

Life Style Care plc

Princess Lodge Care Centre

Inspection report

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Date of inspection visit: 9 December 2014
Date of publication: 26/01/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We visited Princess Lodge Care Centre on 9 December 2014. Princess Lodge Care Centre is registered to provide accommodation for 85 older people who require nursing and personal care. At the time of the inspection there were 65 people living at the service. The home consists of three floors and is arranged into four units; Phoenix, Robin, Nightingale and Kingfisher. This was an unannounced inspection.

At our inspection in July 2014 we identified eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These were relating to respecting people who use services, care and

welfare of people who use services, meeting nutritional needs, staffing levels, supporting workers, safeguarding service users, records and assessing and monitoring the quality of service provision. We issued the provider with three compliance actions and five warning notices stating that they must take action. We shared our concerns with the local authority safeguarding adults and commissioning teams. The local authority placed an embargo on new admissions to the home.

On the 18 September 2014 we inspected the service to follow up three of the warning notices. The actions in relation to respecting people who use services had been

Summary of findings

completed. Changes had been made to address the concerns outlined in the warning notice in relation to care and welfare of people who use services and meeting nutritional needs but the inspection also highlighted further areas for improvement and we issued compliance actions.

At this inspection we found action had been taken to rectify the breaches in relation to meeting nutritional needs, safeguarding service users and assessing and monitoring the quality of service provision. There were continued shortfalls in relation to the regulations for care and welfare, staffing, supporting workers and care records.

People were not always supported in line with instructions in their care plans and some care plans did not provide sufficient instructions to staff on how to support people.

There were not always enough skilled and experienced staff to meet people's needs. This affected the time people were able to get up and when they received their medicines. Staff did not always have the time to interact with people unless they were involved in providing a care task.

Staff were not always supported to improve the quality of care through training and the supervision and appraisal process.

There was a registered manager who had been in post since November 2014. 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. The registered manager had a clear understanding of the changes and improvements that were required. People, their relatives, visiting health professionals and staff recognised that improvements were taking place.

People told us they liked living at the home and were treated in a caring and friendly way. People and their relatives were complimentary about the permanent members of staff. People were supported with their personal care discretely and in ways which upheld and promoted their privacy and dignity.

Peoples nursing and health care needs were met. Staff were knowledgeable about people's individual needs and preferences. People were supported to make decisions about their care and to maintain their physical health. Where required staff involved a range of other professionals in people's care to ensure their needs were met. Staff were quick to identify and alert other professionals when people's needs changed.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Where restrictions were in place for people we found these had been legally authorised.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we took and what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 not always safe. There were not always enough staff to meet people's needs.

People were protected from the risk of abuse because staff were knowledgeable about the procedures in place to recognise and respond to abuse. Safeguarding notifications had been raised appropriately.

Medicines were stored and administered safely.

Requires Improvement



Is the service effective?

Some aspects of the service were not effective because staff were not always supported to improve the quality of care delivered to people through training and the supervision and appraisal process.

People were involved in the planning of their care and were supported by staff who acted within the requirements of the law. This included the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to maintain their independence, stay healthy and eat and drink enough.

Requires Improvement



Is the service caring?

The service was caring. People were cared for in a dignified way. Staff were caring and treated people in a friendly way.

Staff were knowledgeable about the care people required. People's choice, likes, dislikes and preferences were respected.

People had expressed their end of life wishes and this had been recorded

Good



Is the service responsive?

The service was not always responsive. Care plans did not always provide accurate instructions on how to support people.

People in communal areas benefitted from a range of activities. People who remained in their rooms did not receive adequate social interaction.

People knew how to make a complaint. Feedback from people and their relatives about the quality of the service was used to make improvements

Requires Improvement



Is the service well-led?

Although there was a new registered manager in post, the home had not benefitted from a stable management team over the past 12 months. This meant changes and improvements in the home had not all been sustained or given time to embed into everyday practice.

Requires Improvement



Summary of findings

<p>The registered manager demonstrated strong leadership skills and had a clear understanding of the changes and improvements that were required.</p>	
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Princess Lodge Care Centre

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 checked 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 the 9 December 2014. It was an unannounced comprehensive inspection. The inspection team consisted of three inspectors 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.

Prior to our visit we reviewed the information we held about the service. This included notifications, which are information about important events the service is required

to send us by law. We also contacted and received feedback from six health and social care professionals who visited people. This was to obtain their professional view on the quality of the service provided to people and how the home was being managed.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time with people on all four units and observed the way staff interacted with people. We spoke with 18 people and eight relatives. We also spoke with the registered manager, 12 care staff, a maintenance worker and the chef.

