

Brighton and Hove City Council

Brighton & Hove City Council - Ireland Lodge

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 

Overall summary

This inspection took place on 28 and 30 October 2014 and was unannounced. We last visited the service on 13 December 2013, where no concerns were raised.

Ireland Lodge is run by Brighton & Hove City Council and provides personal care and support for up to 23 people. Care is provided to adults over 50 years of age, but predominantly older people who are living with dementia. This was for a period of respite care, or for a

period of assessment, for people living in the community or people discharged from hospital to give an opportunity to ascertain their care and support needs and for these to be put in place. The service has a high level of admissions and discharges due to people only staying for short periods of care and there are no long term placements in the service. There were 22 people living in the service on the day of our inspection.

Summary of findings

The service had a registered manager, who was present throughout the inspection, who has been in their current post for a number of years and knew the service well. 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's individual care and support needs were assessed before they moved into the service. Care and support provided was personalised and based on the identified needs of each individual. People's care and support plans and risk assessments were detailed and reviewed regularly. People told us they had felt involved and listened to.

Where people were unable to make decisions for themselves the service had considered the person's capacity under the Mental Capacity Act 2005, and had taken appropriate action to arrange meetings to make a decision within their best interests.

People were treated with respect and dignity by the staff. They were spoken with and supported in a sensitive, respectful and professional manner. One person told us, "I had a look around and chose to come here. It's the best place." Another person told us, "Being in this place is beautiful." A visitor told us, "My relative has been here since mid-September. I can't speak highly enough of the home. The relatives talk to each other and they all say it is good. I come in at all times of the day. Overall there is nothing to criticise."

People and their visitors told us they felt safe. They knew who they could talk with if they had any concerns. They

felt it was somewhere where they could raise concerns and they would be listened to. There were systems in place to assess and manage risks and to provide safe and effective care.

People said the food was good and plentiful. Staff told us that an individual's dietary requirements formed part of their pre-admission assessment and people were regularly consulted about their food preferences. Healthcare professionals, including speech and language therapists and dieticians, had been consulted with as required.

People had access to health care professionals. All appointments with, or visits by, health care professionals were recorded in individual care plans.

There were sufficient numbers of suitable staff to keep people safe and meet their care and support needs. Staff told us they were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Training records were kept up-to-date, plans were in place to promote good practice and develop the knowledge and skills of staff.

Staff told us that communication throughout the service was good and included comprehensive handovers at the beginning of each shift and regular staff meetings. They confirmed that they felt valued and supported by the managers, who they described as very approachable.

People were asked to complete a satisfaction questionnaire at the end of their stay, and had the opportunity to attend residents meetings. The registered manager told us that senior staff carried out a range of internal audits, and records confirmed this. The registered manager also told us that they operated an 'open door policy' so people living in the service, staff and visitors could discuss any issues they may have.

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 safe. People were protected from abuse and avoidable harm.

People had individual assessments of potential risks to their health and welfare, which had been regularly reviewed.

There were sufficient staff numbers to meet people's personal care needs. Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised.

Medicines were stored appropriately and there were systems in place to manage medicine safely.

Good



Is the service effective?

The service was effective. Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people in the decision making process if someone lacked capacity to make a decision.

Staff had a good understanding of people's care and support needs. Communication systems in the service worked well and ensured that staff were made aware of people's current care and support needs.

People were supported by staff that had the necessary skills and knowledge. Staff had up-to-date training and regular supervision and appraisal.

People's nutritional needs were assessed and recorded. People were consulted with about their food preferences throughout the day and were given choices to select from.

Good



Is the service caring?

The service was caring. Staff involved and treated people with compassion, kindness, dignity and respect.

People were treated as individuals. People were asked regularly about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

Good



Is the service responsive?

The service was responsive. People had been assessed and their care and support needs identified, and these had then been regularly reviewed and changing needs were responded to. The views of people, their relatives and other visitors were welcomed and informed changes and improvements to service provision.

