

Hamilton Care Limited

The Lodge

Inspection report

Westbourne Road
Scarborough
North Yorkshire
YO11 2SP

Tel: 01723374800

Date of inspection visit:
04 February 2019

Date of publication:
27 February 2019

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

About the service: The Lodge is a care home providing personal care and accommodation for up to 38 older people, some of whom may be living with a dementia related condition. At the time of the inspection 36 people were living at the service.

People's experience of using this service: People and their relatives told us that staff had a clear understanding of their needs and considered their preferences. They told us staff had the right skills and knowledge to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems supported this practice. Staff knew the importance of offering choices to people and respecting their wishes in line with the values of the service.

People were happy with the range of activities and told us these were centred around their likes and interests. People were supported to access the local community when they wanted to. People received information in a format they could understand and staff supported them to communicate their views and opinions using their preferred methods.

Staff encouraged people to be independent. Interactions between staff and people were pleasant and respected their privacy and dignity. Staff knew how to support people in the last days of their lives in a dignified way to make them as comfortable as possible.

The environment supported choice for people to have time on their own or with other's. Health and safety checks were in place to ensure people's environment was safe.

Care records were centred around people and their likes and preferences. Staff understood the importance of person-centred care and could explain how they supported people to achieve this.

Systems in place to recruit staff were robust. People told us they felt safe and staff knew how to protect them from avoidable abuse or harm. Risks to people were identified and appropriate measures put in place to avoid repeat incidents such as falls.

Staff felt supported and valued for their contribution to people's lives.

Quality assurance checks were in place to look at the quality of the service and how this could be continuously improved. Management was keen to make positive changes to people's lives and listened to both staff, relatives and people's feedback to drive these improvements.

Rating at last inspection: Good. (Last report published 11 August 2016). This report can be accessed at: https://www.cqc.org.uk/sites/default/files/new_reports/INS2-2473771243.pdf

Why we inspected: The inspection was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we 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 safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-Led findings below.

Good ●

The 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 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.

Inspection team: This inspection 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.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission (CQC). 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: The inspection was unannounced.

What we did: 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 spoke with other professionals who work with the service. We assessed the information providers send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we reviewed three people's care records, five staff files and records relating to the management of the service. We spoke with eight people living at the service and four visiting relatives. We communicated with two people using a whiteboard to support them in expressing their views about the service. We spoke with one health professional.

After the inspection we spoke with an advocate who was supporting someone living at the service. We spoke with another health professional and the provider forwarded further information for us to review.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- Medicines were managed safely and stored appropriately. Medicines no longer in use were stored until the pharmacy collected and disposed them.
- People living at the service told us they always received their tablets on time. Comments included; "Tablets always on time" and, "They come around regular with tablets."

Systems and processes to safeguard people from the risk of abuse

- Staff understood signs of abuse to look out for and could explain how they would report them. Systems were in place to ensure the appropriate agencies were informed if a concern of harm or abuse was reported.
- People told us they felt safe living at the service. One person said, "Always people around to help you, so very safe" and a relative advised, "Cannot fault the staff here, they are all very friendly, relative always clean and tidy, very safe. That's all we ask for."

Staffing and recruitment

- There were enough staff available to meet people's needs.
- Safe recruitment procedures were in place to ensure people were supported by staff of a suitable character.

Assessing risk, safety monitoring and management

- Health professionals told us the service monitored people's needs and managed risks effectively.
- Risks were identified and assessments completed. Staff followed guidance which helped reduce future risks.
- Risk assessments were regularly reviewed and reflected people's current needs.
- Environmental risk assessments ensured people's living spaces were safe and maintained.

Preventing and controlling infection

- Infection prevention and control training was being managed well by the service.

Learning lessons when things go wrong

- The management team were proactive in responding to accidents and incidents, analysing monthly so that any themes could be highlighted and preventative measures put 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 fully assessed and person-centred care plans developed to meet the best outcomes for people.
- Staff actively sought people's views so their preferences were recognised and recorded. Staff told us, "We are constantly assessing people's needs. [Name] is unable to speak, but can read things, so we write things down or visually show things. We also ensure any sensory aids such as hearing aids have their batteries changed regularly."

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction and refresher training was completed annually or when certificates expired.
- Relatives told us they felt staff were well trained and experienced to meet people's needs. One person advised, "Staff seem to know what they are doing." A relative told us, "Staff seem well trained to me."

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

- People were involved in meal choices and supported to maintain a balanced diet. People told us, "On the whole, food here is good. They cater for all sorts here."
- Care plans detailed people's nutritional needs and promoted a healthy balanced diet. Staff were patient when supporting people to eat and drink. People told us if they fancied something different to eat, staff would go and buy it for them so they could have food they had chosen.

Staff working with other agencies to provide consistent, effective, timely care

- People's care and support needs were reviewed with them and included anyone important to them, such as family members or advocates.
- The registered manager and staff sought advice from other health professionals when needed.