We looked at records, which included 15 people's care records, the medication administration records (MAR) for 42 people at the home and seven staff files. We also looked at records relating to the management of the service.

Is the service safe?

Our findings

At our inspection in July 2014 we found there were not sufficient numbers of staff at all times to meet people's needs. Following that inspection action had been taken to recruit staff but there were still not enough suitably skilled staff to meet people's needs. Before this inspection we had received concerns from visiting health professionals about staffing. The provider used a dependency tool to calculate staffing levels according to people's needs. According to the managers off duty rota, the calculated levels of staff were met and any shortfalls were covered by agency staff. However, staff told us because of the number of people that required assistance with personal care they needed more staff. They told us they struggled particularly during the morning when assisting people to get up and have breakfast. Some people were not assisted with personal care until late morning or after lunch. One person told us they would like to be able to use the dining room for breakfast but had not been able to because they had not yet been assisted to get up. One person ate their lunch whilst they were in bed because staff did not assist them to get up until after lunch. When we discussed our observations with a member of staff, we were told "this is how it is with the number of staff we've got." Another told us "Almost everyone needs two of us to help them. We want to do it properly so can't get them washed and dressed any earlier."

Three people received their morning medication at midday. The nurse told this was because they were the only nurse working on the unit and had been called away to accompany the doctor on their rounds.

This was a breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe and supported by staff. One person said staff "do everything possible to help you." A relative said their family member "is safe here." We saw people had call bells in their bedrooms and these were within reach.

At our inspection in July 2014 we found people who used the service were not protected from the risk of abuse because reasonable steps had not been taken to identify the possibility of abuse and prevent abuse from happening. Following that inspection action had been taken to bring the service up to the required standard. Care

and ancillary staff had good knowledge of the provider's whistleblowing and safeguarding procedures. They knew how to report any safeguarding concerns and said they would immediately notify the manager or area manager. The manager had recently raised a safeguarding alert appropriately for a person where a risk to their safety had been identified by a member of staff. Immediate steps were taken to ensure the safety of this person.

Medicines were stored and administered safely. We observed staff administering medicines; staff supported people to take their medicines in line with their prescription. One person's medicine was administered covertly. This is where medicines might be disguised in food or drink. Records were available to show how the decision to administer this medicine in this way had been reached and guidance had been sought from the pharmacist and GP. There was accurate recording of the administration of medicines. Medicine administration records (MAR) charts were completed to show when medication had been given or if not taken the reason why.

Care plans identified risks to people's health and welfare, for example, pressure area, malnutrition and fall's prevention. Where risks were identified actions had been taken to minimise these risks. Each person had 'grab folders' in their room for use in an emergency. These contained important information about the person and their mobility needs as well as an emergency evacuation plan for use in the event of a fire.

Equipment used to support people's care, for example, hoists, stand aids and specialised baths were clean, stored appropriately and had been properly maintained. Maintenance staff kept a range of records which demonstrated equipment was serviced and maintained in line with nationally recommended schedules.

Effective measures were in place to ensure the home was clean. A relative told us they noticed "The rooms have been cleaner over the last couple of months." Communal areas were clean and tidy. Staff followed Department of Health guidance for storage and use of cleaning materials and the service had adequate stocks personal protective equipment for staff to use to prevent the spread of infection.

Is the service safe?

Safe recruitment procedures were followed before new staff were appointed to work with people. Appropriate checks were undertaken to ensure that staff were of good character and were suitable for their role.

Is the service effective?

Our findings

At our inspection in July 2014 we identified people did not receive effective care because staff were not always properly trained and supervised nor had the chance to develop and improve their skills. We asked the provider to send us a plan outlining what actions they would take to bring the service up to the required standard to meet the regulation. At this inspection we found these had not all been taken. In July 2014 we had looked at the appraisal matrix for 2013 and 2014 we saw that 57 out of 83 staff did not have an annual appraisal in 2013 and only 11 staff had an appraisal so far this year. Staff confirmed they had not received an appraisal in the last twelve months. The registered manager told us that no further appraisals had taken place.

Newly appointed care staff went through an induction period. This included shadowing an experienced member of staff. People felt cared for by competent staff. However, there was a risk that people would be cared for by staff who may not be suitably skilled to carry out their role or kept up to date with current best practice because there were gaps in staff training for both new and existing staff. For example, seven new care staff had not undertaken moving and handling training and the 22 existing staff had not undertaken moving and handling refresher training in the last 12 months.

This was a breach of Regulation 23 Health and Social Care 2008 (Regulated Activities) Regulations 2010.

