

Heath Lodge Care Services Limited

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Inspection report

Marten House
The Brow
Burgess Hill
RH15 9BS

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08 February 2019

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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:

Heath Lodge Care Services Limited provides care and support to people living in a setting called 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. Heath Lodge Care Services Limited also provided and organised activities for people. The development had communal areas such as a lounge, restaurant and hairdressers which people could use.

We found the service met the characteristics of a "Good" rating in all areas; more information is available in the full report.

People's experience of using this service:

- People told us they received safe care. They were supported by consistent and suitably trained staff. People received support to take their medicines safely and as prescribed. Risks to people's well-being and environmental safety were recorded and updated when the circumstances changed. The lessons were learnt where appropriate to improve the service further.
- People's rights to make their own decisions were respected. They were supported to access health services if needed. People's dietary needs were assessed and where required people were supported with their meals.
- People received caring and compassionate support from the staff. The management team led by example and staff referred to people in a caring way. People were complimentary about staff and about positive, caring relationships they were able to form with the staff. Staff respected people's privacy and dignity and people were supported to be as independent as possible.
- Care plans contained person-centred details about people's relationships and how they would like their support provided. People were reminded about upcoming events and supported to attend these. People knew how to complain and told us where they raised concerns the management acted promptly to address these.
- The service was well-led by a dedicated management team who demonstrated compassion and commitment to the needs of the people who used the service as well as the staff who worked for them. The management team worked professionally with agencies outside of the service and ensured a transparent, honest and open approach to their work which was valued by others. The provider had a quality assurance system in place and there was a focus on further development.

Rating at last inspection:

This service was registered by Care Quality Commission (CQC) on 8 February 2018. New services are assessed to check they are likely to be safe, effective, caring, responsive and well-led. This was their first inspection visit.

Why we inspected:

This was a planned a comprehensive inspection that was scheduled to take place in line with CQC scheduling guidelines for adult social care services.

Follow up:

We will review the service in line with our methodology for 'Good' services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Heath Lodge Care Services Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations under the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Heath Lodge Care Services Limited are a domiciliary care agency (DCA). At the time of this inspection 24 people lived on site. Eight people received 'personal care' from the service. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The service had a manager registered with the CQC. This means 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: We gave the service 72 hours' notice of the inspection visit because we needed to be sure the management would be in the office. We visited the office on 08 February 2019 to see the registered manager and to look at the records.

What we did: We reviewed information we had received about the service. This included details about incidents the provider must notify us about and we sought feedback from the local authority and health professionals who worked with the service. We used information the provider sent us in the Provider Information Return [PIR]. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection: We obtained feedback from two professionals; a senior social worker and an assistant care manager.

During the inspection: We reviewed three peoples care records, medication records and risk assessments. Reviewed staff recruitment, training and supervision records for three staff. Reviewed records of accidents, incidents, complaints and compliments, audits, quality assurance reports and surveys. We spoke with the nominated individual, operational manager, registered manager, a senior care manager, a care manager and two care staff. The experts by experience telephoned and spoke with eight people using the service and two relatives'.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- The registered manager demonstrated a good knowledge of safeguarding procedures and the processes around reporting of concerns.
- The service kept a summary of safeguarding referrals to the local authority and notified the Care Quality Commission (CQC) when required. Internal actions in response to safeguarding concerns were evidenced in practice.
- Staff had completed training in safeguarding and knew how to recognise the signs of potential abuse. The provider had a safeguarding policy for staff to follow. Staff knew what actions to take and said they would report any concerns to the manager. An assistant care manager told us, 'In relation to safeguarding the staff were brilliant and followed the advice from start to finish.'
- A poster was displayed on an information board for people which detailed who to contact if a person or relative had a concern.
- Staff wore uniforms and identification badges so people could be assured they worked for the service.

