

# Care Provision Healthcare Limited

# Philia Lodge Rest Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Philia Lodge Rest Home is registered to provide accommodation and non-nursing care for up to 20 older people, who may be living with dementia or other neurological conditions. On the day of our inspection there were 18 people living at the service.

This inspection was unannounced and took place on 10 May 2017. At the previous inspection on 15 and 17 December 2014 the service was rated Good and we found that at this inspection, it continued to be rated Good.

People's experience of care at the service was very positive. They felt extremely well looked after by members of staff who genuinely cared about their well-being and took the time to talk with them and make them feel special. All staff were incredibly passionate about the care they provided people with. They worked hard to ensure that people's needs were met and exceeded, to ensure they had the best quality of life possible. Steps had been taken to ensure that people were involved in their own care. They were provided with all the information they needed to understand the service, their care package and ways of seeking additional support. Dignity and respect was very important to the service and members of staff worked hard to ensure this was promoted and that people had privacy when they needed or wanted it. Staff also worked with people to help develop their independence and increase their access to their local community.

The service kept people safe. Staff had been trained in recognising and acting on abuse and there were systems in place to ensure that all accidents and incidents were reported and followed up on. Risk assessments were in place to provide staff with guidance around areas of risk and the actions they should take to reduce the impact of those risks on people. There were enough staff on shift to meet people's needs and recruitment practices ensured that staff members employed were of good character to work with people. Systems were also in place to ensure the safe administration of people's medicines, including appropriate storage and recording.

Staff members received training and refresher sessions to develop and maintain their skills and were also supported in the form of regular supervisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff members sought people's permission and consent before providing them with care and systems were in place to ensure the principles of the Mental Capacity Act 2005 were adhered to. People enjoyed the food at the service and they were supported to ensure their specific dietary needs were met. They were also supported to book and attend appointments with healthcare professionals as required.

People's care was provided in a way which was sensitive to their individual needs and preferences. Care plans were tailored to each individual and were reviewed on a regular basis to ensure the information within them was accurate and up-to-date. Activities took place to provide people with stimulation and the recently

appointed activities coordinator had a number of ideas to help develop what was on offer for people. Feedback, including complaints, was welcomed and used to help drive improvements.

The service had an open and positive culture. Staff members were motivated to come to work and enjoyed their roles. They were well supported by the registered manager who was also looking at a number of different areas where they could develop the service. The provider was involved in the running of the service which gave the registered manager the support they needed. Quality assurance systems were in place to ensure checks and audits were carried out and these were used to help improve the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Philia Lodge Rest Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 May 2017 and was unannounced. It was carried out by one inspector and an expert-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.

Prior to the inspection we reviewed the information we held about the service. We looked at the previous inspection report as well as statutory notifications sent by the provider. Statutory notifications contain information about key incidents or changes at the service, such as safeguarding alerts, which the provider is required to send to us by law. We also spoke with the local authority, who have a commissioning role with the service.

During the inspection we spoke with six people living at the service, to see how they felt about the care that they received, as well as five relatives and visitors. We also spoke with five members of care staff, the activities coordinator, the cook and a member of the domestic team. In addition, we spoke with the registered manager, a registered manager from another service in the group and the quality and compliance director for the provider.

We reviewed the care plans for five people at the service to see if they were an accurate reflection of people's care needs and up-to-date. We also looked at records in relation to the operation and management of the service, including staff recruitment and training records and quality assurance procedures, to see how the service was being run.

## Is the service safe?

### Our findings

People felt safe at the service. One person told us, "I'm safe and looked after, I've no complaints with any of them [staff]". Staff members were knowledgeable about types of abuse and the action they should take if they suspected abuse took place. They received regular safeguarding training and there were systems to record incidents. One staff member said, "I would report anything I was concerned about." Records showed that appropriate action was taken in response to concerns and external organisations were involved where necessary.

