

# Ideal Carehomes (Number One) Limited

## Herald 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 14 October 2015 and was unannounced.

Herald Lodge care home provides support to older people and to older people living with dementia. The home comprises of two floors, with people whose dementia has advanced, primarily living on the first floor. The service accommodates a maximum of 42 people. Forty one people were living at the home at the time of our visit.

The home has a registered manager. 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 2014 about how the service is run.

The home had sufficient staffing levels. Staff had the skills, knowledge and experience to work well with people who lived at the home. This was due to an effective induction and ongoing staff training.

Staff understood safeguarding policies and procedures, and followed people's individual risk assessments to

# Summary of findings

ensure they minimised any identified risks to people's health and social care. Checks were carried out prior to staff starting work at Herald Lodge to ensure their suitability to work with people in the home.

Medicines were managed well to ensure people received their prescribed medicines at the right time. Systems were in place to ensure medicines were ordered on time and stored safely in the home.

Staff respected and acted upon people's decisions. Where people did not have capacity to make informed decisions, 'best interest' decisions were taken on the person's behalf. This meant the service was adhering to the Mental Capacity Act 2005.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and had followed the advice of the local authority DoLS team. The provider had referred some people to the local authority for an assessment when they thought the person's freedom was restricted.

People were provided with sufficient to eat and drink and people's individual nutrition needs were well supported. People enjoyed the food provided. Where changes in people's health were identified, they were referred promptly to other healthcare professionals.

People and visitors to the home were positive about the care provided by staff. During our visit we observed staff being caring to people, and supported people's privacy and dignity.

Not all care plans were centred on the person. Activities were provided, however they were not always sufficiently linked to people's individual needs or wants, or supported people whose dementia was more advanced.

People who lived at Herald Lodge, their relatives, and staff, felt able to speak with management and share their views about the service. Complaints were responded to appropriately.

The new manager had worked hard to improve the culture of the home. They and their leadership team had the confidence and support of staff to drive improvements in the home.

# 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 felt safe living at Herald Lodge. Staff knew how to protect and safeguard people from abuse and other risks relating to their care and support needs. There were sufficient staffing levels to support people. Medicines were administered safely.

Good



### Is the service effective?

The service was effective.

Staff had received training and support to provide effective care to people who lived at Herald Lodge. Staff understood people's rights under the Mental Capacity Act, and the provider was meeting their legal requirements under Deprivation of Liberty Safeguards. People received food and drink according to their needs, and had access to health and social care professionals when required.

Good



### Is the service caring?

The service was caring.

People were treated with kindness, dignity and respect. Visitors were welcomed at the home.

Good



### Is the service responsive?

The service was responsive.

People enjoyed a range of group and individual activities, although these were not always linked to specified interests or histories. Some people were involved in care reviews, but these had not been adapted to encourage people with less capacity to be involved. Management were responsive to any concerns or issues raised by people.

Good



### Is the service well-led?

The service was well-led

The service had an open and approachable management team which encouraged staff through training and incentives to provide good quality care. People were supported to have a good quality of life, and the manager and staff worked hard to continually improve the service provided.

Good



# Herald 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 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 14 October 2015 and was unannounced.

The inspection team for this inspection consisted of two inspectors.

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. The service gave us a copy of their PIR on the day of our visit. We also looked at the information received from our 'Share Your Experience' web forms, and notifications received from the provider. These are notifications the provider must send to us which inform of deaths in the home, and incidents that affect people's health, safety and welfare. We also contacted the local authority commissioners to find out their views of the service provided. They had no concerns about the service.

We spoke with eight people who used the service and three relatives. We interviewed 12 staff (this included care workers, and kitchen staff), observed the care provided to people and reviewed five care records. We reviewed records to demonstrate the provider monitored the quality of service (quality assurance audits), medicine records, complaints, and incident and accident records. We also spoke with the registered manager and deputy manager.