People's individual care and support needs were regularly assessed. People had access to health care professionals when they needed it.

People had been consulted with as to what activities they would like to be run in the service.

A complaints procedure was in place. People were comfortable talking with the staff, and visitors told us they knew how to make a complaint if necessary. No complaints had been raised since 2011.

Good



Summary of findings

Is the service well-led?

The service was well led. There was a registered manager in post, who was supported by a team of senior staff. The leadership and management promoted a caring and inclusive culture.

Staff told us the management and leadership of the service was approachable and very supportive. There was a clear vision and values for the service, which staff promoted.

Effective systems were in place to audit and quality assure the care provided. People were able to give their feedback or make suggestions on how to improve the service, and this was acted upon.

Good



Brighton & Hove City Council - Ireland Lodge

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 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 28 and 30 October 2014 and was unannounced. The inspection team consisted of two inspectors. Before the inspection, we reviewed information we held about the service. This included previous inspection reports, and any notifications, (A notification is information about important events which the service is required to send us by law) and complaints we have received. 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. This enabled us to ensure we were addressing potential areas of concern and those that had not been reviewed for a while. From this information, following our visit, we telephoned two health care professionals from the district nursing service and the falls advisory service to ask them about their experiences of the service provided.

We used a number of different methods to help us understand the views and experiences of people, as they not all were able to tell us about their experiences due to their living with dementia. We spoke with 10 people staying there and three visitors who were friends or relatives. We spoke with the registered manager, and four care workers, a registered mental health nurse (RMN) and a chef. We observed care and support provided in the communal areas, the mealtime experience over breakfast and lunchtime and we sat in on two staff handovers between staff shifts.

We observed two medicines rounds and looked around the service in general including the communal areas, people's bedrooms, and the main kitchen. As part of our inspection we looked in detail at the care provided to six people, and we reviewed their care and support plans. We looked at menus and records of meals provided, medication administration records, the compliments and complaints log, incident and accidents records, records for the maintenance and testing of the building and equipment, policies and procedures, meeting minutes, staff training records and two staff recruitment records. We also looked at the service's own improvement plan and quality assurance audits.

Is the service safe?

Our findings

People told us they felt happy and were well treated in Ireland Lodge. One person told us, “It’s lovely here”, “I’m looked after,” and “Perfect here.”

The premises were safe and well maintained. The environment was clean and spacious which allowed people to move around freely without risk of harm. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and infection control. Records confirmed these checks had been completed. The grounds were well maintained with clear pathways for those who used mobility aids and wheelchairs. Contingency plans were in place to respond to any emergencies, flood or fire. Staff told us they had completed health and safety training. There was an emergency on call rota of senior staff available for help and support.

People had individual assessments of potential risks to their health and welfare and these were reviewed regularly. Where people came in for regular respite care their individual care plans and risk assessments were reviewed prior to each stay in the service. Where risks were identified, staff were given clear guidance about how these should be managed. Staff also told us if they noticed changes in people’s care needs, they would report these to one of the managers and a risk assessment would be reviewed or completed. People identified at risk of developing pressure ulcers had air mattresses to minimise the risk. These had been regularly checked and settings recorded to ensure they were maintained to meet people’s individual assessed needs.

Medicines were stored correctly and there were systems to manage medicine safely. Daily audits and stock checks were completed to ensure people received their medicines as prescribed. The service was proactive in identifying and foreseeing possible medication issues in order to reduce mistakes. People who were able to, were supported to manage their own medicines. Care staff told us they had received medication training and an annual competency check had been completed to ensure they continued to follow the agreed procedures in place.

Senior staff told us they followed the local multi-agency policies and procedures for the protection of adults. Care staff told us they were aware of these policies and

procedures and knew where they could read the safeguarding procedures. They had received safeguarding training which was regularly updated. We talked with staff about how they would raise concerns of any risks to people and poor practice in the service. Care staff were clear about their role and responsibilities and how to identify, prevent and report abuse. Staff told us they were aware of the whistleblowing procedure and they would use this to report any concerns they had about care practices.

