

Hunters Lodge Care Homes Limited

Hunters Lodge Care Home

Inspection report

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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

Hunters Lodge Care Home is a care home for older people, some of whom were living with a dementia related condition. They provide personal care for up to 30 people aged 65 and over. At the time of the inspection there were 27 people living in the home.

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

Prior to the inspection we had received some concerns about how staff supported people who regularly refused their medicines and recognition of when these may need to be given in an alternative way, such as covertly. We found action by the provider and registered manager had been taken to address these concerns. The temperature of medicines storage was not checked regularly. When the temperature was higher than recommended, we could not see what action had been taken. The provider told us that they would address this promptly and bring forward their plans to install air conditioning in this room. Care plans were in place where people were prescribed 'as required' medicines, but these would benefit from more guidance for staff.

People could be confident they were supported by staff who had access to appropriate guidance and understood how to keep them safe. Staff's knowledge of the people they supported was good and they were able to tell us about the risks associated with their care and how to minimise these. There were enough staff who had been recruited safely, to meet people's needs and keep them safe.

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. Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

People's needs were met in an individual and personalised way by staff who were kind and caring. People felt listened to and knew how to raise concerns. They, and a healthcare professional told us they would recommend the service to others. Staff respected people's privacy and protected their dignity.

People knew how to raise concerns. They had confidence in the registered manager and told us they would recommend the service to others.

A quality assurance system was in place to assess, monitor and improve the service. Incidents and accidents were monitored by the registered manager. Where incidents occurred in the home the registered manager ensured appropriate action was taken for people to reduce the likelihood of injury or recurrence.

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 requires improvement (published 21 February 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 below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Hunters Lodge Care Home

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 three inspectors.

Service and service type

Hunters Lodge Care Home 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 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 professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, deputy

manager, senior care workers, care workers and chef. We also spoke to a visiting professional. 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 reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

This meant people were safe and protected from avoidable harm.

People told us, and their relatives confirmed that they felt safe and well supported living at Hunters Lodge.

Using medicines safely

- Prior to the inspection we had received some concerns about how staff supported people who regularly refused their medicines and recognition of when these may need to be given in an alternative way, such as covertly. This means medicines would be administered without the persons knowledge.
- No one was receiving their medicines covertly at the time of our inspection. The concerns raised with us had been investigated and some measures implemented to recognise and respond appropriately to regular refusal of medicines.
- Staff told us if a person refused their medicines for three consecutive days they would escalate this to the GP. They had also implemented a monthly monitoring record of refused medicines, to ensure that if a person was refusing their medicines regularly but not consecutively, this could be quickly recognised and action taken. A staff member told us how this system had led them to contact the GP to review the medicines for one person.
- Although the temperature of medicines storage was checked regularly, this was not always carried out daily. When the temperature was higher than recommended, we could not see what action had been taken. The provider told us that they would address this promptly and bring forward their plans to install air conditioning in this room.
- Care plans were in place where people were prescribed 'as required' medicines but these lacked sufficient guidance. Staff knew people very well so the risk to people, as a result of this was minimal. However, staff would benefit from these care plans containing more information about the medicines, dose, when to use, when to escalate the use to a doctor and how to monitor for their effectiveness.
- Medicines were stored in a locked trolley and rooms. Medicines that required extra control by law, were stored securely and audited each time they were administered.
- Medicine administration records (MAR) were completed as required.
- Medicines were administered by staff who had been trained and assessed as competent to do so, in line with national guidance.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse.
- Safeguarding policies and procedures were in place. Staff had training about safeguarding and understood types of possible abuse and how to identify these. Staff were knowledgeable about what action

they would take if abuse was suspected.

- The registered manager understood their regulatory responsibilities and had referred safeguarding concerns to the local authority and CQC as required. Where required these had been investigated and action taken, to ensure staff were aware of any learning as a result.

Assessing risk, safety monitoring and management

- People could be confident they were supported by staff who had access to appropriate guidance and understood how to keep them safe.
- Staff's knowledge of the people they supported was good and they were able to tell us about the risks associated with their care and how to minimise these.
- People's care records contained appropriate risk assessments linked to their care plans. These related to a variety of needs, including their skin integrity, nutrition, mobility, falls, behaviours and specific health conditions. The combination of risk assessments and care plans provided appropriate guidance to staff about the action they should take to promote people's safety and ensure their needs were met.
- Observations demonstrated that people's care plans were adhered to and that the support provided to people was being monitored to ensure it was safe. For example, where people were using pressure relieving mattress to reduce the risks of skin breakdown, the mattresses were set correctly, and people were supported to change position in line with their care plan.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. Staff told us staffing levels were ok but could be difficult when staff were off sick. The registered manager told us they were addressing sickness in the service and on occasions in order to ensure appropriate staffing levels, they used agency staff.
- Throughout the inspection we observed that people were given the time they required and were not rushed by staff. People's requests for support were attended to by staff promptly.
- Recruitment checks had been completed to ensure that new staff employed were suitable to work at the service. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment.