Assessing risk, safety monitoring and management:

- Risks to people were assessed, recorded and updated when people's needs changed. People and their relatives told us they were safe. One person said, "I feel safe. We have alarms, they [staff] come quickly and are always around." A senior social worker told us, 'I have found Heath Lodge Care Services Limited to be a provider that has practised safely, with patience, professionalism and perseverance.'
- People's risk assessment included areas such as mobility, showering and other individual conditions such as diabetes. Where people required help to move around, risk assessments detailed how they should be moved, the number of staff required to safely assist the person, and the equipment to be used.
- Risks within people's home environment had been assessed and identified. Care workers and management worked closely with the housing association who were responsible for repairs. During our inspection visit the senior care manager alerted the housing manager that a person's window still had a draft. This was relayed as urgent and addressed immediately. Where required, people had been referred to other health and social care professionals for further advice about how to reduce risks to their health and wellbeing. For example, one person had been referred to the falls and prevention team as they had been identified as being at high risk of falls.
- There was a system to record accidents and incidents; any emerging trends were identified. We viewed these records and saw appropriate action had been taken where necessary. For example, medical advice was sought and lessons learnt discussed with the staff.

Staffing and recruitment:

- Records demonstrated the provider employed enough staff to enable each person to have a consistent staff team. People and a relative told us they felt there was enough staff and no one we spoke with reported

any missed visits. An assistant care manager told us, 'The person had nothing but high praises for the staff, she has built a good rapport with them as she is supported by same people daily.' Everyone we spoke with said staff stayed long enough to do everything they needed to before they left.

- People were protected by safe recruitment practices. New staff were appointed after robust checks were completed which ensured they were of good character to work with people who had care and support needs.

Using medicines safely:

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. People's care records contained lists of people's prescribed medicines, this included people that self-medicated.

Preventing and controlling infection:

- The staff were trained in infection control. Staff told us they used gloves appropriately, for example when assisting people with application of creams.
- The staff had access to protective personal equipment, such as gloves and aprons, available in the office.

Learning lessons when things go wrong:

- The registered manager ensured they reflected on where things could be improved going forward. For example, due to verbal handovers between staff changes, a miscommunication occurred that resulted in a person experiencing an unexpected wellbeing call in the night which they shared had made them feel scared and unsafe. Consequently, written handovers were introduced to ensure there was clear communication between shifts and that people only received support at agreed allocated times. The registered manager told us, this had been successful.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's care records showed support was planned in line with best practice guidance and reflected professional's involvement.
- People's needs were assessed before they were started receiving care from the service to ensure these needs could be met. The initial assessment included people's physical, cultural and communication needs. People's care records contained a front page about people's conditions for reference. The service was working with the local authority to ensure a review of individual's needs took place before care commenced to identify any changes in need.
- There was clear guidance and instructions within people's care plans about how to use equipment such as a hoist.

Staff support: induction, training, skills and experience:

- Staff had the knowledge, skills and experience to support people effectively. People told us staff knew how to support them. A relative said, "Without a shadow of a doubt, they are all adequately trained and they listen."
- People were supported by staff that had ongoing training that was relevant to their roles. Staff confirmed the training and support they received enabled them to effectively meet people's needs.
- Staff had additional training around people's specific conditions if needed, for example, in dementia awareness and diabetes.
- Staff were encouraged to study for vocational qualifications in health and social care. New staff followed the Care Certificate, a work-based, vocational qualification for staff who had no previous experience in the care sector. New staff shadowed experienced staff.
- Staff told us and records confirmed staff were supported in their roles. They had regular one to one meetings with their line manager to discuss their care practices and development opportunities.

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

- Staff knew people's dietary requirements and were able to explain how they would offer people meal choices to meet their dietary needs. This information was documented in the person's care plan.
- Where people did not require support with food and drink, any nutritional risks were still recorded in their care plans so staff could be aware and monitor any changes in people's health.

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

- The registered manager had good relationships with the local medical practice and with the pharmacy. Issues were addressed as needed.
- The service provided emergency response 24 hours a day via individual's pendant alarms. People we spoke

with confirmed they wore them and knew how to use them. People told us they felt they could rely on staff and experienced prompt responses when they used the alarm.

