

St. Michael's Homes Limited

Howard Lodge Care Centre

Inspection report

Howard Lodge Care Centre
Beacon Hill Road, Kelvedon Common
Brentwood
Essex
CM14 5FQ

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Tel: 01277373603

Website: www.stmichaelshomes.co.uk

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

The inspection took place on 2nd March and was unannounced.

Howard Lodge is a residential care home registered to provide accommodation for 72 older people who require personal care. There were 71 people living at the home on the day of our inspection.

When we last visited the service it was rated good. At this inspection we found the service remained good.

People were safe from the risk of abuse, staff had knowledge of safeguarding and understood their responsibilities to report any concerns.

Risks were assessed and suitable control measures put in place, which still enabled people to maintain as much independence as possible.

There were sufficient numbers of staff to ensure that people's needs were met and recruitment practices ensured that staff were of good character and suitable for their roles.

Medicines were stored, administered and recorded safely and correctly. Staff were trained in the safe administration of medicines and maintained relevant records that were accurate.

Staff received an induction and on-going training to make sure they had the skills and knowledge to be competent in their role. Staff were well supported and had opportunities to discuss any concerns and training needs they might have.

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.

There were positive relationships between people and members of staff. Staff treated people with kindness and took the time to get to know them and their interests whilst providing their care.

The service had involved people and their relatives in care and support planning to ensure that care was provided in the way they wanted it to be. Staff could describe how individual people preferred their care and support delivered and the importance of treating people with dignity and respect.

The service had an effective complaints procedure in place and responded to complaints appropriately.

People had access to a range of activities in and out of the home which reflected their interests and preferences.

The provider had systems in place to regularly assess and monitor the quality of service and identified and

acted on any areas that required improvement.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Howard Lodge Care Centre

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. This was a comprehensive inspection.

This inspection took place on 2nd March and was unannounced. The inspection team was made up of 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.

We reviewed all the information we had available about the service including notifications sent to us by the manager. Notifications are information about important events, which the Registered Manager is required to send us by law.

We looked at the care records of seven people and reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents and incidents reports, complaints, quality audits and policies and procedures. Reviewing these records helped us understand how the registered manager responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

During the inspection we spoke with the registered manager, the deputy manager and eight members of staff.

For a more comprehensive report regarding this service, please refer to the report which was published following our previous inspection.

Is the service safe?

Our findings

At this inspection we found that people continued to be protected from the risk of abuse and harm and risks to people's safety were well managed and the rating remains Good.

Staff understood their safeguarding responsibilities knew the signs to look for and the reporting process to ensure people were protected from the risk of abuse. People who used the service told us they felt safe, comments included, "I feel safer here than at home," and, "I don't even have to think about safety, staff are always about."

People's belongings were kept safe. For example, people's jewellery was photographed on admission and staff completed weekly checks to make sure the items were still safe in their rooms or on their person.

Risk assessments and risk management plans were in place and updated on a regular basis to reduce the risk of harm to people. Staff showed a good awareness of the risks to people and how to manage them. For example, one staff member told us, "For [person] we need to make sure there are no obstructions in their room, that their tea is not too hot and that they have their two sticks for walking."

There were robust recruitment procedures in place to ensure staff were of good character and suitable for their role and sufficient staff were employed to meet people's needs. People told us there were always staff around who came quickly when they called. One person said, "I have got a button, it is attached here to the blanket by my head and they come pretty quick, I think they have got enough staff, they are always dashing about but I don't feel they rush me and always say give us a buzz if you need anything."

There were effective systems in place to administer medicines to people safely. We looked at people's medicine records and saw that they had received their medicines as prescribed. People received appropriate support to assist them to take their medicines safely and medicines were only administered by staff that had been trained and assessed as competent to do so.

Accidents and incidents were logged and action was taken to protect people from harm. For example, where people had fallen they were monitored, equipment was put in place such as floor sensors and referrals were made to the falls clinic or physiotherapy.

Is the service effective?

Our findings

At this inspection we found the provider continued to provide an effective service and the rating remains good.