Staff told us how staffing was managed to make sure people were kept safe. The registered manager demonstrated he knew the people well. He told us he and the senior staff monitored people’s dependency daily due to the high level of admissions and discharges. He took around the daily papers for people to read, which gave him a chance to talk with people, receive updates on people’s care needs from staff and observe how the care was being provided. Staff told us there was adequate staff on duty to meet people’s care needs. They told us minimum staffing levels were maintained and could give examples of occasions when extra care staff had been booked, where people had needed extra support and care. They also spoke of good team spirit, of being assigned to an area, but also helping colleagues in other areas of the service when help was needed. One care staff told us, “There is a lot of support with staffing when there is higher dependency.” One person told us, “Staff always help me when I need it.” Another person told us, “I have a call bell in my bedroom and toilet. If I pull it staff come quickly.” Visitors told us there were always enough staff on duty to meet people’s needs. On the day of our inspection there were sufficient staff on duty to meet people’s needs. Staff had time to spend talking with people and supported them in an unrushed manner. A sample of the records kept of when staff had been on duty and how many showed that the minimum staffing level was adhered to. Accidents and incidents records had been audited. This was so the provider and the registered manager could see if there were trends or repeated accidents which could be used to inform the staffing levels provided.

People were cared for by staff who had been recruited through safe procedures. Most recruitment was internal with staff moving from the provider’s other services, who had already been through the organisations recruitment process. The registered manager received support and information from the organisation’s personnel department. Where staff had applied to work at Ireland Lodge they had

Is the service safe?

completed a further application form and an attended an interview. Each member of staff had undergone a criminal

records check before starting work, and which had been periodically reviewed and updated. The provider ensured as far possible that they only employed staff who were suitable to work and safeguard adults.

Is the service effective?

Our findings

People told us they felt the care was good, and their preferences and choices for care and support were met. People were living with dementia and were not all aware of their care and support plans, but where possible they were involved in decisions about their care and were kept informed of any changes to their care and support plans or medication. Comments received included, “We can get up when we want and are looked after properly.”

People were only in the service for a short period of time, but we people were supported to access healthcare services if they had an appointment or they had become unwell during their stay. Care staff worked effectively and were pro-active in referring people for diagnosis and treatment. Appointments with, or visits by health care professionals were recorded. People received necessary medical treatment, care or advice promptly. The two healthcare professionals confirmed this. They felt they were requested to call in an appropriate and timely manner.

We reviewed the service’s policies and procedures on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) for people whose liberty may be being restricted. Where people did not have the capacity to make more complex decisions, there were policies and procedures in place which directed staff how to act in accordance with legal requirements. Senior staff told us and care workers confirmed that in order to understand the legislation they had completed MCA and DoLS training. We saw that as part of the services annual training plan further training had been sought for staff to attend and be updated. The service had the support and guidance from a social worker and RMN. The RMN told us they had been asked to talk with people and be part of the initial assessment where concerns had been identified as to people’s capacity to consent to their care and treatment. They were able to give examples of where they had attended meetings which had been held to ensure people’s best interest had been considered for any proposed care or treatment. There were no DoLS in place during the inspection.

Staff told us that the team worked well together and that communication was good. People’s physical and general health needs were monitored by staff and advice was sought promptly for any health care concerns. All people’s weights were monitored regularly and there were clear

procedures in place regarding the actions to be taken if there were concerns about a person’s weight. Staff told us they checked the care and support plans regularly to update themselves with any changes to each person’s care. They used shift handovers, and a communications book to share and update themselves of any changes in people’s care. Care staff were reading and updating people’s care and support plans. We sat in on two staff handovers which were detailed and care staff demonstrated a good knowledge of people and their individual care needs and likes and dislikes.