- Staff told us they provided verbal and written handovers to their colleagues. Documentation included detailed updates about people's health and emotional wellbeing which meant care workers were able to provide continuity of care.

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

- People's needs were met by the design and decoration of their flat's. The provider as part of the persons assessment of care, ensured any adaptations to the person's home were carried out by an agreed external contractor.

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

- People were supported to live healthier lives and had access to a range of healthcare professionals and services.
- People attended appointments with professionals such as their GP, dentist and optician. As needed, people were supported to make referrals to specialists, such as speech and language therapists and district nurses.
- Care records included a grab sheet which provided information in an accessible format about people's care needs, allergies and any risks. The document went with people if they had to be admitted to hospital, to provide guidance for healthcare staff.

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

- People's rights to make own decisions were respected. One person "Staff always gain my consent and discuss my care. They never assume anything."
- People were supported by staff that knew the principles of The Mental Capacity Act 2005 (MCA). A staff member said, "Everyone has a right to make their own decisions until proven otherwise in how they want to live their lives. Everyone has a right to remain in their own home and these decisions should be respected. Where a person's capacity is questioned then we must follow the guidance set out in the MCA. This protects the persons rights."
- The Mental Capacity Act 2005 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 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.
- The service sought and recorded individual's consent to their care. The registered manager completed and documented appropriate mental capacity assessments in accordance with the MCA code of practice.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- The provider had an equality and diversity policy. People's preference on whether they wanted a male or female carer were documented in their care files. The staff we spoke to understood what equality and diversity meant. A member of staff said, "When supporting people with dementia, I make sure I treat them equal. How I would want to be treated. It is so important to be kind and understanding. For one person I know they are so happy and settled when I am in the room. They don't know my name but they remember the emotion they feel when I am in there. Creating a safe happy place. Their condition doesn't define them."
- The caring nature of the service was shared by all, the registered manager told us the provider aimed to create a caring organisation. Feedback from people reflected they formed caring relationships with staff. A person said, "The carers are really kind." A relative said, "Staff were, helpful, friendly and very caring and very patient." Another relative said in response to a recent accident their loved one experienced, "The staff stayed with [person] until the ambulance crew came, for two and a half hours. I could have cried with their care and their kindness. They gave her respect making sure they put a blanket on, showing total care and respect." A senior social worker told us, 'I have found that they have treated the people I work for with respect, they appear to have a good understanding of the people's care needs.'
- The service had a strong person-centred culture. Staff could tell us about people's individual needs, preferences and backgrounds. The registered manager and staff promoted positive outcomes for people. An assistant care manager told us, 'The person felt that the carers knew how she likes things done and they maintain that. The person mentioned that the carers are able to anticipate her needs even when she is not feeling well.' Records confirmed people's views about how they wanted to be supported had been explored and used to inform their care plans.

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

- People and their relatives told us they were consulted with and involved with their care and that the management team checked that information in their care plan was up to date.
- Relatives said they were kept informed of any changes or health concerns.
- People told us the staff knew people's preferences well and knew how people would they liked their care to be delivered. One person said, "Unless I ask for help, they [staff] will let me do my own chores and make my own decisions."

Respecting and promoting people's privacy, dignity and independence:

- All people we spoke with told us staff respected their privacy and dignity. One person said, "If I need help they [staff] are always polite and will keep doors and curtains closed. They understand that I prefer to try and do everything myself." One relative said, "They [staff] treat her with respect, close doors when helping her wash and dress. They knock before coming in." Another relative said, "They [staff] stand outside

(bathroom) as she is a private person, if she needs a hand they will go in. They have uniforms and gloves. They treat her with respect, always ask what she wants to wear, that is what I think is respectful. They always knock on the door or ring the bell before they go in. They don't assume what she wants to eat, they always ask what she wants."

