

Indigo Care Services Limited

Green Lodge

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?	Requires Improvement ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Green Lodge is a purpose build care home built across two floors and divided into three areas. On the lower floor Ash unit accommodates up to 25 people with residential care needs. The upper floor is split into two units, the Cedar and the Oak. The Oak unit offers accommodation for up to 15 people with early onset dementia. The Cedar unit is a dedicated dementia care unit designed for older people living with a dementia and can accommodate up to 17 people. At the time of our inspection there were 22 on Ash, 5 on Cedar and 12 on Oak.

People's experience of using this service and what we found. At this inspection we found the management of medicines had improved. Improvements were needed to fire drills and risk assessments. Accidents and incidents were monitored and analysed each month. There were enough staff on duty.

People were supported to have choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice. People were happy with the food provided and were offered plenty of choice. People on the Cedar unit were not provided with the choice to enjoy their meal at a dining table. Staff had received training to carry out their role and received regular supervision. Work was needed with signage to support people living with dementia to orientate themselves.

We raised some concerns with the registered manager about the behaviour of staff on the day. People were not always spoken to in a dignified way and staff practices did not maintain a person's privacy. People were encouraged to be independent.

Care plans had person-centred information recorded. The provider had introduced an electronic care planning system and all staff had access to this via a mobile device. Complaints were acted on with an outcome documented. People had end of life care plans in place.

People and staff said the service was well led. Audits were taking place to monitor the quality of the service. We have made a recommendation regarding the concerns we found during the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: At the last inspection the service was rated requires improvement (published 25 August 2018). The service remains requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Previous breaches: At the last inspection in August 2018 we found the systems in place for the management of medicines did not always keep people safe. We asked the provider to complete an action plan to show what they would do to improve and by when. At this inspection we found improvements had been made

and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Green Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Two inspectors, an assistant inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Green Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

Inspection site visit activity took place on 14 May 2019.

What we did before the inspection:

Before this inspection we reviewed information, we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information we require providers to send us when requested to give some key information about the service, what the service does well and improvements

they plan to make. We received feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

During the inspection-

We spoke with 14 people who used the service and five relatives. We spoke with the regional director, the registered manager, the deputy manager, the cook, the activity coordinator, one domestic, two senior care workers and four care workers. We also spoke with a visiting healthcare professional.

We looked at four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and to review staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection:

We continued to seek clarification from the provider to corroborate evidence found. We also received information on what had been done immediately to act on our findings discussed at feedback.

Is the service safe?

Our findings

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

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were managed safely. This had been addressed at this inspection.

- The provider had implemented an electronic medicines system. Staff said this had really supported the safe administration of medicines.
- The system enabled staff to check on when required usage, missed or late medicines, and reasons medicines were not administered.
- We found medicines were stored and administered safely.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place.
- Staff had received appropriate and effective training in this area.

Assessing risk, safety monitoring and management

- Although people had been assessed for risks further information was needed to support staff on how to mitigate the risks.
- One person was a choking risk and the care plan stated food was to be pureed to level 4. However, this was not clearly documented. We asked to see the speech and language assessment (SALT) for this person but it could not be found on the day of inspection. We were told after that this was information verbally received from the hospital over the telephone. We found this was more a concern with the records kept for this person rather than unsafe practice. The registered manager arranged for a new SALT assessment straight away.
- Fire drills were not effective. Although they took place, staff had not received practice on practical evacuation training and the length of time for fire drills was not recorded. The registered manager addressed this following inspection and provided evidence of practical evacuations taking place.
- We were provided with evidence of positive risk taking. For example, one person took a taxi on their own and went shopping.
- People we spoke with said they felt safe living at Green Lodge. Comments included, "Oh I feel very safe, I never want to leave" and "Of course I feel safe, I wouldn't be here otherwise."

Staffing and recruitment

- People were safeguarded against the risk of being cared for by unsuitable staff there were appropriate recruitment practices in place, which were consistently followed.

- People said they didn't have to wait for staff to attend to them once they had pressed their call alarm. One person said, "I am very safe and being bed bound, when I need attention, I really need attention. I press my buzzer in the middle of the night and staff come straight away. I am totally reliant on staff and there is always someone available." Comments from relatives were, "The staff are hitty missy, they always seem to be busy and another member of staff wouldn't go amiss" and "I come at different times and although they [staff] seem to be a bit over run you don't have to wait for a staff member, so there seems plenty of staff."