We found people were supported by staff that had the knowledge and skills necessary to carry out their roles effectively. Staff told us that all new staff initially “shadowed” more experienced colleagues, when supporting people. One care worker confirmed that when they started they had worked closely alongside more experienced colleagues. They said they had been introduced to people and their individual care needs and routines had been explained, as part of their induction programme. They also told us that they had been made to feel very welcome, supported and consequently now felt confident to do their work. They commented, “I was booked as an extra when I first started, so I had time to read everything I needed to. I was given the time to feel confident.” Staff told us they received regular training and refresher training, supervision and appraisal. Records we looked at confirmed this. Staff had received a range of training which included moving and handling, safeguarding, infection control, fire training, health and safety and food hygiene. Staff also spoke of training they had attended to help them understand and support people living with dementia. Training records had evidence specific training had been provided for staff in dementia care.

People told us the food was good. People’s nutritional needs were assessed and recorded, and people’s likes and dislikes had been discussed as part of the admissions process. The records were accurately maintained to detail what people ate. Some people had food and fluid intake charts to ensure they had enough to eat and drink throughout the day. There was a four week, seasonally changed menu, which showed choices were available at each meal and further alternatives if needed. Minutes of the residents meetings held confirmed people had been asked for feedback on the meals provided and for suggestions for dishes to go on the menu. The menu was displayed in each

Is the service effective?

lounge area and showed people the options available that day. We heard people discussing with care staff their food preferences each day. Some people had specific dietary requirements either related to their health needs or their preference and these were detailed in their care plans. These were followed by the kitchen staff who also had lists of people's dietary needs, allergies and preferences to ensure that appropriate meals were provided.

We observed a breakfast and lunchtime meal. The atmosphere was relaxed in the dining room and people were chatting throughout the meal. We heard one person say to another, "How's the dinner," and the other replied,

"Wonderful." Staff assisted people in a respectful way encouraging when needed, but promoting independence whenever possible. Equipment to assist people to eat independently was also available if people needed this. Some people had chosen to eat their meal in their own room. Drinks and snacks were available for people to have throughout the day and night. Care staff were regularly checking with people if they would like a drink or a snack, and discussing their choices with them. Notices were displayed around the service to encourage people to ask for drinks or snacks if they would like one. This had ensured flexibility to meet people's individual dietary needs.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and their visitors stated they were satisfied with the care and support they received. People told us they were happy and they liked the staff. People commented, "It's lovely here," "I'm looked after," "Everyone is friendly," and "Staff are good." One visitor told us, "My friend has been here for about a month. I've been three times and am quite impressed. I think she is well looked after here. It is comfortable and homely. I'm always made to feel welcome. My friend is quite settled here. Staff are good and very helpful and friendly. It is calm here." During our inspection we spent time in the communal areas with people and staff. People were comfortable with staff and frequently engaged in friendly conversation. We saw one person was dancing and smiling in the lounge.

Staff ensured they asked people if they were happy to have any care or support provided. For example, we observed care staff talking with people about when they would like help with their personal care. Staff provided care in a kind, compassionate and sensitive way. Staff responded to people in politely, giving them time to respond and asking what they wanted to do and giving choices. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listening to people. For example, one staff member got down to eye level in order to talk to someone in conversation. There was a close and supportive relationship between them. People looked comfortable and well cared for. A visitor told us, "She comes here for respite. It is lovely. Staff are helpful and My relative has settled in well. She recognises some staff."

Care provided was personal and met peoples individual needs. People were addressed according to their preference and this was mostly their first name. Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care files to help staff gain an understanding of the personal life histories of people and staff were knowledgeable about their likes, dislikes and the type of activities they enjoyed. One member of staff told us, "Getting to know people is the key thing." Staff were able to tell us how they could meet

people's different cultural and religious needs if this was needed. For example, how specific dietary needs could and had been arranged to meet individual preferences. Staff told us of two people who had specific religious needs. One person and their family had ensured staff had clear instructions in the event of a blood transfusion being necessary. Staff had ensured that when the person went out of the service they had the right information with them to inform people of this if required.