Risks were assessed and control measures were put in place to reduce risks whilst still promoting people's independence and autonomy. A staff member told us, "There are risk assessments in care plans, they help to keep people safe." We saw that risk assessments were in people's care plans covering areas such as falls, mobility, pressure wounds and malnutrition, which helped the service ensure people were safe. Equipment, such as fire alarms, extinguishers and manual handling devices were regularly checked and serviced to ensure they were in good order. The provider also had guidance in place to provide staff with information about the action they should take in the case of an emergency.

There were enough staff to meet people's needs, both during the day and night. One person told us, "If I need help during the night I ring the bell and never have to wait long." Staff members felt there were enough of them on each shift and the registered manager told us that the service did not use agency staff, which helped to provide continuity for people. Rotas confirmed that staffing levels were consistent. Recruitment records showed there were robust recruitment procedures in place which included checks such as Disclosure and Barring Service (DBS) criminal record checks and previous employment references.

People were supported to take their medicines by trained members of staff. One person told us, "I get my tablets on time. I'm never rushed to take them." There were systems in place to ensure medicines were properly ordered and stored and staff completed records when medicines were given. 'As required' (PRN) medicines were offered to people to help manage pain and staff were provided with protocols for when these medicines should be given for each individual.

# Is the service effective?

## Our findings

Staff members received regular training and support to equip them with the skills they needed to meet people's needs. One staff member told us, "We get lots of training, it's good to keep developing what we know." We saw training records, including a training matrix, which showed that training took place regularly and that further training and refresher sessions were booked in for staff. New staff members received an induction which included the Care Certificate and all staff received regular supervision and support from senior and management staff.

People were offered choices about their care and their consent was sought by staff before anything was done. We observed staff seeking consent and care records showed us that plans had been discussed with people and their consent had been documented.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff members knew about the principles of the MCA and encouraged people to make their own decisions. If people lacked the mental capacity to do so, there were systems in place to assess capacity and ensure that decisions were being made in people's best interests. DoLS authorisations were in place for the people who needed them and the registered manager had a system in place to track them.

People enjoyed the meals provided by the service. One person told us, "I've no complaints, the food is very good." We saw that mealtimes were relaxed and conducive to a positive dining experience. People were encouraged to be independent but were provided with support when and where it was needed. People had access to drinks and snacks throughout the day and staff, including the cook, had a clear understanding of people's nutritional needs. Where necessary, referrals to dietitians were made and food monitoring charts were put in place.

The service supported people to have access to healthcare professionals. One person said, "If I need a doctor they arrange one for me without any delay." During the inspection we saw two visiting professionals, as well as records which showed that people regularly saw GPs, district nurses and other specialists as required. Where recommendations were made, these were recorded in care plans to ensure staff members followed them through.

# Is the service caring?

## Our findings

People were positive about the care they received from the service. One person said, "It's a very happy home, very friendly." Another said, "I absolutely love it here." We saw that people were made to feel at home at the service and that staff effort in to making sure they were as relaxed and comfortable as possible. Throughout the inspection people spent time relaxing in communal areas of the home and were clearly happy to be in each other's company, as well as that of staff.

Staff members treated people with kindness and compassion and worked hard to develop positive relationships with them. One person said, "It's like a family." They said that it was very important to them that they had familiar people around them whom they could trust and confide in, as well as pass time and enjoy the company of. This helped them to feel that the service was their home and that staff members cared about them and made them feel well looked after. Throughout the inspection we saw warm interactions between people and members of staff.

People and their relatives were involved in the way the service was run and had access to important information about their care and what the service offered. Relatives were provided with information and were regularly updated to help maintain their involvement and give them peace of mind. One relative told us, "They [the staff] are really good at getting back to us; we're kept informed." Staff members confirmed that people were involved in the way the service was run. One staff member said, "We speak to people about everything we do and make sure they are happy with it." The registered manager explained that care plans were written with people's input and they were provided with information about their care to help them know what to expect. We reviewed care plans and saw that the involvement of individuals had been recorded and their views and wishes had been acted upon. Care plans had been adjusted as a result of developments within people's care and the feedback that they and their relatives had given the service.