# Is the service safe?

## Our findings

People and their relations told us people felt safe at the home. A relative stated they had “No concerns over safety” and they believed the care provided was, “Very good.” A person, who lived at Herald Lodge, when asked if they felt safe, said, “Oh Yes”. They went on to tell us they felt lonely when they lived in their own home, but they did not feel lonely anymore.

Staff told us they thought there were enough staff on duty to meet people’s needs. The manager confirmed that they, and the management team were ‘hands on’ and if an extra pair of hands were needed to provide personal care they could be called on. A person, when talking about staff, said, “They’re always there to help us but you don’t notice them until you need them.” People told us staff responded to call bells promptly and that call bells were conveniently placed in their bedrooms. One person told us, “They’re [the bell] on the wall and they [staff] come very quickly.” We observed staff members responded immediately to call bells. We also saw staff respond quickly to people in distress. For example, one person started to cough and became anxious that they might be choking. They cried out, “Please help me.” Two staff quickly went to their aid and reassured them.

We spoke with staff about safeguarding procedures. Staff were clear about their responsibilities to report these incidents to the manager. For example, we asked staff what they would do if they witnessed either verbal or physical abuse by another member of staff, of a person who lived in the home. All responded clearly that they would intervene directly to prevent further abuse and immediately report the incident to more senior staff. They also felt confident in making referrals to safeguarding agencies if they did not believe that a manager was acting on a concern. Notifications received by us confirmed, that the home had followed the local authority safeguarding protocols.

Prior to staff working at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. This was to minimise the risks of recruiting staff that were not suitable to support people who lived in the home. Staff confirmed they were not able to start working at Herald

Lodge until the checks had been received by the provider. One new member of staff told us of they waited to start work because their DBS check took longer than anticipated.

Risks related to people’s care needs were identified and managed safely. For example, the service looked at the risks people had of weight loss, as well as risks associated with incontinence and skin care. We looked at the care records of five people. Risk assessments were updated regularly to ensure any new risks were identified and acted upon. The service had the equipment necessary to keep people safe. For example, people at risk of skin damage had pressure relieving cushions and mattresses which reduced the risk of pressure areas developing. Staff were also seen to be vigilant in reducing risks. For example, the dishwasher in the lounge-dining area was open whilst a member of staff was stacking the dishes into it. Another member of staff said to a person, “Can you move away from this, just in case you have an accident.”

We saw accidents and incidents were reviewed and changes made to care if necessary. For example, as a consequence of the review of one person’s falls, a suitable walking aid was identified to assist the person and reduce the risk of future falls. The risk assessment included signs of when the person would be at a higher risk of falls and documented what steps staff should take to reduce the risk.

We checked the administration of medicines at the home to see if they were managed safely and whether people received the medicines prescribed to them. We observed medicines being administered to people. We saw the staff member ensured the medicine trolley was locked each time it was unattended, and personally ensured each person had taken their medicines before attending to the next person. However, we saw the person administering medicines was often interrupted and this could potentially lead to mistakes. The registered manager agreed to look at how they could improve on this.

We saw medicines were stored safely and securely. There were systems to ensure people received their medicines at the right time. We checked the medicine records for people who were using medicines to thin their blood, and for medicines which entered the body through a skin patch. We saw these were being administered safely and accurately. We looked also at medicines prescribed on an ‘as required’ basis. We saw for one person, diazepam was

## Is the service safe?

prescribed on an 'as required' basis when the person became anxious or agitated. However we did not see a medicine plan for this. This meant staff might not administer this medicine in a consistent way.

# Is the service effective?

## Our findings

Staff had received training to meet the needs of people living with dementia at Herald Lodge. We observed a person who lived with dementia ask a member of staff on a number of occasions why they were living at the home. The member of staff responded each time positively and patiently, and gave an explanation to the person which they could understand.

