Care Quality Commission

Princess Lodge Limited

Princess Lodge Limited

Inspection report

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Ratings

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

Overall summary

Our inspection took place on 6 October 2014 and was unannounced so no-one knew we would be inspecting that day.

Princess Lodge Limited is registered to provide accommodation and nursing care to a maximum of 36 people. On the day of our inspection only 20 people lived at the home. People living there had a range of conditions some of which are related to old age. Only 20 people lived there because the local authority had suspended new placements due to concerns we identified during our last inspections and those identified by external health agencies.

At the time of our inspection there was no 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 about how the service is run.

At our last inspection on 30 June 2014 and CQC pharmacist inspection on 8 July 2014 the provider was not meeting six of the regulations we inspected. These included the safeguarding of people, recruitment of staff and medicine safety. During this inspection we found that

Summary of findings

some improvements had been made regarding for example, the safeguarding of people and the recruitment of staff. This meant that people were safer than they were at our previous inspection. However, further improvements were needed to ensure that people were not placed at risk due to unsafe medicine practice.

People told us that they felt safe living at the home. We found that systems were in place to prevent people being harmed or suffering abuse.

People were supported to have drinks throughout the day so that they were less at risk of dehydration. Some people told us that they would like to be better informed about the meals on offer and what alternatives were available.

We observed that interactions between staff and the people who lived at the home were mostly positive. Staff were friendly, polite and helpful to people. People and their relatives described the staff as kind and caring.

Deprivation of Liberty Safeguarding (DoLS) is a legal framework that may need to be applied to people in care settings who lack capacity and may need to be deprived of their liberty in their own best interests to protect them from harm and/or injury. Not all staff were aware what Deprivation of Liberty Safeguarding process (DoLS) meant. We identified that care planning concerning DoLS was lacking. This meant that people could be at risk of not receiving care in line with their best interests. We identified a breach in the law concerning a person's DoLS management needs. You can see the action we told the provider to take at the back of the full version of the report.

Staff were equipped with the skills and knowledge to provide safe and appropriate care to people. Staff told us that were adequately supported in their job roles.

We found that a complaints system was available for people to use. Relatives told us that if they raised issues that they were addressed satisfactorily.

We found that overall quality monitoring processes required improvement to ensure that the service was run in the best interests of the people who lived there. Better checking of records and more frequent management observations would ensure that improvements were made to prevent shortfalls in practices and risks to the people who live there.

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?

Requires Improvement

The service was not safe.

Medicines were not managed safely and required improvement to prevent people being placed at risk of ill health.

The provider ensured the safety of equipment by having it serviced regularly.

Recruitment systems prevented the employment of unsuitable staff.

The provider had recognised that staffing levels were not adequate and had recruited additional staff to ensure that people's needs would be met and that they would be safe.

Is the service effective?

Requires Improvement

The service was not effective.

Systems regarding Deprivation of Liberty Safeguarding (DoLS) did not give assurance that people's needs, regarding assessed restrictions, were being met.

People told us that they were not satisfied with the systems regarding meal choices.

Staff were trained and supported appropriately to enable them to carry out their job roles.

Is the service caring?

Good

The service was caring.

People and their relatives described the staff as being kind and caring.

People's dignity and privacy were promoted.

Staff ensured that people dressed in the way that they preferred and that they were supported to express their individuality.

Is the service responsive?

Good

The service was responsive.

The provider was responsive to the findings of our previous inspection and suggestions made by other professionals so that people received a better service.

Action was taken by staff to ensure that people could participate in recreational pursuits that they enjoyed. However, further development would ensure that more people could enjoy recreational pursuits if they wished to.

Equipment was provided to promote mobility and independence.

Summary of findings

Is the service well-led?

The service was not well led.

The acting manager was not registered with us as is required by law. This meant that the provider was not fulfilling their legal responsibilities.

Audit systems were not fully adequate as shortfalls in some systems had not been identified and had not therefore been corrected.

Support systems were in place to ensure staff could ask for advice and reassurance at all times.

Requires Improvement

Princess Lodge Limited

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.

Our inspection took place on 6 October 2014 and was unannounced so no-one knew we would be inspecting that day. The inspection team included three inspectors that included a pharmacy inspector, a specialist advisor in the care of older people 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.

Before our inspection we reviewed the information we held about Princess Lodge Limited. We also spoke with the local authority contracting team who provided us with up to date information about this service.

