

High Lodge Care Services Limited

High Lodge Care Home

Inspection report

Off Roman Road
Iverley
Stourbridge
West Midlands
DY7 6PP

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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

We inspected this service on 26 January 2016 and it was an unannounced inspection. Our last inspection took place in May 2013 and we found no concerns with the areas we looked at.

The service was registered to provide accommodation for up to 29 people. At the time of our inspection 25 people were using the service.

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

People told us they felt safe and staff knew how to recognise and report potential abuse. Risks to people were identified and managed to keep people safe. There were enough staff available to meet people's needs and people received their medicines as prescribed.

When people were unable to consent to their care, capacity assessments had been completed and decisions had been made and recorded in people's best interests. When people were being restricted in their best interest, this had been considered and applications and authorisations for this were in place.

People were supported to eat and drink sufficiently to maintain a healthy diet. When needed people had access to input from health professionals. People and relatives were happy with the support they received from the staff. They were able to make choices about their day and encouraged to be as independent as possible. Opportunities to take part in activities people enjoyed were also offered.

Friends and families were free to visit when they chose and told us they felt involved with people's care.

Quality monitoring checks were completed to bring about improvements. The provider sought the opinion of people and relatives to bring about positive changes. People knew who the registered manager was and felt they were approachable. If people wanted to complain they were confident this would be dealt with.

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.

People told us they felt safe and risks to people were identified and managed to protect people from avoidable harm. Staff knew how to recognise and report potential abuse. We found there were enough staff to meet people's needs and people received their medicines as prescribed

Is the service effective?

Good ●

The service was effective.

The principles of the Mental Capacity Act 2005 were followed. When needed capacity assessments had been completed and decisions made and recorded in people's best interest. When people were being restricted in their best interest, this had been considered and applications and authorisations were in place. Staff received training and an induction that enabled them to support people. People enjoyed the food and had enough to eat and drink and when needed people received support from health professionals.

Is the service caring?

Good ●

The service was caring.

People made choices about their day and were encouraged to be independent. Family and friends felt welcomed and were free to visit throughout the day. People and their relatives were happy with the staff and the care they received.

Is the service responsive?

Good ●

The service was responsive.

People received care that considered their preferences and were involved in the planning and reviewing of this. People had the opportunity to participate in activities they enjoyed. There were

systems in place to manage complaints.

Is the service well-led?

The service was well led.

Quality checks were in place to bring about improvements to the service. The opinions of people and relatives were sought to make positive changes. People knew who the registered manager was. There was a whistleblowing procedure in place and staff were confident concerns would be dealt with.

Good ●

High Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is 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 26 January 2016 and was unannounced. The inspection was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people who used the service, three relatives, two members of care staff, the activity coordinator the operations manager the deputy manager and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We looked at the care records for four people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I'm as safe here, I have now worries". A relative told us, "I've no doubt that [relative] is safe here, they have never come to any harm before and I am sure they won't in the future". We saw when people needed specialist equipment to be transferred in a safe way it was provided for them. For example, some people needed specialist moving and handling equipment to stand or to transfer. We saw staff operating this equipment safely and in line with the person's care plan. This demonstrated that people were supported in a safe way. We saw and records confirmed that the equipment had been maintained and tested to ensure that it was safe for people to use.

Staff knew how to recognise and report potential abuse. One member of staff said, "It's looking after the residents as they're vulnerable and looking out for signs that anything is wrong". Another member of staff told us, "There's none of that here, but I would report anything I wasn't happy with, to the manager or head office, I know they would act on it". Procedures were in place to ensure any concerns about people's safety were reported appropriately. We saw when needed these procedures were followed.

Risks to individuals were identified and managed to ensure people were protected from avoidable harm. For example, one person told us they used an aid to walk as they were at risk of falling. They said, "I wait for the staff to help me with this". One member of staff said, "[Person] is at risk of falling, the [aid] reduces the risk and therefore is safer for them". We saw staff supporting this person to walk in a safe way and in line with the information that was recorded in their care plan. This demonstrated staff had the information needed to manage risks to people.

People told us there were enough staff available and did not have to wait for support. One person said, "I don't wait long when I press my buzzer, downstairs in the lounge there are always lots of staff about". A relative told us, "There are enough staff available". Staff confirmed there were enough staff to meet the needs of people. One member of staff said, "We do manage, we are a good team and stick together so that helps us". We saw and the registered manager confirmed that a dependency tool was used to work out staffing levels based on the needs of people. We saw staff were available and people did not have to wait for support.

We saw plans were in place to respond to emergency situations. These plans provided guidance and the levels of support people would need to be evacuated safely in an emergency situation. The information that was recorded in these plans was specific to the individual needs of people. Staff we spoke with were aware of these plans and the level of support people would need.

