

Bowmans Lodge Limited

Palm Lodge

Inspection report

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Tel: 01727825820

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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

About the service

Palm Lodge is a residential care home providing personal care for up to five people. At the time of our inspection five people were accommodated at the home.

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

People told us they felt safe living at Palm Lodge. Family members confirmed they had no concerns about their relatives' safety.

We received positive feedback in relation to people's experience of the service. There were adequate numbers of staff, who had been recruited safely.

People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Risk assessments identified potential risks to people's health and well-being. Where any risks were identified measures were put in place to help mitigate these.

Medicines were safely managed. People received their medicines as prescribed.

Staff were supported through regular training, individual supervisions, and attended team meetings. Staff felt supported by the registered manager.

People and their relatives told us that staff were kind and caring. Staff maintained people's dignity and privacy. People had developed meaningful relationships with staff who knew them well. There was a consistent staff team that support this relationship with people.

People's personal information was kept secure to ensure it remained confidential. No complaints had been received but there was an accessible complaints procedure in place.

Internal quality monitoring was completed along with audits to help monitor the service and address any improvements that were identified.

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

Rating at last inspection

The last rating for this service was good (published 12 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Palm 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 was carried out by one inspector.

Service and service type

Palm Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 who was 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 who work with the service.

During the inspection

We spoke with two people who used the service and received feedback from one relative of a person who used the service about their experience of the care provided. We spoke with two members of staff, the registered manager and provider.

We reviewed a range of records. This included two people's care records, two recruitment files, induction and training records. We looked at medication records and other records relating to the overall management, quality and safety of 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. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm or abuse. Staff had received training and demonstrated they were aware of the process to report concerns.
- People told us they felt safe. One person told us "I feel safe here. I know the other people well and the staff are supportive. I go out in the town and have not had any problems."

Assessing risk, safety monitoring and management

- People had their individual risks assessed. Where any risks were identified, measures had been put in place to reduce and mitigate these to ensure people's continued safety. This included assessing any risks when people went out in the community.

Staffing and recruitment

- No new staff had been recruited since the last inspection. We reviewed two existing recruitment files and noted that pre-employment checks had been completed before staff commenced employment at the service.
- People were supported by sufficient numbers of staff who had the necessary skills to meet people's needs.

Using medicines safely

- People received their medicines regularly as prescribed. Medication administration records were completed, and regular audits were completed to ensure staff followed appropriate good practice guidance.

Preventing and controlling infection

- People were protected from the risk and spread of infection as staff followed appropriate guidance. This included the use of personal protective equipment such as gloves.
- The staff worked with people to clean the home. Food was prepared and served in a clean and hygienic environment.

Learning lessons when things go wrong

- The provider and registered manager told us there had been no accidents or incidents since the last inspection and records confirmed this. However, the registered manager had a process in place to review any incidents to ensure any learning was taken on board to help reduce the risk of a reoccurrence.

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 good. At this inspection this key question has remained the same.

Good: 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

- Peoples physical, mental and social needs were assessed prior to them living at Palm lodge. This was to help ensure the service and staff could meet their needs fully and help them to achieve effective outcomes.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported. One staff member told us, "I have completed all the usual training and we have regular updates. I feel well supported and we work well together as a team."
- Staff received regular supervision which gave them an opportunity to discuss any work-related topics and development requirements.

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

- People were encouraged and supported to choose a varied diet which helped support their physical wellbeing. People were given choices about what they ate and drank and when.

Staff working with other agencies to provide consistent, effective, timely care

- Staff had forged good working relationships with other agencies and professionals to help provide people with seamless care and support. This included regular contact with key workers as well as social workers who were involved in the people's care and support.

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

- The service was appropriately decorated to reflect people's likes and they told us they were involved in discussions about the décor.
- Bedrooms were reflective of people's personalities. One person told us "I prefer light colours so that's the colours I choose for my bedroom."

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to arrange and attend various healthcare appointments. This included dental and opticians' appointments. Healthcare appointments were recorded in people's care plans as an ongoing record and to keep staff informed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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, 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 found at the time of our inspection no one was being deprived of their liberty.

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 good. At this inspection this key question has remained the same.

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

- Peoples individuality was respected. People were treated as individuals and their diverse requirements were respected and maintained.
- One person told us, "I feel I am well cared for. The staff take their time and have a chat with me. They help me to organise myself if I need support."
- People had access to advocacy services if they required support with anything. An advocate is an independent person who can offer advice on a range of topics or support the person for example with completing forms.

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

- People were respected as individuals and they were involved in the development and review of their care.
- One person told us, "I have lived here for a long time and [staff] still ask me often if anything has changed or if I am doing ok."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff interacting with people and saw that people's privacy was respected.
- One staff member told us, "I treat the people at Palm lodge the same way as I would want my family members to be treated and cared for."
- Peoples confidential records were stored securely to help ensure their privacy was maintained. Information was only shared with those people who had a right to access their personal records.

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 good. At this inspection this key question has remained the same.

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

- People were asked about their individual likes, dislikes and preferences. This enabled staff to support people in a way which they wanted and meet their needs.
- People were given maximum choice and control over their lives and were supported to retain their independence and learn new skills in relation to everyday tasks.
- One person told us, "The staff discuss everything with me and I feel that they listen to me. We reviewed my care plan but I can't remember when or how often."

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.

The registered manager told us that if people had any specific communication needs these would be met through a variety of means including an interpreter signing or Braille. We also saw that documents were available in easy read and supported by pictorials to help people understand 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 pursue hobbies and participate in activities that were of interest to them.
- One person told us they were going into town. They said that they attended a club occasionally and a second person told us they loved music and showed us their vast collections on CD's.
- People were supported and encouraged to maintain contact with family and friends and people who were important to them.

Improving care quality in response to complaints or concerns

- People were aware of how to raise a concern if they needed to. One person told us, "I would just speak to the staff. I have no complaints."

End of life care and support

- The service was not supporting anyone with end of life care. However, people had been asked about any

personal wishes or preferences and this was recorded in their care plan. There were policies and procedures in place should these be needed.

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 good. At this inspection this key question has remained the same.

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

- The service had a values based culture, such as by staff treating people as individuals and achieving the best possible quality of life for people in their care.
- People felt they were treated in a positive way which recognised each individual's contribution; this made people feel valued.

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 provider and registered manager demonstrated they fully understood their responsibilities in relation to duty of candour and reporting when things went wrong.

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

- The provider, registered manager and staff had a clear understanding of their roles and responsibilities within the organisation.
- There were appropriate quality assurance systems and processes in place to regularly monitor the overall quality and safety of the service.
- Although there had been no 'reportable' events, the registered manager was aware they needed to report any incidents to CQC and/ or the local authority, if appropriate.

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

- People who lived at Palm lodge were fully involved in all aspects of the service, and management and staff were clear it was their home.
- Staff were respectful of people, their choices and their personal circumstances.

Continuous learning and improving care

- The provider and registered manager had good organisational oversight of the service. This helped ensure that the service was aware of good practice shared learning and made continual improvements.

Working in partnership with others

- The registered manager and staff team worked in partnership with representatives from various agencies and organisations. These included GP's and other health and social care professional to help ensure people received seamless care and support.