There was useful information on display for people, including the complaints policy and reminders of what people, family members or staff should do if they had any concerns, particularly if they were of a safeguarding nature. We saw that contact information for external organisations such as the local authority safeguarding team or the Care Quality Commission (CQC) were available, so that they could be contacted promptly if required.

Staff members worked hard to treat people with dignity and respect in all they did. A staff member told us, "It's so important that we treat people right. People here are like family to me and we all work hard to treat people the way we'd want our family to be treated." The registered manager showed us that themselves and another staff member had undergone dignity champion training, which helped them to ensure that people's dignity and respect were actively promoted across the service. There was information on display about this so people and their family members knew what standards of care were expected of staff. Throughout our inspection we saw that staff upheld people's dignity and respect.

Visitors to the service were welcomed at any time. People told us that their families and friends came to visit regularly and were warmly welcomed by members of staff. During the inspection we saw visitors coming and



going and staff clearly knew them well. They engaged in conversation with them and made sure they were made to feel welcome by getting them a drink and making sure there was a seat for them. There were also a number of different rooms where people could spend some time with their family in private, as well as plenty of seating in the garden so that they could enjoy the outdoor areas of the service.

## Is the service responsive?

### Our findings

Care was person-centred and based on people's individual needs and preferences. The service put plans in place to help people develop, both in terms of their health and social well-being. A comprehensive assessment was carried out before people moved into the service to ensure their needs could be met and to help the service plan for their care. A more comprehensive care plan was then developed which included personalised information about people's needs, interests and their backgrounds. These were updated on a regular basis to ensure the content was up to date.

There was a range of different activities available to provide people with stimulation. Staff members were committed to ensuring people were able to enjoy their hobbies and interests and to help them develop social and community experiences. The service had recently appointed an activities coordinator who was responsible for developing activities at the service. We saw that they had initiated a number of new ideas and were continuing to work on improving the activities on offer at the service.

People were able to give feedback, including complaints, to the service. One relative told us, "Our only problem was a wobbly bed but that was fixed quickly." There was information on display around the service about how to make a complaint and we saw that all complaints raised were recorded, along with the actions taken to resolve people's concerns. We found that the service had received a number of compliments and thank-you notes from people and their family members. The provider had also completed a feedback survey amongst people and members of staff, to gain their views and identify areas for further improvement at the service.

## Is the service well-led?

### Our findings

There was a positive culture and ethos at the service. The provider had a clear person-centred approach and staff members were motivated to perform their roles and ensure that people's needs were met. They had created a warm and welcoming atmosphere which helped people to feel comfortable, relaxed and at home.

The provider and members of staff worked hard to ensure people were safe and there were clear systems in place to report concerns. Staff members told us about the provider's whistleblowing policy and were prepared to follow this to make sure issues were raised as needed. They also confirmed they would contact external organisations if necessary, such as the Care Quality Commission (CQC). Staff members were also kept up to date about developments at the service through regular meetings and daily handovers. This also gave them the opportunity to be involved in the development of the service.

The registered manager of the service had changed since our previous inspection. People and members of staff knew who the new registered manager was and felt they had settled into the service well. One staff member said, "The manager is very approachable and I think they are doing a good job." The registered manager had a number of ideas about the development of the service and was working hard to drive improvements and to involve people and staff in the running of the home. The provider offered the registered manager support, including input from the previous registered manager who was still working within the group.

Both the provider and the registered manager had quality assurance procedures in place. These included local checks and reviews of areas such as care plans, maintenance and medicines. In addition, larger scale audits were carried out by the registered manager and the provider's quality and compliance director. We saw that an action plan had been developed from the results of these audits, which the registered manager used to help drive improvements at the service.