Staff spoke positively about the standard of care provided and the approach of the staff working in the service. One care staff told us, "I enjoy working here lots." They talked about a stable, caring and committed staff group with a low turnover of staff.

People had a great deal of independence. They decided where they wanted to be in the service, what they wanted to do, and deciding when to spend time alone and when they wanted to chat with other people or staff. People were involved in making day to day decisions about their lives. For example we saw people deciding what they wanted to eat for their meal. One person told us, "We can get up when we want and are looked after properly." Another person told us, "I choose what I want to wear and get myself up."

People had their own bedroom and ensuite facility with a television for comfort and privacy. They had been able to bring in items from home to make their stay more comfortable. One person told us, "We can bring in our own things if we want but I haven't bothered." A visitor told us, "I am able to bring in plants and flowers for her room." People had the opportunity to take advantage of the communal areas for social interaction. People had their care provided in a professional and discreet way. Care staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. They were able to tell us of examples of ways they ensured people's privacy and dignity. One care staff told us, "Some people like to have their curtains partially open all the time. I ask people if I can pull the curtains when they are getting dressed and undressed." Another care staff told us, "I always ensure the door is closed. I talk to them and make them feel comfortable."

Is the service responsive?

Our findings

People were involved in making decisions about their care wherever possible. If people could not contribute to their care plan, best interest meetings were held with relatives, staff and other professionals, to agree the care and support needed. People were listened to and enabled to make choices about their care and treatment. One visitor told us, "If there are any issues staff are responsive."

Before someone moved into the service, a pre-admission assessment took place. This identified the care and support people required to ensure their safety. Staff told us everyone was visited prior to any admission. If they felt they did not have enough information to make a decision they requested further information for example from social services, and they also discussed potential admissions with the registered manager or the RMN. Where people were coming in for regular respite care we saw that their carers and GP had been contacted for an update of the persons care needs. This information was then used to inform their care and support plans.

Care staff told us that care and support was personalised and confirmed that, where possible, people were directly involved in their care planning. The care and support plans were detailed and contained clear instructions about the needs of the individual. They included information about the needs of each person for example, their communication, nutrition, and mobility. Individual risk assessments including falls, nutrition, pressure area care and manual handling had been completed. There were instructions for staff on how to provide support tailored and specific to the needs of each person. These had been reviewed and audits were being completed to monitor the quality of the completed care and support plans. Where appropriate, specialist advice and support had been sought and this advice was included in care plans. For example, records confirmed that advice and support had been sought from the speech and language team (SALT.) People were supported to maintain relationships with friends and families. During our discussions with staff we found that they knew people and their individual needs and it was evident that they knew them well.

People were made aware of the compliments and complaints system which detailed how staff would deal

with any complaints and the timescales for a response. It also gave details of external agencies that people could complain too such as the Care Quality Commission and Local Government Ombudsman. This information was contained within the service user's guide which was available in people's bedrooms. People and their visitors told us they felt listened to and that if they were not happy about something they would feel comfortable raising the issue and knew who they could speak with. No one had needed to raise any concerns during their stay. One person told us, "No complaints." The registered manager told us there had been no complaints received since 2011. In addition to the compliments and complaints procedure, they operated an 'open door' policy and people, their relatives and any other visitors were able to raise any issues or concerns.

People were comfortable in the service. Visitors were welcomed. Visitors told us they could visit at any time and they were always made to feel welcome. One visitor told us, "I turn up when I like and don't need to give any notice."