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed monthly to look for trends and ensure lessons were learnt.
- If anyone had three or more falls the falls team were contacted.

Preventing and controlling infection

- People were protected by the prevention and control of infection. There were up to date policies and procedures in place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's needs were assessed prior to them moving into the home to ensure their care and support needs could be met.
- Care plans detailed people's care needs, preferences, history and likes and dislikes, which helped staff to know the person in a person-centred way.
- We saw people being supported in line with their assessments. For example, being moved with the assistance of equipment.

Staff support: induction, training, skills and experience

- People received support from staff that had the skills and knowledge to care for their individual needs.
- Staff competency was reviewed to make sure training was put into practice.
- People said staff were well trained. Comments included, "They [staff] are so well trained, they look after my needs" And "I am reliant on staff a lot and they are very well trained."

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

- People were offered choice at each meal time or an alternative if there was nothing on the menu they liked. One person requested ice cream due to it being a hot day, this was provided. Snacks and drinks were available throughout the day.
- The dining experience for people on the downstairs unit was pleasant and the tables were set with condiments and napkins. However, on the upstairs unit where there were only five people, the tables were not set, and people just ate in the lounge chairs. We did not see people were offered the choice to enjoy their meal at a table.
- We saw staff were attentive to people and asked people if they wanted more, if they were enjoying the food and do you have enough to drink.
- People were happy with the food provided. Comments included, "The food is wonderful" and "The food is great and there is plenty of choice, I am putting on weight, I have not had a bad meal yet and drinks are virtually on the hour every hour. That is probably how we get most of our exercise, walking to the toilet [laughing]."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health professionals such as a GP, district nurse and chiropodist.
- A visiting healthcare professional said, "This is a lovely home, staff are very good at communicating and always meet me at the door."

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

- People were encouraged to personalise their rooms.
- People had access to a courtyard area and garden. We saw people sitting outside enjoying the sunny day.
- The upstairs corridors were decorated with interesting art work and objects. Further work was needed with signage to support people living with dementia to orientate themselves.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We were satisfied that the provider understood their responsibilities.
- At the time of the inspection 21 people had a DoLS in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People felt well-supported and cared for but were not always treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were not always treated with dignity and respect. There was a task focussed approach to delivering care at times.
- One staff member shouted something very personal about a person across the lounge. This was not best practice in promoting people's dignity and confidentiality. The registered manager informed us after the inspection that this staff member was completing some reflective practices.
- The terminology used in care plans was sometimes derogative. For example, one care plan documented 'when [person's name] does not 'comply' two staff members were needed.'
- We saw staff offered people biscuits by just putting the biscuit tin in front of their face without explaining what they were doing or asking if the person wanted a biscuit. The registered manager said they would spend more time observing and update training where needed. After the inspection they held a meeting with staff and said staff were upset they came across this way and would be more mindful of their actions in the future.
- One staff member felt more could be done to promote people's independence and said, "I sometimes think there is not enough interaction between the staff and the people who live here, for example some staff find it quicker and easier to do things for people, but I encourage them to let people do it themselves, no matter how long it takes. We are getting better."
- Following the inspection, the registered manager completed observations on the floor at several different intervals and found staff interaction was meaningful, respectful and dignified. Any concerns they found were addressed immediately. The registered manager said they felt new staff required further support and development and this was planned along with further observations.
- However, feedback was positive, and people were very happy with the care provided. Comments included, "I have never had such care in my life, everyone keeps my dignity and everyone does their job well", "They [staff] are kind and caring, I feel looked after and if I need anything there is always someone there" and "They [staff] keep my dignity and lock my door when I am having a bath but keep me independent by encouraging me to do what I can." Relatives we spoke with said, "They [staff] meet [person's] needs and are kind and chat to them, but above all very, very patient, they constantly monitor [person] and I can't speak highly enough of the care here."

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

- Staff understood the need to respect people's diversity and ensured people were treated equally.
- One person said, "I am a catholic and they arrange for Father [name] to come weekly for holy communion."
- We were provided with information on how staff supported someone with a specific diverse need.