During our inspections over last twelve months we identified a number of breaches in regulation. From December 2013 as a result of our inspection findings and concerns from external health care professionals the local authority put a stop on any new people being admitted to the service. This was to give the provider time to improve. During our February 2014 inspection we assessed that the provider had made improvements. However, during our inspection of June and July 2014 we found further breaches in regulations. Following that inspection we had a formal meeting with the provider who gave us full assurance that improvements would be made. The local authority has continued the stop on new placements to date.

On the day of our inspection we spoke with nine people who lived at the home, two relatives and 11 staff (including the acting manager and director). We looked at the care files for four people and recruitment and training records for five staff. We also made general observations and undertook two Short Observational Framework's for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not speak with us. Following our inspection we spoke to a further three relatives by telephone.

Requires Improvement

Is the service safe?

Our findings

A pharmacist had previously inspected the home on 8 July 2014 and found that the management of medicines was not safe. Our inspection on the 6 October 2014 was to see if the service was now managing medicines safely.

During this inspection no person told us that they were unhappy with the way their medicine was managed. We observed some good administration practices taking place during the breakfast medicine administration round. We observed that the nurse gave people an explanation when they gave them their medicine and people took their medicine willingly. We saw that administration records were referred to prior to the preparation and administration of the medicines and the administration records were being signed after the medicines had been given.

We raised concerns with the management team about the administration of three people's medicines. We found that one person had been prescribed an antibiotic medicine that needed to be given on an empty stomach. We found that the nursing staff were not aware of these instructions and as a consequence they had not made any arrangements for this medicine to be administered safely. We found that the service had not checked the directions for a medicine that had changed dosage at the start of the current monthly medicine cycle and as a consequence the nurses were administering the wrong dose. We also found that the nursing staff had not safely managed other changes in medicines for another person who lived there. This resulted in the person not receiving a dose of their night medicine for one night and too much of a medicine on another occasion.

We looked at the administration records for 13 people who lived there and found the provider's ordering systems had improved. We found that people were able to have their medicines because adequate supplies were available in the home. People who had been prescribed medicines on a 'when required' basis had these medicines given in a consistent way by the nurses. We found that people's records had sufficient information to show the nursing staff how and when to administer these when required medicines. This meant that people were being given their when required medicine as it had been prescribed to promote their good health.

Medicines were being stored securely, and at the correct temperatures, for the protection of the people who lived at the home. Medicines requiring cool storage were being stored at the correct temperature and would be effective.

Some people told us that in their view there were not always enough care staff to meet their personal needs. One person said, "Sometimes we have to wait to go to the toilet". Another person told us that sometimes during the evening there was no staff to supervise people in the lounge. All but one of the relatives we spoke with highlighted that they felt that more staff, which included care and nursing staff were needed. One relative told us that they felt that staffing levels had improved since our previous inspection. Our observations at lunch time identified that some people had to wait to be assisted to eat. We found by looking at staff rotas and speaking to nurses that there were not enough nurses employed. This was confirmed by the nurse we spoke with. We spoke with the acting manager and the home's director about staffing levels. They demonstrated that they were monitoring the situation and agreed that additional nurses were needed. The home's director confirmed that they had analysed the situation and had taken action to address this. They told us which was confirmed by staff that where needed additional staff hours were being provided by existing staff (as overtime) that they were advertising for more care staff, and four additional nurses had recently been recruited. This showed that the provider was taking action to promote additional safety to the people who lived there by increasing staff numbers.

We found that safe recruitment systems were in place. We checked five staff recruitment records and saw that adequate pre-employment checks had been carried out. All staff we asked confirmed that checks are carried out before new staff are allowed to start work. This included the obtaining of references and checks with the Disclosure and Barring service. This meant that only suitable people were employed to work in the home which decreased the risk of harm to the people who lived there.

We determined that systems were in place to deal with staff disciplinary issues. We found that from looking at records and speaking to members of the management team where there had been issues regarding staff performance, behaviour or attitude those issues had been dealt with appropriately and in a timely manner with a positive outcome.

Requires Improvement

Is the service safe?

People who were able to tell us confirmed that they felt safe. One person said, “I do feel safe here”. The acting manager had informed us and the local authority about incidents that required reporting. All staff we spoke with told us that they had received adult protection training and gave us a good account of what they would do if they witnessed or heard of an incidence of abuse. One staff member told us, “If I saw something I would report it straight away and know that it would be dealt with”.