People told us their medicines were managed in a safe way. One person said, "The staff look after my medicines, that way I know it's done correctly and it takes the pressure off me". We saw staff administer medicines correctly. There were effective systems in place to administer and record medicines to ensure people were protected from the risks associated to them. People were encouraged to be as independent as possible with medicines. One person told us, "I look after my own medicine, that's my choice". This person showed us how they kept their medicines safe in their room. We saw there was a risk assessment in place to

manage these medicines.

We saw that when people were prescribed medicines on an 'as required' basis, protocols were in place. However the information was not always recorded as to when the medicine maybe needed. For example, one person was prescribed as required medicines to help them sleep; we did not see any guidance in the protocol, as to when this medicine should be taken. We discussed this with the deputy manager who reviewed the protocol to ensure that it had the information needed.

We spoke with staff about the recruitment process. One member of staff told us, "I could not start until my DBS had come through, I already had one but had to get one from this company which is good". The disclosure and barring service (DBS) is a national agency that holds information about criminal convictions. We looked at two staff files and saw that pre-employment checks were completed before staff were able to start work. This demonstrated the provider carried out recruitment checks to ensure staff were suitable to work in the home.

Is the service effective?

Our findings

Staff told us they received training and an induction that supported them to meet the needs of people. One member of staff told us about their induction. They said they shadowed more experienced staff for three shifts which helped them to get to know the people and learn people's routines. The staff member said, "It was really good for me, it helped me a lot". This demonstrated that staff shared knowledge to offer support and care to people. Another staff member gave examples of what they had learnt during moving and handling training. They told us it taught them, "How to use equipment, how to handle residents and how to do it all safely". This showed us that staff were provided with the training that supported them to meet people's needs.

The registered manager told us how they had implemented the care certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The registered manager said that all new starters would complete the care certificate as part of their induction.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Some of the people living in the home lacked the capacity to make important decisions for themselves. Mental capacity assessments were in place and when decisions had been made in people's best interest, these were recorded to show who had been involved and how the decision had been reached. Staff we spoke with demonstrated an understanding of the Act and used their knowledge to assess people's mental capacity. One staff member said, "Some people due to their dementia can't make some decisions for themselves anymore so we have to offer support with this". We saw staff explained to people what they wanted to do and checked they were happy for them to do this. One member of staff told us, "Even if people don't have capacity we still have to gain consent off them, if people refuse by turning their head or pushing us away then we leave them and respect that". This demonstrated that staff understood the importance of gaining consent. The provider had considered when people were being restricted of their liberty and had made applications for approval to the local authority. There were DoLS authorisations in place for three people and a further 19 applications had been made. Staff we spoke with understood about DoLS and their role to protect people. This demonstrated the principles of MCA were recognised and followed.

People told us they enjoyed the food and there was a choice available. One person said, "The food is good

and its always hot that's the main thing". Another person told us, "We get a good selection and it's very enjoyable". At lunchtime we saw people were offered a choice of two meals and two desserts. Staff supported people in accordance with their needs. For example, we saw staff sat with people and told them what was on the spoon before offering it to the person. People were offered drinks throughout the day. One person told us, "I'm a tea boozer I can't get enough, they always bring me plenty". People were also offered snacks including fruit, biscuits and cakes. One person said, "You never go without anything here".

People told us they accessed healthcare when needed. One person said, "The chiropodists comes in frequently and offers me support". Relatives told us the provider was proactive in seeking support from the GP if needed. For example, they told us about when their relative was unwell and needed antibiotics. They said this had been completed, "In a quick and timely manner". Records confirmed people had visits from district nurses and opticians. This showed us that when needed people had access to health professionals.

Is the service caring?

Our findings

People and relatives we spoke with told us they were happy with the staff. One person said, "The staff are very good" A relative told us, "I can talk to them, there all very good, most have remained the same which is always good it helps you build up a rapport". We saw positive interactions from staff throughout the day. One member of staff told us how there was a soft ball that they would throw to people. On the ball there was a question about themselves, they would ask the person the question so they were able to find out information about them. The staff member said, "It's great, you get to know things you didn't know about people, once I have this information I can talk about this in the future". We saw staff using the ball. It had questions on about people's history, for example what was your first job and did you have any pets. This demonstrated that staff spent time to find out about people.

People told us they made choices about their day. One person said, "I like the quiet so I stay in my room, I go in the communal areas if I choose but that's down to me". Another person told us in the summer they liked to be outside and staff would support them to do this. We saw staff offering people choice about what they would like to do and where they would like to sit.

