wash their top half or choose their own clothes. It is so important."
- People told us staff were respectful. Comments included, "The staff are quite good, they understand me and always knock before they come into my room." And "Oh yes they treat me with respect." And "Staff here are brilliant, nothing too much trouble."

# Is the service responsive?

## Our findings

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

At the inspection on 26 October 2017 this key question was rated as requires improvement. 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

- People's support plans contained enough information about the support they wanted and needed. They contained information about any preferences people had about how staff should support them.
- Staff knew people well and delivered care in accordance with people's preferences
- We observed staff were responsive to people's needs during this inspection. One person said, "I get what I want they are good like that."

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 assessed and met. Where people needed support with communication, this was recorded in their care plan so staff knew how to communicate effectively with them.

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 were supported to maintain relationships. Relatives told us they were free to visit the home as and when they liked. We saw one person was having takeaway fish and chips with their relative.
- People told us they enjoyed the activities in the home. The registered manager had just recruited a new activity coordinator and was in the process of been inducted.
- We observed activities in the home by the way of 1-1 chats, sherry and wine tasting and also singing and card games. One person said, "We do what we want, there is a lot going on." Relatives told us they felt the hairdresser could come to the home more often. This was agreed with the registered manager to look into this weekly.

Improving care quality in response to complaints or concerns

- Complaints were appropriately recorded, investigated and responded to. The provider had a suitable complaints procedure, which was followed by the registered manager and staff.
- People and their relatives knew how to raise any issues or concerns with the registered manager and they told us they were confident any concerns would be acted upon.

End of life care and support

- No one at the time of inspection was receiving end of life support. Staff however had received training to support people as and when the time came.

# 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 inspection on 27 July 2017 this key question was rated as requires improvement. 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

- The management team were committed to providing good quality care to people and promoted a positive person-centred culture.
- People and relatives told us they were mostly happy with the management of the home. Comments included, "Yes they are organised here." And "Best thing here is everything is good. It is well organised." And "The best thing is I know she is getting 24 hours care and she has settled well." However, one relative said "It's not really well organised or well run, could do with more activities." Another relative said, "Yes its improving."
- Staff on the whole spoke highly of the management team and they felt supported by the registered manager. One staff member said, "Yes, she is really good and supports me."
- The management team interacted in a calm and caring way with people and relatives and they provided support and assistance when required.

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

- Management and staff understood their individual and collective legal responsibilities to act in an open, honest and transparent way when things went wrong.
- Where a significant event had occurred, appropriate records had been maintained and referrals/alerts had been raised with external agencies. Relatives were routinely informed and kept updated, if appropriate. One relative said, "Good contact with the manager, very approachable."

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

- Quality assurance systems were in place which ensured the service was monitored and any risks were identified.
- Accidents and incidents had been analysed to look at any trends and prevent recurrences.
- There had been completed monthly visits to the home. The provider oversight was used to maintain standards and to identify areas for improvement.
- The provider had policies and procedures in place that provided staff with clear instructions.
- The management team were aware of their role and responsibilities and usually submitted notifications to CQC as required.

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

- The provider had sought feedback to help maintain and improve standards at the home.
- There was a range of ways for people, relatives and staff to be able to provide feedback to the management team about the home. These included residents and relative's meetings, staff meetings, satisfaction surveys and the complaints procedure. One person said, "It is well run, my friends never complain about here."
- Information from the management was also cascaded down to the team and staff through daily flash meetings. We observed the management discussing any issues or actions which needed to be completed and by whom. The registered manager told us, "This is a way for us all to share any information in an open conversation."

Working in partnership with others

- The service worked in partnership with other care professionals who visited the home regularly.
- The registered manager shared best practice and information with other care homes within the provider group.