Staff had also received training considered essential to meet people's health and social care needs. This included safeguarding people, moving people safely, infection control and food hygiene. New staff had an induction period where they undertook training and 'shadowed' more experienced staff before they were included in staffing numbers on the rota. This meant they had time to learn about people's needs and how to support them. A new member of staff told us they felt the induction training, "Equipped me to do the job."

The registered manager had encouraged staff to undertake qualifications to further their understanding of health and social care, and to help them take on different roles. Staff were taking national diplomas of varying levels, including ones at management level. Staff were also supported through regular supervision sessions and appraisals.

Staff demonstrated a good understanding of the Mental Capacity Act, and all staff had received training to help them understand what the Act meant for people who lived at Herald Lodge. Staff understood that people had choices and supported people to make their own decisions. For example, one member of staff told us, "If a person has capacity and they say 'no' to having dinner then that is their choice. But, if they don't have capacity and refuse to eat we would need to look at what to do in their best interest." People told us staff always asked for their consent before carrying out personal care or any other care activities. The PIR demonstrated the provider had a good knowledge of the number of people who lived at the home who had their liberty, rights and choices restricted.

We found that where people's freedom was restricted, the management team understood their responsibilities to apply for a Deprivation of Liberty Safeguard (DoLS). We saw applications had been made to the local authority to deprive people of their liberty. We noted the home had acted on advice from the local authority about the

submission of DoLS applications. Not all people who lived at the home had a DoLS in place; however the manager was ensuring that those who met the criteria were having applications submitted. Staff were also able to explain what was meant by a deprivation of liberty. A member of staff told us, "If a person lacks capacity and needs 24 hour care it is in their best interest to stay in the home. If they want to leave and we won't let them we need a deprivation of liberty safeguard (DoLS) in place to help us keep them safe."

People and their relations told us they were supported to see other health care professionals when required. One person told us they had seen the doctor on the morning of our visit. They told us, "Nothing is too much for them. If you need to make an appointment, you're in." Staff made appointments for people to see the doctor, dentist and optician. On the day of our inspection, the dentist visited. A person had new dentures fitted and told us they were very pleased with the result.

Records demonstrated that when necessary, people were referred to other health and social care professionals such as speech and language therapists, consultant psychiatrists, and district nurses. We spoke with two district nurses during our inspection. They said, "The care here is very good. The girls [staff] are always there and willing to help you." They told us that staff were proactive in contacting them before a person's condition worsened.

We observed lunch being served at Herald Lodge and saw people were offered a choice of foods. The menus for the day were displayed in the dining area in writing and with photographs of the options. This meant if people had forgotten what a dish was called the photo might help to remind them. We saw people enjoyed their meal.

Throughout the day we saw staff regularly offer a choice of drinks, and snacks to people. All people we spoke with told us they enjoyed the meals provided. For example, one person told us "The food is very good; there is always more than enough!" The layout of the premises meant it was convenient for staff to make people drinks and snacks. Each floor had a living-dining room which meant cold and hot drinks could be made at any time. We saw staff respond well to people's requests for more drinks.

Care plans included plans for nutrition and hydration. For example, one plan included details of how to fortify the person's food (increased energy and nutrient content) and

## Is the service effective?

specified the person's preferences of food as well as how they preferred to eat their food. When we spoke to a member of staff they were able to accurately tell us the person's preferences and how it should be given to them. The manager told us when people lost two kilos or more,

they would be referred to their GP for further checks. The PIR told us the provider had a good knowledge of people who had been assessed as at risk of malnutrition or dehydration.



# Is the service caring?

## Our findings

People and their relations told us staff were caring. One person told us, “For a care home, I couldn’t fault it. I used to dread going into one, but I needn’t have worried.” Another said, “They’re [staff] very nice, couldn’t be any better.”