- People were encouraged to maintain and develop their independence as far as possible. For example, participating in cooking and cleaning. A relative said, "The staff say do you want to do the washing up and [person] likes that. The staff encourage [person] to do her vacuuming. [Person] is now doing this every day. They are very understanding of her limitations."
- People's care reviews included goals which were meaningful to them and their progress was monitored and reviewed to support them to develop their skills at their own pace.
- People's confidentiality was supported and information about people was held securely. Staff told us how they respected people's privacy by not talking about them in front of other people and closing a person's curtains when supporting them with personal care.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received personalised care and support specific to their needs and preferences. People's needs were outlined in care plans, there was a clear information what level of support was required on each of the visits and the care plans were current and reflected people's needs. There was a good understanding of seeing each person as an individual, with their own social diversity, values and beliefs. This was evident from all staff within all roles. For example, staff valued people and knew their preferred daily routines, like, dislikes and wishes. A staff member said, "It is so important to meet people's needs in a way that I would want to be looked after myself if I needed care. Delivering dignified care to vulnerable people. Be a point of human contact for them. We can be their primary source of contact, fulfilling different roles. Being a friend, a confidant, look like a long-lost daughter, be their conversation. It is really important to be aware of that, be accepting of that and be non-judgemental." One person said, "I have a folder (containing the persons care plans, routines, likes and dislikes), staff sign it every time they come in. I have a carer who is exceptional." Another person said, "They follow our preferred routines and respect our choices."
- Important events were celebrated such as people's birthdays. We were shown examples of recent birthday parties which took place in the communal area. The provider encouraged people and their relatives to attend. An upcoming birthday party was planned for a person who would have been turning 100. The operational manager told us, sadly the person had recently passed away, however they felt it was still an important event that should be celebrated. The person was known to be a friend to many in their community so the provider was supporting the event.
- The registered manager recognised people's changing needs and the importance of prompt reviews. A relative said, "I have been invited to all the reviews and we together agree on any changes." Another relative said, "They regularly review, I often get called to a review and we get the social worker involved, every four months. They are very conscious of peoples ages and how quick things can change. We discussed if she could have an extra shower a week. They put it in the care plan and this was done."
- There was a timetable of activities on display and people told us about the range of things they had participated in. People could access gardening on site, attend a film night, quiz afternoon, play card games, board games and attend a 'sing along.' People receiving 'personal care' confirmed they accessed these activities and found them to be an important part of their day to day lives. A relative said, "There are activities every day of the week, crosswords, coffee mornings, bingo twice a week, cards, singing, party supper evenings."
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, a person was hard of hearing. Their care plan guided staff on the person's hearing loss and how to provide personalised

support. Another person relied on word cards to communicate which we saw were available to staff.

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy and the records reflected complaints received by the service were recorded and investigated.
- People and their relatives told us they knew how to make a complaint. People told us when they raised concerns these were dealt with. One person said, "I would speak to the manager but haven't had any need."
- The service received a number of compliments and the registered manager ensured any positive comments were passed on to the individual staff. Comments included, 'The staff are truly caring in every aspect and they are a credit to Health Lodge Care' and 'Staff were truly amazing.'

End of life care and support:

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. Documents to record the arrangements, choices and wishes people may have for the end of their life were made available to people and their families for completion should they chose to do so. Where known, people's wishes were recorded and families were involved as appropriate. The operational manager explained if a person was receiving end of life care training around death and bereavement issues would be provided to staff.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People and relatives, said the service was well-managed. One person said, "The manager is nice and always available. I would recommend the place, they [staff and management] are always there for me when I want them." Another person said, "The manager is approachable and wonderful too" A relative said, "Management is good, they are on the ball." The relative told us, they would recommend the service to others stating, "It's first class."
- The registered manager planned and delivered person-centred, high-quality care and consistently achieved positive outcomes for people. This considered all aspects of a person's life, addressed people's health needs promptly and maintained links with their local community. This was evidenced through feedback received and records reviewed.
- The provider promoted an open and transparent, no-blame culture. A staff member said, "The management team are humorous, supportive, and kind. Their door is always open." Another staff member said, "When things go wrong, they want to know what happened, how it happened, our fears about it and how to learn for the next time. It is a very supportive environment." The nominated individual and operational manager collectively told us it was very important they offered a service to people and be an employer that did not compromise on the quality of care and support provided. They were passionate about providing and supporting their management team and staff to deliver a personalised high-quality service. This was evidenced through the weekly significant events report submitted to the operational team, team meeting minutes and the outcomes in compliance audits.
- The registered manager demonstrated how they fulfilled their responsibilities for duty of candour and took the appropriate action to inform all the relevant people when incidents occurred.

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

- The operational manager and management team were available throughout our inspection and demonstrated a good understanding and knowledge of all the people who used the service.
- The provider recognised the need to invest in staff to ensure they felt confident and competent in their roles. Staff received regular training and support to ensure they worked in accordance with the values the provider wished to promote within the service. The registered manager gave us an example of this regarding Parkinson's awareness training that was provided to staff which was outside of the training the provider deemed as mandatory. Staff told us they benefitted from this training to deliver a more personalised service to people. The management team explained by demonstrating they valued staff, it encouraged staff retention and therefore consistency of care for people.

- All staff understood the requirements of the CQC regulations and how to meet these. Staff told us the remit of CQC and how we inspect had been discussed at a team meeting. Notifications the registered manager was required to send to CQC by law had been completed.
- The staff were aware of their roles and worked well as a team, staff told us there was a 24 hour on call system to access if they required support outside of office hours.

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

- The provider created opportunities for people to provide feedback. People had regular reviews, they could provide feedback during the care reviews and spot checks. The providers first annual survey was due to be shared for people and relatives to complete. A relative said, "The management team have been here a year, they are hardworking and extremely dedicated. I couldn't wish for better care managers. They do what they say what they will do."
- The staff told us they were valued and able to contribute their ideas to the running of the service. Team meetings were held at least four times in the past 12 months for staff. This supported them to contribute towards the day to day running of the service and to receive regular updates about the service.

Continuous learning and improving care:

- The registered manager had a number of quality assurance systems in place. These included, audits of medicines records, care records and spot checks. Audits were effective in identifying any issues or underlying themes to drive improvement. The most recent audit in January 2019 had identified four people were due a care review. The senior care manager told us, these had already been arranged for February 2019. In August 2018 the provider had identified a fault with the lift on site. This was reported to the relevant agency for repair which was reviewed in the following month audit. Appropriate action had been taken to protect people's safety. The operational manager said, "They (management team and staff) want the best for everybody, the people we support and staff alike. They do a great job. It's been a long 12 months to get to where we are and that is credit to the type of management team we have. The registered manager and senior care manager work very close."
- There was an emphasis on continuous improvement. For example, the registered manager monitored complaints, accidents and other occurrences monthly to identify any lessons to learn. The registered manager encouraged staff to also complete surveys on how they were enjoying their role, did they feel supported and where the provider could improve. All comments received were positive.

Working in partnership with others:

- The provider had developed their links with the local and wider community, and other organisations to support people's preferences and meet their needs. A senior social worker told us, 'In my experience Heath Lodge staff and management have provided me with clear and concise information, their standard of communication has been high and their determination to provide a caring and supportive service (sometimes in the face of some very difficult challenges) has been admirable. I have been impressed with this provider in relation to my recent working experiences with them. The service is well led.' In response to a safeguarding concerns an assistant care manager told us, 'The senior care manager I worked with would contact her manager to check and confirm the details, they were all flexible and they supported adult services in safeguarding the person and putting the person's family' mind at rest.'
- The registered manager and staff worked in partnership with other services, for example their GP, community pharmacists, advocacy, community nurses and occupational therapists to ensure people's needs were met in a timely way.