We saw that assessments had been carried out to determine risks to the people who lived there for example, the risk of developing sore skin. Although those assessments were not repeated as regularly as was instructed in the provider’s own documentation, information we collated prior to our inspection, (from external health care professionals and information held on our data bases) confirmed that the incidence of actual skin damage had not been a concern to date. During our inspection all staff we asked confirmed that no person at that time had a pressure sore. One relative said, “My relative is at risk of sore skin but they have never developed a sore since being at the home”.

Requires Improvement

Is the service effective?

Our findings

We found that further development was needed for the provider to be able to demonstrate that Deprivation of Liberty Safeguarding (DoLS) requirements were being complied with. During our previous inspection we identified that one person's freedom of movement was being restricted. Since that inspection the registered provider took action to address that. A DoLS application was made and has been approved by the local authority. During this inspection staff gave us conflicting views on the number of people who they felt should have a DoLS assessment. For example, the majority of staff told us that only two people required an assessment (an application for this second person had been made to the local authority) but one staff member told us that in their view there were four people who needed to be assessed. Staff we spoke with had mixed knowledge and understanding of DoLS and the Mental Capacity Act (MCA). When we asked one staff member about DoLS and MCA they asked, "What's that"? We found that there were no care plans in place for the person who had an approved DoLS to instruct staff how they should care for that person. One staff member told us, "They are on medication now (that had been prescribed)". Throughout our inspection we saw that the person sat in the same chair with little interaction from staff. This showed that the person's needs had not been considered effectively which did not ensure that their rights were being consistently protected. Staff told us and training records that we looked at confirmed that staff had received DoLS training. The home director told us that refresher training was being arranged to address DoLS issues. This was a breach in regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Not all people we asked were able to confirm that they had been involved in their care planning as they could not remember. However, people did tell us that they were happy with what the staff did for them. Relatives and staff, and records confirmed that relatives had been asked to give their views about the care people wanted and received. One relative said, "I think that is important so that staff know how they like to be cared for". This meant people were consulted about their care but if they were unable to make decisions their representatives were asked to comment so that they received care as they would have liked.

We spoke with the cook who gave us a good account of how they met people's special dietary needs for example, the prevention of weight loss and complications of diabetes. During the day we saw that drinks were offered regularly to people. This prevented people being placed at risk of dehydration.

We observed that the lunch meal time was relaxed, unhurried and the majority of people who required assistance were supported by staff in an appropriate way. We did however, observe that one person was given their meal well after everyone else had finished. We observed that the staff member was distracted when supporting the person to eat and the person did not eat much. We also identified that people who were in their rooms at lunch time did not get the attention they should. We saw that one person was asleep with their empty cereal bowl resting on their chest. We identified that staff had not accurately completed the food intake chart for another person. People had mixed views about their mealtime choices. A number of people told us that they would like different options at tea time to what was offered most days which was sandwiches. One person told us that they were vegetarian but ate meat because some days that was all that was offered. They said, "You have to eat what the cook cooks because there is only one of them". Staff told us that people could select different meals to what was on the menu if they wanted to. They said that the cook would provide a vegetarian meal if that was their choice. We saw that a pictorial menu was on display. However, it was placed high on the wall so many people would not be able to see it. During the morning we saw that the main meals offered for lunch time were written on a chalk board. Some people told us that they could not read the board and did not know what the lunch time meals were. This showed that staff had not recognised that support offered at meal times and meal choices was not meeting the needs of the people who lived there.

We found that there was no equipment available to attach to a hoist to monitor the weight of people who could not stand. Without this a number of people would not be able to be weighed accurately to determine their nutritional state. This could prevent staff from identifying that there was a concern and securing the required input from external health professionals.

People we spoke with highlighted that they felt that they were cared for. Their relatives we spoke with also

Requires Improvement

Is the service effective?

confirmed that their family members were appropriately cared for. One relative said, "I have always been quite pleased with the care". We found that where staff had identified a need referrals had been made to request specialist health input for example, psychiatrist consultants or a speech and language specialist. Relatives we spoke with and records we looked at confirmed that people were offered regular checks from the optician and chiropodist. Relatives and staff told us that systems were in place to prevent illness for example, people were offered an annual flu vaccine. However, we found that where conditions had been assessed as requiring a monthly evaluation this had not always been undertaken. We saw that evaluations had not been undertaken since the end of August 2014. This could mean that staff would not be aware that conditions had deteriorated and people could be at risk of their condition worsening. The manager told us that they would ensure that they scrutinised processes so that the evaluations were undertaken regularly.