At our last inspection we found people were not protected from the risks of inadequate nutrition and dehydration because the mealtime experience was chaotic. Actions had been taken to bring the service up to the required standard. People told us they enjoyed being in the dining room at lunchtime. People benefitted from mealtimes that were relaxed and sociable. People who needed assistance to eat were supported in a respectful and dignified manner.

Some people needed additional support and this was provided. For example, people who were at risk of losing

weight. Where appropriate, malnutrition universal screening tool (MUST) charts were accurately maintained. People were weighed at least monthly and their weights were consistently recorded and reviewed by the nurse in charge and the registered manager. Most people were maintaining their weight but if people had lost weight they were monitored and referred to the GP for assessment. People were assisted with nutritional supplements and fortified foods where prescribed.

Where people had been assessed as at risk of choking, they had been seen by a speech and language therapist. Their care plan and risk assessments reflected the recommendations made. These included thickening fluids and having a pureed diet. We observed these people being supported in line with their care plans.

People told us they had regular access to other healthcare professionals such as, chiropodists, opticians and dentists. Staff supported people to stay healthy and people's care records described the support they required to manage their health needs. People were referred for specialist advice and we saw evidence this advice was followed. Professionals told us people's changing needs were identified to them. Details of any professional visits were documented in each person's care record, with information on outcomes and changes to treatment if needed. Records showed people had regular access to other healthcare professionals such as, chiropodists, opticians and dentists.

Staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Where restrictions were in place for people we found these had been legally authorised.

Staff understood their responsibilities under the Mental Capacity Act 2005. We saw this in action for example, where people were unable to consent to the use of bedrails. Staff had followed good practice guidance by carrying out, and recording, best interest decision making processes. We saw this type of decision making was specific to each person and each decision as they should be.

Is the service caring?

Our findings

People who lived at Princess Lodge Care Centre were complimentary about the home and the permanent staff. Comments included: “staff are very good, they are kind”, “they look after me well and all seem very pleasant” and “they look after us, it’s like being at home.” Relatives were also complimentary. One said they would give staff a rating of “ten out of ten”. Other comments included, “our relatives are very well cared for and have made friends with the staff”, “some of the staff are very, very special” and “I think it’s pretty good here.” People told us they did not always receive the same standard of care from some of the agency staff. One person had raised a concern about an agency member of staff to the registered manager. The registered manager had told the person they would not employ the person at the home again. We spoke with the manager who confirmed that they had raised their concern with the agency.

Staff were respectful, friendly and caring in their approach to people. People were supported with their personal care discretely and in ways which upheld and promoted their privacy and dignity. Where people needed assistance with other care tasks staff asked their permission before assisting them, explained what they were doing and offered reassurance throughout the task. Although staff were busy they did not rush people and responded to people when they asked for assistance as quickly as they could. We saw staff supporting people to move around the home and this was done at the person’s pace. Staff chatted with people as they supported them.

Housekeeping and maintenance staff took an interest in what people were doing and chatted with them whilst they went about their work and joined in some of the activities.

People were supported to make choices and decisions about how they wished to be cared for. People and their families confirmed they were involved in the planning and

review of their care. Staff were knowledgeable about the care people required and how they preferred to be supported. For example, if people preferred a bath or a shower or what clothes they preferred to wear. Staff took the time to understand people where they had communication difficulties and knew the best way to communicate with people to ensure they could make choices. For example, by the use of body language or showing people alternative choices.

Staff reacted promptly when they thought someone had become unwell. They told us “[name of person] is saying they are ok but I know them and know they are not, so we spoke about getting the doctor.” This person was later seen by the visiting GP and admitted to hospital.

People were supported to be independent and were encouraged to do as much for themselves as possible. Some people used equipment to maintain their independence. Staff ensured people had the equipment when they needed it and encouraged people to use it.

People told us their relatives were able to visit whenever they wanted. One person told us the flexible visiting times meant their family were able to visit around their own working patterns. Relatives told us that staff were welcoming, friendly and accommodating when they visited. People were able to prepare refreshments for their guests because drink and snack bars had recently been added to the dining rooms.

People had advance care plans in place which showed they were involved in decisions about their end of life care and how they preferred to be supported at that time. Where people were receiving end of life care, staff sought specialist advice to ensure people’s needs were met. People’s pain levels were monitored and reviewed and these people had their pain relieving medicine as prescribed. Staff showed compassion and empathy with family members. One relative told us staff were “very kind and very supportive.”

Is the service responsive?