Preventing and controlling infection

- Domestic staff were employed within the service and completed regular cleaning tasks in line with set schedules.
- There were processes in place to manage the risk of infection and personal protective equipment (PPE), such as gloves and aprons, were available throughout all areas of the home. Staff were seen using these when appropriate.
- The home was clean, tidy and all, but one area was free from malodours. The provider had plans in place to replace all flooring and undertake a complete refurbishment throughout.

Learning lessons when things go wrong

- Incidents and accidents were monitored by the registered manager. Where incidents occurred in the home, the registered manager ensured appropriate action was taken for people to reduce the likelihood of injury or recurrence. Staff confirmed that discussions took place to ensure they were always working in a way that reduced risks to people's safety.

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.

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

- Assessments of people's needs were completed before people moved to the home. These identified people's needs and the choices they had made about the care and support they wished to receive. Relatives and people confirmed they were involved in this assessment.
- Nationally recognised assessment tools such as Waterlow (a tool to assess the risk of skin breakdown) and Malnutrition Universal Screening Tool (MUST- a tool used to determine the risk of malnutrition), were in place and used to inform people's planned care.
- Staff were required to undertake annual medicine competency assessments in line with NICE guidance.

Staff support: induction, training, skills and experience

- People received effective care from staff that were skilled, competent and suitably trained.
- New staff received an induction and were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.
- Staff were encouraged to further develop their skills and knowledge by completing vocational qualifications in health and social care.
- The provider ensured training met the needs of staff and the people being supported. They ensured staff had access to training in safeguarding, mental capacity act, deprivation of liberty safeguards, and moving and handling.
- Additional training was also available including dignity, respect, equality, diversity and human rights, end of life care, diabetes, falls management and dementia. The registered manager provided an example of how training from an optician on eye conditions, led the staff to request a person had their eyes retested.
- Staff told us, and records confirmed they were receiving one to one supervision and found these helpful.

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

- People said they were happy with the food provided and that they received a choice.
- People's care plans reflected their dietary needs and specific requirements.
- Where needed input from Speech and Language Therapists (SALT), had been obtained to ensure people's safety when eating and drinking. People's care plans provided guidance for staff to follow as to type of foods and textures that had been recommended by SALT.

- People's nutritional risk and weights were monitored regularly.
- Action was taken should any significant change be noted, including increasing the frequency of monitoring their weight and involving the GP. This information was shared with kitchen staff who maintained records, to aid them to quickly identify those people who were losing weight and needed additional calories added to their meals.

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

- People were supported to maintain good health and had access to external healthcare support as necessary and records reflected this.
- Staff were very knowledgeable about people's specific needs and able to recognise any slight change in these. This was confirmed by a visiting health professional.
- People and their relatives were confident that they would be supported to contact a GP or other health care professional for them. Records showed that other professionals such as chiropodists, dentists, speech and language therapist and older persons mental health teams, were involved to ensure people received the care they needed.
- Handovers between staff took place to ensure they were kept up to date about everyone's needs.

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

- People were cared for in an environment where adaptations had been made to meet their needs. Corridors were wide and well light. Flooring which would reduce the risk of tripping, was being put in place.
- Signage was in place to provide directional guidance, although some of this may be more effective for people living with dementia, if it was pictorial.
- Rooms were laid out to enable people to understand the purpose of the room. For example, the dining room looked like a dining room with table laid with cutlery and condiments at meal times.
- People were able to personalise their rooms.
- The environment was regularly checked for safety and maintenance issues.

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.

- Staff understood the importance of gaining consent before providing support. Where appropriate consent forms were in place and signed by individuals, people told us staff respected their decisions.
- Mental capacity assessments had mostly been completed where needed and we saw that best interests

decision making took place.

- We saw the best interest decision making process had been applied for a health investigation for one person and involved all relevant others. However, a record of assessment of the persons capacity to make a decision about whether this investigation, had not been completed.
- Staff and the registered manager understood their responsibilities with DoLS and had received training from the provider. Where DoLS had been applied for, mental capacity assessments had been completed. There were no conditions attached to people's DoLS.

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.

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 and their relatives spoke positively about the support provided by staff. One relative told us, "I am truly amazed by how the staff operate here. They are very young, they display great levels of patience, understating and tolerance. They seem to be comfortable handling dementia, they don't panic, they take it in their stride. They have amazing qualities." Another said, "They are always caring and compassionate."
- Observations reflected people were comfortable and relaxed in staff's company. Staff spoke to people with kindness and warmth and engaged positively throughout our visit, laughing and joking with them.
- Staff were aware of the need to treat people as individuals and respect their beliefs and lifestyle choices. The provider had numerous policies in place to ensure that people's human rights and equality and diversity needs were met, including sexuality and relationships. They provided staff with training in dignity and respect; person centred care and equality and diversity, to aid staff's understanding. The registered manager and staff were clear that discrimination would not be tolerated and were confident any human rights or equality needs people had, would be met.

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

- People and their relatives confirmed they felt listened to and were involved in decisions about their care. One person told us, "No one makes me do anything I don't want to do. I've not been badgered for staying in bed today. They're caring, and they listen to me."
- Resident and relative meetings also took place which enabled discussion about wider aspects of the service. Records confirmed that actions were planned and carried out as a result. For example, people had requested more activities outside the home and this had taken place and outings were planned for the future.