Records showed that staff received induction training before they commenced working there. The manager had identified that staff supervision sessions had not been held as regularly as they should and had taken action to address that. The manager told us that this may have been due to them not having sufficient time due to them being responsible for two homes. However, staff we spoke with told us that they felt that they received support and felt supported by the management team.

The provider was committed to ensuring that staff was equipped with the knowledge they needed to look after people appropriately and safely. The home's director told us that they had identified that some staff had not undertaken their refresher training. We saw that a system had been implemented to ensure refresher training was attended. Meeting minutes that we looked at reminded staff that they were required to undertake the training. This meant that staff had the training and knowledge to effectively support people.

Staff told us, and records we saw confirmed that induction training was provided before new staff commenced their work and there was an ongoing training programme in place to ensure that they had the skills and knowledge to support people safely.

Good

Is the service caring?

Our findings

We saw that interactions between staff and the people who lived there were positive. We saw that people were shown kindness and supported in a caring way by staff. One person said, “The staff are all very good”. A relative said, “The staff are kind and caring”.

During our inspection we heard staff greet people when they arrived on shift and wished them a good morning. We also heard staff speaking to people in a polite and friendly manner. Records highlighted that staff had determined the preferred form of address for each person and we heard that this was the name they used when speaking to people. This showed that people were respected and acknowledged as individuals by staff.

People told us that they felt that staff treated them with respect. One person said, “The staff are very polite”. We found that people’s privacy and dignity were promoted. We observed that staff ensured that people were adequately covered when moving them using the hoist. We saw that staff knocked on people’s doors before attending to their care. This meant that staff showed people care by respecting their privacy and dignity.

We saw that people looked well cared for and people told us that they were. We saw that peoples hair was groomed and their clothing clean. One relative said, “The hairdresser goes every week. They are a really lovely person. My relative really enjoys having their hair done”. We saw that people who lived there wore clothing that was appropriate for their age, gender and the weather. People told us that staff encouraged them to select what they wanted to wear each day and supported them to express their individuality. All staff we spoke with gave us a good account of people’s individual needs regarding their personal care and appearance.

Records that we looked at had some information about people’s past lives, likes and dislikes. This provided staff with the information they needed about people’s preferences and histories to give them some understanding of their needs. One person said, “The staff know me well. They know what I like and don’t like. That is good I think”.

We heard staff giving people choices for example, where they wanted to sit and what they wanted to do. People told us that they liked having choices. A relative said, “The staff go out of their way to give opportunities and choices to people”.

Good

Is the service responsive?

Our findings

A relative told us that when their family member went to live at the home they told staff about the person's preferred daily routines and how they wished to spend their time. They told us that the staff had been glad and welcomed this information so that they could meet that person's needs. The relative told us that staff had listened and that their instructions were followed. This showed that staff had been responsive to information given to them to ensure that the person's needs were met in the way they preferred.

During our inspection we noticed that a small number of people were not engaged in recreational pastimes. The home director and manager told us that they were aware more improvement was needed regarding this. However, we saw that steps had been taken to meet the majority of people's individual recreational needs. A staff member knew that one person liked to play musical instruments. The staff member had a portable computer and found a piano keyboard on that the person could use. The person told us that they liked that activity. During the morning we heard the home's director talking to a number of people about the films that they had requested. The people confirmed to us how much they liked watching films and regularly told the home director the films they would like to watch so that they could be purchased. A relative said, "There are more activities offered at Princess Lodge than another home I regularly visit".

We saw that a complaints system was in place. Staff we asked gave us a good account of what they would do if a person or relative was not happy about something. We found that relatives knew how to access the complaints procedure as some complaints had been made. People we spoke with confirmed that they would speak to staff if they were dissatisfied with anything. Relatives we spoke with told us that if they raised any issues in general they were dealt with to their satisfaction. We saw that complaints subjects were analysed to determine any patterns, trends or repetitive subjects. Staff meeting minutes that we saw highlighted that complaints topics was feedback to the staff to help prevent future occurrences. One staff member said, "The manager tells us what we need to do better when complaints have been made".