We saw prior to admission, the manager ensured staff had information to understand how to care for people. A relative told us a staff member from the home came to visit their relation in hospital and asked lots of questions about the person to help them understand their care needs prior to them coming to live at Herald Lodge. Another relation stated that they had been involved in their relative’s care planning when they first moved to the home and was involved in monthly reviews of the care plan. Whilst on the day of our inspection, there was no one living at the home who was from an ethnic minority; we were told staff previously supported a person who was a Muslim by recording the time of day they needed to pray and also marked what direction they were to pray in to meet with their religious requirements.

Throughout our inspection we saw staff responded to people in a kind and supportive way. For example, a person had just had their hair done by the hairdresser; a staff member saw them and exclaimed “Your hair looks lovely.” On another occasion, a staff member noticed a person attempted to walk into another person’s bedroom; they gently encouraged them to their own room, calling them by their name and saying, “That’s not your room, come on, I’ll take you to your own room. I’ve just cleaned it, it smells lovely!”

People were addressed by their preferred name and appropriate affectionate terms were used. One person only responded to staff if they spoke with them in a certain way, and all staff were aware of how they should speak with and address the person. We saw staff smile and joke with people. A person confirmed that they enjoyed having a joke with staff. Staff we spoke with enjoyed their work. A typical response from staff was, “I love it here,” or “I love my job.” Staff were enthusiastic about their roles and in providing care and support to people who lived at Herald Lodge.

The registered manager encouraged people and staff to see the home as a big family. She told us she saw the people who lived at the home as part of her family and she was responsible for them. This ethos was supported by the staff and people we spoke with. One person told us, “The girls are very kind; they always come when I need them. It’s more than a job to them, we’re family.”

We saw staff respected people’s privacy and dignity. For example, we saw the district nurses visit the home. A person they were visiting was asked whether they wanted to go to their room. They did not want to because they did not want to have to get out of their seat. To accommodate the person’s preferences and maintain the person’s privacy, a screen was brought into the communal area to shield the person whilst a procedure was undertaken. Staff we spoke with also knew how to maintain privacy and dignity when supporting people with personal care.

We saw relations and friends were able to visit and spend as much time as they wanted with people. A person told us, “We have visitors anytime we want them to come.” One relative told us they could visit when they wanted to.

# Is the service responsive?

## Our findings

People told us staff were responsive to their needs. One person said, “I can do what I want, I can have my TV on at midnight if I want to.” Another person said, “I can choose what I like to do. I can’t walk about as much because my back is bad but I like to go to the shops with my son.” A relative told us staff had responded to their request for a big family dinner, by setting up the dining room so their relation could have a meal with their family.

The layout of the building contributed to staff being able to accommodate a range of needs. Each floor had ‘quiet’ lounges for people who wanted to sit and read, or talk to people without distraction; as well as lounges with a TV or music. The seating in the lounge-dining areas meant people were sat in small groups and could engage with each other. We saw people talking to each other and enjoying each other’s company. We saw the communal TV was used for people who wanted to watch specific programmes or films. We also saw age appropriate music being played at various times of the day.

In the corridor of the ground floor there was a large mirror with hats, scarfs and bags hung around it available for people to use. A bus stop and bench had been created in the ground floor corridor because it was identified that people would often walk around and say they were going to get the bus. Staff told us that people often used the bus stop, and would sit at the bench and. On the first floor a train station stop had been created for people to use.

The provider did not employ ‘activity workers’ but had a regional worker who supported staff in looking at how they could engage people with activities. Care staff supported people to undertake activities of their choice. During our visit we saw people reading the paper, doing jigsaw puzzles, knitting, playing cards and listening to music. We were told other activities had taken place. For example, singers had performed at the home; a company which ran a ‘zoo’ of small animals had visited people and they had stroked the animals; and a college volunteer supported people to have trips outside of the home. The transport museum had also visited with artefacts that could support

reminiscence. Whilst there were sufficient activities available to people, we did not see people’s personal histories being used effectively to support activities and reminiscence, particularly for people whose dementia had advanced.