Respecting and promoting people's privacy, dignity and independence

- The service ensured people's right to privacy and dignity was respected.
- Care was provided in a discreet and private way. Staff knocked on people's doors and waited for a response before entering.
- Care records identified who people wanted information shared with.
- Information about people was stored confidentially and only those who needed access to these records had this.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives described person centred care that was responsive to people's needs. One person's relative told us they had been contacted when their relative had been unwell. Staff had promptly contacted the person's GP, who had diagnosed a chest infection and commenced the person on appropriate antibiotics. A second relative told us, "Sometimes he [relative] doesn't have personal care because he can refuse it. They will change him at the time suitable for him".
- ● Care plans had been developed for each person. These provided sufficient information to enable staff to provide support in a personalised way. Care plans were reviewed regularly, and changes made promptly when needed.
- People's choices were recorded, such as any preferences about the gender of the staff supporting them and their preferences during the day and at night.

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 was considered within their care plans. For example, where people had communication needs, information was detailed in their care plans about how staff should support them to understand.
- The registered manager confirmed no alternative communication systems were being used for people at the time of the inspection, but consideration of the AIS was incorporated into the pre-admission assessment.
- Some pictorial aids were available, such as for supporting people to choose meals, but the kitchen staff told us these were not required for people at this time. In addition, the written complaints procedure had been simplified to assist people to understand.
- The registered manager told us that if people needed any other information in alternative communication formats/aids, this would be provided.

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

- The service had recently become a member of the National Activities Providers Association (NAPA), in order to gain more support in providing activities for people. Following people's feedback, staff had arranged for community transport to enable people to enjoy more regular outings.
- A variety of activities were provided throughout the day, including external entertainers.
- People told us they had plenty to do and were able to choose if they wanted to participate in activities or not.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a complaint but told us they had not needed to do so.
- Where complaints had been raised we saw these had been investigated, acted upon and responses provided.

End of life care and support

- No one was receiving end of life care at the time of our inspection, although the service had recognised that this may happen soon for one person and had ensured appropriate medicines to manage their pain were in place, should this be needed.
- Staff confirmed that they would work with other health professionals to manage any physical needs.
- Care plans were in place and contained some information about people's wishes. For example, one person's care plan stated they would like to be visited by a catholic priest. Another person's reflected that they wanted to be washed and dressed before going to the funeral directors.

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.

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 registered manager described the ethos of the service which they told us was to provide person centred care, which enabled people to live as they wanted. During the inspection staff demonstrated this ethos and worked hard to enable people to make choices about their lives. People were continually asked what they wanted and offered choices throughout their stay. A relative told us, "The management must be very good because there is very little turnover of staff. They are leading in an appropriate manner."

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

- There was a staffing structure which provided clear lines of responsibility and ensured people's care was overseen by an allocated member of staff.
- Staff understood their roles and responsibilities within the home and strived to ensure they delivered a service that people wanted and that met their needs. Staff told us they felt the service was person centred and a visiting professional told us people were at the forefront of what they did.
- All incidents and accident were recorded, and we could see action was taken following individual incidents. The registered manager confirmed there was no system to formally analyse these and identify any trends or patterns in the service. However, a new electronic system was being implemented by the new directors and this would support a service wide analysis and learning. Both the registered manager and directors would be able to access this.
- A range of quality assurance processes were in place, including multiple audits of the service. Examples of these audits included incidents and accidents, falls, care plans and risk assessments. These had been effective in identifying concerns and driving improvements. For example, one audit identified that a meeting with a person's next of kin was needed and we saw this had taken place.
- The previous performance rating was displayed in the home's entrance hallway making it available to all visitors and people. This information was also included on the home's website with a link to the full report.
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were 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

- The registered manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements. CQC were notified of all significant events.

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

- The registered manager and provider used a variety of systems to gain feedback from people, relatives and staff, which included meetings. We saw action had been taken by the registered manager as a result of people's feedback, including engaging the support of voluntary transport to enable people to access the community more.
- Feedback via surveys and the internet were requested, analysed and action taken as a result to make improvements to the quality of the service for people.
- Feedback was positive throughout. One comments from a relative said, 'Hunters Lodge continues to provide excellent care for my mother. She is treated with respect and patience by all the staff who are friendly and willing. Their handling of my mother is consistently gentle and caring. The quality of the food (and quantity) is very high and prepared by dedicated kitchen staff. My mother's family members are always made very welcome and made to feel valued.'

Continuous learning and improving care

- The director had engaged the support of an external consultant to review the service and support improvement. A list of recommendations had been provided and we saw the management team had been acting on these. For example, delivering a 'dementia friends' session to relatives had taken place as a result and training with the clinical commissioning group had been completed.

Working in partnership with others

- Hunters Lodge was a member of the Hampshire Care Association. The management team attended seminars which supported networking opportunities and to keep up to date with practice.
- They were working closely with the Care Homes Team to develop staff training and feedback from this team showed positive engagement and that the service acted upon advice given. The Care Homes Team are a group of healthcare professionals who can provide guidance, advice and training to services.