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

- The registered manager was in the process of transforming the décor to make it more sensory and dementia friendly in line with best practice guidance. This would include more dementia friendly signage to support people to orientate themselves independently around the service.
- People were relaxed in their own environments which were personalised with their own choice of wallpaper, colours and personal items.
- People accessed the gardens when the weather was fine and were involved in planting shrubs and flowers to maintain their gardening skills.

- People could choose where they wanted to sit as different lounges were available.

Supporting people to live healthier lives, access healthcare services and support

- A health professional told us that staff followed their advice. They advised, "We always speak with a senior member of staff on duty. When we next come in anything we have asked to be done is done."
- People received prompt care and attention from staff and were supported to access other health services. Comments included, "The manager got the doctor to see me when I was coughing, I had a chest infection and they [doctor] gave me tablets" and, "They [staff] took me to have my ears syringed."

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.

- Staff ensured people were involved in decisions about their care and understood what to do to ensure decisions were made in people's best interests.
- Mental capacity assessments were completed when there was any question of a person's capacity to independently make important decisions.
- Where appropriate applications had been made to the appropriate authorities to ensure restrictions were lawfully authorised.

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 were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff treated people with compassion and kindness. People and their relatives described the staff as caring and helpful. One person told us, "They are very kind, I think they care about me, always ask how I am feeling and talk to me."
- Staff knew people's diverse needs and supported them to be confident and build positive relationships. One health professional told us, "[Name] advised they would like a vicar or priest to visit them on Sundays. [Deputy managers name] was open and responsive, no issues."
- Staff maintained positive relationships with people to prevent isolation and promote wellbeing. One member of staff advised, "I might walk into a room and one person is unwell or unhappy. It can affect everyone in that room, so we make sure we talk to everyone and ask how they are so we can support and chat for longer if needed."

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

- People were supported to express their views by staff, their families and independent advocates where necessary.

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy and confidentiality were respected. A visiting professional advised, "The home are very accommodating and quickly offer a private place to talk."
- Staff respected people's wishes and promoted their independence in a dignified way. Comments included; "I can do most things for myself but need a hand putting my trousers on. They ask, 'Are you okay' and always help me" and, "I prefer to do for myself but staff will give me a hand if I need it."

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans recorded people needs, likes and preferences and staff were aware of them. Staff understood what person-centred care meant and told us, "It's when care is centred around that person, their likes and choices."
- People had lots of different activities to choose from. One person said, "I like the musical activities here, if you don't like TV you can come in here (small lounge near front of house) and listen to music. They have lots of CDs in here." A second person told us, "Sometimes they have a knitting group, I might join that, I like knitting, have lots of patterns at home." In addition, people told us that staff supported them to access the community. For example, one person liked to go to the local pub for their lunch and staff supported them to do this safely.
- Regular meetings were held for both staff and people to voice their opinions and make suggestions.
- People were given information in an accessible, easy to understand format. One member of staff advised, "[Name] needed a translator, they wore headphones and we arranged an advocate to be available with the translator to support them."

Improving care quality in response to complaints or concerns

- Information about how to make a complaint was provided to people and their relatives when they arrived at the home. Information was displayed around the home.
- People and their relatives felt confident if they made a complaint it would be dealt with appropriately. People's comments included; "Any complaints, I would speak to the manager," "Would tell one of the girls, they would sort it out" and, "Never had any reason to complain."

End of life care and support

- Staff were aware of good practice and guidance in end of life care, and knew to respect people's religious beliefs and preferences.
- Some staff had received training in end of life care and were aware of good practice and guidance. For example, oral hygiene was considered and alternative approaches taken to make people as comfortable as possible in their last days.

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. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and staff worked with other agencies and health professionals to provide high quality care; support that was centred around people's needs.
- Information was concisely and clearly recorded to reflect that families had been kept informed of any changes to their loved ones health or well-being.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff received an introduction to the home which included reading policies and procedures and shadowing more experienced members of staff. They had time to understand their role prior to working unsupervised.
- The service was well run and well led. People at all levels understood their roles and responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff felt well supported by their colleagues; the management team was very approachable.
- Staff felt valued and that their contribution to people lives was appreciated.
- Satisfaction surveys were sent annually to people and their relatives to gain valuable feedback. Regular meetings captured people's views and feedback about the service. One person told us, "I've been to a residents meeting and taken part in a survey. Staff listened to what was said at the meeting" and, "I filled in a survey once."
- Staff worked in partnership with health professionals to improve outcomes for people. For example, specific needs around nutrition.
- The local authority had worked with the management team to drive improvements across the service. This work was ongoing.

Continuous learning and improving care

- Staff were focused in developing their skills. Additional training helped them recognise signs of distress and manage those situations.
- Staff worked together as a team to deliver the best care and support to people. One member of staff advised, "I'm happy here. I've seen things change for the better, more hands on which has changed residents for the better."

- Quality assurance processes maintained appropriate standards of care and service development.