People told us their privacy and dignity was promoted. One person said, "The staff are thoughtful, they don't let the others know my business". Another person told us privacy and dignity was important to them and the staff were, "Respectful of this". Staff gave examples of how they treated people with respect and promoted their privacy and dignity. One staff member said, "We knock on people's doors and talk to people about personal things in their rooms or in a discreet way". Another staff member explained it was important that they supported people to maintain their appearance to promote people's dignity. The registered manager told us how they called the bathroom the red room and they had done this so it was more dignified for people. When people were supported to move using equipment we saw staff adjusted people's clothes to ensure they maintained their dignity.

People were encouraged to move freely around the home to maintain their independence. One person told us they liked to be as independent as they could and the staff were respectful of this. They said, "I can do most things myself, I just call if I need them, they let me get on with it". One person explained how they administered their own medicines and how this helped them remain independent. Another person told us they could, "Wander about as I like, with no restrictions".

Relatives told us they were free to visit when they wanted. One relative said, "No restrictions, no appointments and never any problems" Another told us, "It's great, everyone is always welcoming, the kitchen staff, the carers and the manager too". We saw relatives and friend visited throughout the day. This showed people were encouraged to keep in touch with people that mattered to them.

Is the service responsive?

Our findings

People were provided with personalised support that reflected their preferences. One person said, "I think they know the things I like, well they don't do anything I don't like". We saw that staff knew people well. We saw that people were encouraged to personalise their rooms and have personal items displayed around the home. For example one person liked a famous film star and there were pictures of this person so when they looked out of their room they could be seen. Another person had driven a train as a previous occupation and had pictures to remind them of this. The person smiled when we discussed this with them. Throughout the home there were pictures of people's friends and relatives and pets they had previously owned.

People told us they were involved with planning and reviewing their care. One person said, "They ask me, I tell them, they write it down then everyone knows". Another person explained how this was an ongoing process, they explained that things could change day to day so staff would communicate with them to see what they would like that day. A relative confirmed they were kept up to date and involved with the reviewing of their relative's care. They said the home would act when necessary and then let them know the outcome. The care files we looked at confirmed where possible people were involved with reviewing their care.

People were able to take part in a range of activities that reflected their personal preferences. We saw there was an activity co coordinator in post. The co-ordinator explained to us about the range of activities they offered to people. They told us that people's like and dislikes were reflected in their care plans and they updated this information when new activities were tried. We saw there was a percussion session that was taking place. People were dancing, singing and laughing. One person said, "I love this fun". The activity co coordinator told us how external entertainers were used in the home. They explained they had a regular singer, exercise worker and keyboard player. We saw pictures around the home of these events. Relatives told us they were happy with the activities. They told us, "We are invited to events and often come and join in as they were enjoyable".

People and visitors told us if they had concerns or complaints they would be happy to raise them. One person said, "I have groans, they listen". A relative told us, "We voice our opinions and we are happy with how they are dealt with". The provider had a complaints policy and systems in place to manage complaints. The provider had not received any recent complaints but said they would respond to them in line with the policy.

Is the service well-led?

Our findings

People spoke positively about the home and we saw there was a positive atmosphere. One person said, "It's all good I am very happy here". Another told us, "It's not my own home but it's the next best thing". Staff told us they liked working in the home and they worked well together. One member of staff said, "I love it here, it's great as we all stick together, we are a brilliant team". Another told us, "I really enjoy it, I love the people they mean so much to all of us".

Quality checks were completed by the registered manager and the provider. These included monitoring of incidents and accidents, health and safety and monitoring of falls. The registered manager told us this information was reviewed to highlight any trends so changes could be made to prevent reoccurrence. Where concerns with quality had been highlighted we saw actions had been put in place. For example, we saw issues around lighting on the car park had been identified as a health and safety risk. The registered manager told us and we saw what action had been taken and the light had now been changed. This demonstrated that action was taken to bring about improvements to the service.

Feedback was sought from people who used the service. For example, the registered manager explained how one person thought the lift was plain and it could be decorated better. We saw that the lift had been decorated with balloons and birds with an 'up, up and away theme'. The person confirmed this was much nicer. A relative explained how they were asked to make suggestions. They told us they had suggested a 'take a way fish and chip night'. They said that this had happened and everyone enjoyed it. Pictures of the event were displayed around the home. One person we spoke with smiled and pointed at them. This showed us that the provider used people's feedback to bring about positive changes.

Staff we spoke with were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "I would be happy to whistle blow and know the management would support me on this". We saw there was a whistle blowing procedure in place and was displayed around the home. This showed us that staff were happy to raise concerns and were confident they would be dealt with.

People and relatives told us they were happy with the registered manager and they were approachable. One person said, "I know who [person] is, there's no complaints there". A relative told us, "There would be no problem approaching [person] if needed". The registered manager understood their responsibilities regarding their registration with us and notified us of important events that occurred at the service. This meant we could check appropriate action had been taken.