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

- The service operated a resident of the day system. On this day every member of staff made sure they were continuing to meet the person's needs and/or if anything needed updating. For example, the cook met with the person to make sure they were receiving meals they wanted and if they were happy with the food.
- People attended 'resident meetings' where they could share views and be involved in making decisions.
- One person we spoke with said, "I can go to or get up from bed when I want to, I like to be up at 7am which is my choice, but if I feel poorly I just stop in bed. I get loads to drink, the meals are great, there is nothing I don't like, my visitors are always welcome, just like home really."
- A relative we spoke with said, "We go to the meetings and discuss various topics and find out what is going on, everyone is generally helpful."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care. Care plans were personalised, detailed and regularly updated. One relative said, "I am involved with the care planning and it has recently been updated."

The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.

- People's communication plans had been assessed and there were plans to guide staff. This ranged from reminding staff that people required glasses or hearing aids to describing how someone living with dementia may communicate if they were no longer able to do so verbally.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People had regular access to activities. These included bingo, reminiscent games, exercises, arts and crafts and pub nights.
- People had access to a mini bus to access the community. They had been to Saltburn, The Owl Centre and to a pub to play bingo.
- People we spoke with were happy with the activities provided. Comments included, "They [staff] take me out walking, I do baking and we go to a gentleman's club where we can play cards and have a shandy" and "We do chair exercises and quizzes." One person particularly enjoyed watching the fish in the fish tank, their relative said, "It really calms them."

Improving care quality in response to complaints or concerns.

- People knew how to make complaints and were confident that they would be listened to. One person said, "Complaints? It is the opposite in fact, no one has anything to complain about."
- When complaints were received they had been recorded and reviewed in line with the provider's policy.

End of life care and support

- There was no one receiving end of life care at the time of our inspection.
- People had plans in place which included their own wishes and preferences for this time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. However, leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The majority of staff said they were supported by the registered manager. However, some feedback stated they [staff] felt excluded about what was going on in the home and when they went to speak to the registered manager, the registered manager did not look up from their lap top or phone.
- During the inspection we observed staff not always treating people with dignity and respect, the registered manager had not identified this or put anything in place to address it, until we highlighted it. The registered manager contacted us after the inspection to explain ways they were addressing this.
- The lack of effective fire drills had not been identified during any audits completed. The registered manager put new fire drill procedures in place after the inspection.

We recommend the registered manager continues to monitor staff to ensure they were treating people with dignity and respect.

- The registered manager and regional team conducted a comprehensive list of audits. Any concerns found during these audits were followed up straight away with an action plan. However, the quality assurance systems and the registered manager had not identified all the areas of improvement we raised during inspection.
- People and their relatives were happy with the management of the service. Comments included, "The manager is very very good", "The manager has a good reliable team working with them, staff have a calming effect, which stops everyone being agitated" and "Everything is good, and I go home with peace of mind knowing that [person's name] is looked after, this is a massive weight off my mind."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team had a good understanding of their responsibility to notify CQC of things which affected people who used the service, such as accidents and matters of concern.
- A visiting healthcare professional and relatives said they were communicated with appropriately.

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

- Regular meetings took place for people and their relatives and they were able to provide feedback on the quality of the service.

- Meetings for managers and staff took place monthly, health and safety meetings took place quarterly. We also saw evidence of policy review group meetings, to share any updates.
- People were happy with the care provided at Green Lodge. One person said, "The care here is fantastic, I was determined that I wasn't going into a home, I have only been here a few weeks, but I am happy"

Continuous learning and improving care

- Survey questionnaires were sent out on a regular basis to check to check how people and their relatives felt about aspects of the service. For example, a survey asked people if they were happy with the activities offered, only 78% were fully happy, therefore further work took place along with more outings in the mini bus. Another survey looked at laundry facilities and people said improvements were made following this. One relative said, "The laundry has improved as things would constantly go missing."

Working in partnership with others

- The service had good links with the local community. Local schools and churches regularly visited.
- The service held a community coffee afternoon with cakes once a month, and everyone in the local community was invited.
- The service worked with other healthcare professionals to support individual healthcare needs.