We looked at how people and those acting on their behalf contributed to their assessments and care plans. Relatives, who wanted to, were involved in the care review process and some people who lived at the home were also involved. However the service had not considered how they could adapt care reviews to enable people living with dementia, who were able to communicate their likes and dislikes, to continue to have a voice in the review process. The manager agreed to look at how they could improve people’s participation.

Staff, had a good understanding of people’s care; and were responsive to their needs, but this was not always reflected in the care records. The provider aimed for the care records to reflect people’s personal history, individual preferences, interests and choices; and to be centred on the person. The care plans that we looked at provided enough information to ensure that safe and effective treatment was provided to people and that risks were managed, but there was not always sufficient detail to clearly inform the staff member reading the care plan what the person could do for themselves, what support they required and how this support should be given. This meant that new staff looking at the information would not always have a clear understanding of how to support the person.

We looked at how complaints were managed. We found since the new manager started in February 2015, there had been four formal complaints. Three had been upheld and actions taken to ensure lessons were learned. We were aware of a relative who had not been happy with the way the provider had investigated their complaint and at the time of our visit this was being addressed by the new regional manager. The manager was responsive to concerns raised by staff, relatives and people and had started to record and act on any verbal complaints as well as formal complaints.

# Is the service well-led?

## Our findings

People and staff told us the service was well-led. One person told us, “The manager is very good, she’s quite new. She’s helped make it better here.” A member of staff told us, “It’s better here than it’s ever been. [The manager] is very strong, very supportive.” The families feel they can approach [the manager], they feel they’re being listened to.” Another said, “[The manager] is always approachable, her door’s always open. She interacts with everyone.”

People told us that the leadership team were approachable and spent time every day in the communal areas talking with them. We observed the manager and deputy managers spent the majority of the afternoon in the communal area speaking with people.

Relatives told us, “Over the past six months it [the home] has improved a lot.” They told us there were monthly meetings which they and people were invited to. One relative told us, “The meetings are good because everyone can voice their views and feel comfortable about doing it.”

Prior to the registered manager taking up their position at Herald Lodge, we had received concerns from relatives about the management of the home. A meeting had been held by the provider to discuss relatives concerns, and as a consequence of this, there were management changes. The registered manager started work at the home in February 2015, and was registered with us in June 2015.

The registered manager had a clear vision and set of values for staff working at Herald Lodge. They wanted people to feel that they were living in their own home, and to promote a family atmosphere. We looked at team minutes which demonstrated the manager’s commitment to providing a good quality service. These identified areas of poor practice and reminded staff of their obligations to the people who lived at the home. We were aware that since the manager had started work at the home, some staff had

left and new staff had started. The manager wanted to ensure they had a staff team who worked to their vision and values. Where poor practice had been identified, the manager used the disciplinary policy and procedures to keep people safe.

Staff told us the registered manager was supporting them to undertake further qualifications and this acted as an incentive. Two staff told us they were going on leadership courses and others told us they were undertaking national diploma qualifications. A ‘staff member of the month’ scheme had also been introduced. This was based on feedback from people who lived at Herald Lodge, or from their visiting relations. Staff who had been identified as ‘making a difference’ to people, were rewarded for their care and attention.

There was a system of checks to assure management that good care was being delivered in a safe environment. This included regular checks on medicine records, and checks to see whether there were any trends or patterns with incidents and accidents. The manager had also put together a quiz for staff to complete after they had read one of the organisation’s policies, to make sure they understood the policy they had read.

The manager had met their registration requirements and had sent us notifications to inform us of events which had impacted on people who lived at Herald Lodge.

The Provider Information Return (PIR) had been completed in April 2015; only two months after the manager had started work at Herald Lodge. Since the submission of the PIR, the registered manager had made many changes, and so it did not accurately reflect the service we saw during our inspection. The PIR information focused on the written records. We saw a service where the needs of people were put first; led by an enthusiastic leadership team which had motivated the staff team to work with people to provide the care they wanted.