Our findings

At our inspection in July 2014, we identified people's records were not always accurate and did not always contain information about how people should be supported. We asked the provider to send us a plan outlining what actions they would take to bring the service up to the required standard. At this inspection we found these had not all been completed. For example, one person's had two care plans in relation to their diabetic care. They had been reviewed by the GP on a number of occasions and their dose of medicine was changed. This was recorded on both care plans but the dose was not documented correctly on one of the care plans. The care plans were not always completed in a chronological or legible manner. The most recent change that had occurred two weeks previously had not been recorded on either care plan. The care plans could not be used to provide instruction to staff on how to support this person. We discussed this with the nurse on duty; they told us what the current medicine dose was and showed us a further chart that was not kept with the care records where this dose was recorded.

Two people who remained in bed during the inspection had charts to inform staff when they had been assisted to change position. There was a risk these people's pressure area care needs would not be met because charts had not been completed. Charts would therefore not inform staff whether the person was being assisted to change position in line with instructions in their care plan.

These issues were a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our inspections in July and September 2014 we found improvements were required to ensure people had opportunities for social stimulation. The provider sent us an action plan but not all of the actions had been completed. People in communal areas told us they were

happy with the level of activities offered but would have liked to know what was planned in advance. The activity scheduled was displayed on the notice board on the ground floor unit which meant they were not available for people on other units to view. We remained concerned about the level of activity for people who remained in their rooms. We observed staff spending time with people providing care or assistance but no social or recreational activity took place in people's own room.

People did not always receive treatment in line with their care plan. For example, one person had a condition that meant they could experience chronic pain. The care plan stated staff should ensure this person had their prescribed pain relieving medicine regularly. This person did not receive their morning medicine until midday which meant they had not had any pain relieving medicine since the previous evening.

These issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People knew how to make a complaint and the provider had a complaints policy in place. This was displayed in the home. A person told us they had made a complaint and had spoken to the manager about their concerns. They were satisfied with the response and the resolution reached.

Feedback from people and their relatives about the quality of the service was used to make improvements. For example, some people had said they would like their breakfast earlier in the morning. The chef told us kitchen staff's hours had been changed. This change was due to start the following week and would mean breakfast trolleys would be on the units earlier in the morning. People and their relatives also identified some furniture needed replacing. Some new furniture had been purchased. One person did not like the new chairs and requested their old chair be returned and this was done.

Is the service well-led?

Our findings

The registered manager had been in post since November 2014. They were an experienced manager and together with the deputy manager had permanently transferred from another of the provider's locations. In the past 12 months there had been four home managers and two deputy managers. Changes and improvements made following previous inspections had not all been sustained or given time to embed into practice.

The registered manager demonstrated strong leadership skills and had a clear understanding of the changes and improvements that were required. Staff and visiting health professionals told us they had seen positive changes that had directly improved the experience for people living at the home since the new registered manager had been in post. Staff had been asked to suggest ways that improvements could be made. One of the suggestions was for people to have a drink and snack bar in the dining rooms from which they could help themselves. This had been implemented.

At our inspection in July 2014 we found the quality monitoring systems in place to review the care and treatment offered at the home had previously not been robust. We told the provider they must take action to bring

the service up to the required standard. Action had been taken. In the six weeks that the registered manager had been at the service they had identified all of the issues we had found during the inspection. There was a comprehensive plan in place to address the issues but due to the short time the manager had been at the home some of the actions had not yet been started.

There was an open culture in the home where people, their relatives and staff felt confident to raise any concerns they might have about areas of poor practice. Appropriate action had been taken by the registered manager to deal with concerns raised about staff performance and where necessary disciplinary action had been taken.

There was a clear procedure for recording incidents and accidents. Any accidents or incidents relating to people who used the service were documented on a standardised form and actions were recorded. Incident forms were checked by the registered manager to identify any trends or what changes might be required to make improvements for people who used the service.

Since our inspection in July 2014 a new regional manager had been appointed. They regularly spent time at the home to support the registered manager and reviewed the audits and other quality assurance systems to ensure any issues or trends were escalated within the organisation.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

The registered person had not ensured service users are protected against the risk of receiving inappropriate care and treatment by means of maintenance of an accurate record in respect of each service user including appropriate information and documents in relation to their care and treatment. Regulation 20 (1) (a).

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

The provider did not take appropriate steps to ensure that, at all times there were sufficient numbers of suitably qualified, skilled and experienced persons employed for the purpose of carrying on the regulated activity In order to safeguard the health, safety and welfare of service users.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

The registered person did not have suitable arrangements in place to ensure that staff were receiving appropriate training, professional development, supervision and appraisal to deliver effective care and support to people. Regulation 23(1)(a).

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

This section is primarily information for the provider

Enforcement actions

Care was not always delivered in a way that met the individual needs of people or which ensured their welfare.

Regulation 9 (1) (b) (i) (ii) (iii).