The provider had taken into consideration people's individual mobility needs. We saw that equipment was available to prevent mobility restriction. A passenger lift was available to enable people to move between floors and hoisting equipment was available to enable people to safely move from one place to another.

We found that the provider had listened to what we said to them following our previous inspection and had taken action to make some improvements. For example, we highlighted that a contributory factor to the previous non-compliance with the law could be that the manager was not present at the home often enough. The manager was responsible for this home and another.
Non-compliance is when the provider does not comply with legislation that has a negative effect on the safety and welfare of the people who live at the home. The home's director told us that they had advertised and were interviewing for a second manager. The manager then could concentrate wholly on what needed to be done to make further improvements. Relatives confirmed that improvements had been made. One relative said, "A few months ago there were not enough things for people to do this has changed now and it is a lot better".

The provider had welcomed local authority 'quality team' staff to work with the staff at the home. The quality team had visited the home, observed daily routines and given feedback on their findings. They also provided some training for staff in areas such as dignity in care and staff supervision. The quality team informed us that in response to their input a number of improvements had been made. We spoke with staff about this input and they were positive. One staff member said, "Things are much clearer and it has improved the way we care for the people here". This showed that the provider had been responsive to local authority suggestions for improvement to better the lives of the people who lived there.

We found that religious input was available where people wanted this. Representatives from local churches visited the home. We saw that one person had their precious religious items such as their rosary beads within easy reach for when they wanted to pray. This showed that staff knew it was important to people that they could continue their preferred religious observance if they wanted to.

Requires Improvement

Is the service well-led?

Our findings

Although a manager was in post they were not registered with us as is the legal requirement. We had a meeting with the provider in July 2014 and informed them that they needed to have a registered manager to comply with the law. At the time of this inspection the acting manager was still not registered with us.

Due to the acting manager having responsibility for two homes their presence on a day to day basis was limited. Some people who lived there told us that they did not know who the manager was. Relatives we spoke with did. Relatives told us that communication between them and the manager varied although the majority confirmed it was adequate. One relative said, "Sometimes we do not see the manager for a few days. I have heard that they will be here full time soon. That will be much better so that relatives can speak with them if they have a need". The manager said, "It will be better when I am here more. I can do more audits and really keep an eye on things". The provider had recognised that the acting manager being responsible for two homes was not an ideal situation to address this they were advertising for a second manager. This will mean that the acting manager would be more available in the home for people and relatives to speak to if they have a need.

The provider told us during a meeting in July 2014 that they would ensure that systems would be implemented to engender further improvements. During this inspection we found that improvements had been made and risks to the people, who lived there, overall had decreased but further improvement was needed. Staff and relatives concurred with our findings. One relative told us, "Many improvements have been made but there is still a way to go". Until people and relatives feel that full improvement is made they may continue to experience some dissatisfaction with the service provided.

We saw that some audit systems were in place and were successful to reduce the risks to people's health for example, those relating to infection prevention. We identified that improvement was still needed in medication management safety. We also identified that meal time choices could be better including attention paid to people at mealtimes who were cared for in their bedrooms. We found that some care records were not consistently being updated and maintained for example, monthly evaluations of people's nutritional status. If effective audits were undertaken those issues would have been identified and corrective actions implemented to prevent any risks to the people who lived there.

People and their relatives told us that they were able to make their views known about the running of the home. Although some people living in the home told us that they were not aware that regular meetings were held we saw dates displayed for coming meetings and read minutes of meetings. All the relatives we spoke with told us they knew about the meetings and did attend when they could. This showed that meetings were organised but not everyone was aware of them so that some people had not been able to give their point of view.

Staff told us that support systems were in place for them. Staff told us that management were approachable and helpful. One staff member said of the manager and deputy, "They are supportive. Friendly and accommodating". There was no formal rota in place for staff to know who to ring for support out of office hours. All staff confirmed that there was never a problem if they could not reach one member of the management team they would ring another. Discussion with the home's director confirmed that they would consider a formal 'on call' rota for the future to make the system more effective.

Staff we spoke with had an understanding of their role in reporting bad practice regarding for example concerns regarding other staff members conduct. They knew about the processes they should follow to report any concerns they may have. Because staff had knowledge and confidence to report potential staff bad practice this would reduce the risk of harm to the people who lived there and help to keep them safe.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse The provider had failed to ensure that an effective system was in place to prevent people being unnecessarily deprived of their liberty or to minimise the risk of harm.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.