The notice boards had information about activities people could attend. People only stayed for a short period of time and there was a range of activities cooking, flower arranging, painting, church services, music therapy, film sessions and meeting the therapy support dogs who regularly visited the service, which people could attend if they wished to meet their individual needs and interests. There was a community support project, with a group of young people who had worked on improving the garden facilities by painting garden furniture, planting and spending time individually and as a group socialising with people. People had access to newspapers and people were seen reading these. One person was being taken out to the local shops. Staff told us of people who were supported to continue to attend activities outside during their stay. Records of residents meetings and quality assurance questionnaires completed confirmed that people had been asked for their views and ideas on activities provided. Staff told us about the 'sausage and mash' evening which were held following suggestions people had made for activities they would like, and the purchase of new DVD's for people to watch. There was a day centre on site which people could visit during their stay, or new people could attend if there was a vacancy.

Is the service well-led?

Our findings

The management of the organisation promoted an open and inclusive culture. People told us they were asked for their views about the service. They said they felt included and listened to, heard and respected, and also confirmed they or their family were involved in the review of their care and support. We observed that people were supported to be as independent as possible. Knowledge and information between staff groups was shared and developed in a way that encouraged people to work together collaboratively across the organisation and staff worked in an open and transparent way. For example the RMN for the service had run internal courses for staff on dementia care. This ensured staff continued to have the skills and knowledge to provide care and support to people living with dementia.

There was a clear management structure with identified leadership roles. The registered manager was supported by a team of experienced senior care staff who operated a duty system in the service.

Staff told us they felt the service was well led and that they were well supported at work. Staff told us that the registered manager was very hands-on, approachable, knew the service well and would act on any issues raised with them. We were told, “This is one of the best places I have worked,” “I love it. I am well supported,” “The manager is accessible, if the doors open you can go in,” “We are kept in the picture, and we are regularly updated with information. The manager is good, he explains things,” and “He is quite receptive. His door is always open and he will always talk to you.”

The registered manager talked to us about values and how the provider’s values were being incorporated in to the recruitment process for any new staff. Staff demonstrated an understanding of the purpose of the service, the importance of people’s rights, respect, diversity and an understood the importance of respecting people’s privacy and dignity. We were told by staff, a health professional and people that there was an open culture at the service with clear lines of communication. All the feedback from people and staff was that they felt comfortable raising issues and providing comments on the care provided in the service.

The two health professionals told us the communication between the staff team was good, with guidance and changes to people’s care and support needs being followed through.

Staff meetings were held throughout the year. Staff told us they felt they had the opportunity if they wanted to comment on and put forward ideas on how to develop the service. The registered manager told us they were well supported by the provider, through supervision and regularly met other registered managers from across the organisation. Senior staff carried out a range of internal audits, including care planning, medication, health and safety and staff training. The registered manager had regularly sent statistical information to the provider to keep them up-to-date with the service delivery. We looked at the last report which gave the provider information on staffing, incident and accidents, complaints and the maintenance of the premises. The provider’s representatives had also undertaken periodic quality assurance visits to look at the quality of the care provided. We looked at their last report following their visit. This detailed where it had been found the service was working well and where it was felt further improvements could be made in relation to the required standards with a timescale for this to be implemented. For example the registered manager was to ensure new records were used to evidence staff training which had been completed and that recruitment information for new staff was kept in the service to show the recruitment process followed. We spoke with the registered manager who has told us that where actions had been highlighted these had been included in the annual development plan for the service, and worked on to ensure the necessary improvements.

Systems were in place to gather the views of people and their relatives on the quality of care provided. This was through reviews of the care provided, regular residents meeting and with the completion of quality assurance questionnaires. The registered manager was able to provide us of examples of when changes had been made following feedback received. For example, the pictures in one of the bedrooms were changed after the person moving into the room told staff they did not like them. The results of the quality assurance were posted around the service for people to read and with the changes that had

Is the service well-led?

been made following people's feedback. For example, more notices were put around the service to remind people they could ask for drinks and snacks when they wanted them.