Staff received a comprehensive induction when they joined based on the care certificate. Classroom based training was also provided to ensure staff competence. Staff were also supported by to undertake further qualifications in health and social care to help them develop their skills and knowledge for the benefit of people who used the service.

The service employed a training officer who was responsible for ensuring that staff training was up to date and that staff had access to any specialist training relevant to the people they supported, for example, training in diabetes, stroke awareness and dementia. One staff member told us "I have signed up for a Dementia Friend – you cannot fault the training here – the virtual dementia training where you put shoes on with spikes in the shoes, dark glasses and metal and gardening gloves – with all that on you lose the feeling in your hands and feet as they do with dementia and you cannot see colours and you have to try and match socks and play cards – it is hard and helps you understand what they are going through."

Staff confirmed that they received support and guidance to help them develop professionally through one to one supervision, observations, spot checks and yearly appraisals. Staff comments included, "I feel very supported and they [management] are always checking I am alright," and, "Supervision is brilliant, it's a two way process, its supportive and management are really encouraging."

The provider continued to work within the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and we found that the provider had made appropriate DoLS applications to ensure that people were not being deprived of their liberty unlawfully.

Care plans for people who lacked capacity, showed that decisions had been made in their best interests. Staff understood the importance of gaining consent and explained to us how they asked people's permission before helping them. One staff member described how they supported people at mealtimes to ensure that people ate enough food; "We just offer, we cannot force, just persist."

The service supported people to have enough to eat and drink. Staff told us "We eat our lunch with the residents, it helps them to eat and we chat." People told us the food was good and they were given lots of choice. One person said, "I said we need a change from sandwiches and last night I had a lovely salad they made specially for me, and I had pate on toast; drinking chocolate comes at night time with biscuits. Staff noticed if people had not eaten well and offered alternatives. One staff member told us, "We are going to mix some cream with ice cream to try and get [person] who is on soft diet and [person] and [person] who are not eating well to eat, we have already tried the main and tried yogurt." People's risks relating to nutrition and hydration were assessed and monitored. People were weighed regularly and food and fluid charts were maintained where required and specialist support was requested where required.

Records showed and people told us that they had access to relevant health professionals to help them maintain their health and wellbeing. One person said, "I've seen the doctor and the chiropodist came this week; we have our eyes tested here and I have got new glasses, no dentist but I have blood tests here too."

Is the service caring?

Our findings

At this inspection we found the service was caring and the rating remains good.

We were provided with lots of examples where people had received a caring service. One person said, "Staff are very kind and say if you want me just ring the buzzer, nothing is too much trouble, [named] comes in to check on me and says are you alright, anything you need". Another told us, "They [carers] would bring a cup of tea at night to the lady next door who rang every night and they brought it and if I am watching TV a girl puts her head around the door and says you alright, do you want a cup of tea and a biscuit?" Another said, "They call me [name] they have a laugh with me and give me a kiss, they always ask if I am alright, it is very nice, we have a laugh"

People were involved in making day to day decisions and planning their care and support and told us they were listened to and their choices were respected. This included choices about where to spend their time, what to wear, what to eat and drink and whether or not to join in social activities.

Staff knew people well so were able to engage in meaningful interactions with people. One staff member said, "The more time you spend with people the more you learn about their life."

We saw that people's privacy and dignity was maintained and staff treated people respectfully. For example, one person told us, "They shut the curtains, shower me and they are caring and say shall I wash your back, can you do your private parts yourself; it is ok and always a girl carer; they always say you are welcome when I thank them and they always say thank you to me."

People were encouraged to be as independent as they could be. People told us they received the help they needed when they needed it. One person said, "It's an absolutely lovely home; got enough room and brought my own furniture; I was told that this is my room and to do what I like with it."

There were no restrictions on visiting times and visitors were invited to attend activities and events organised by the service. This meant that people were supported to maintain relationships that were important to them. A relative told us, "It is excellent here, I am very happy with the care [person] receives and there are lots of areas for relatives to sit with loved ones and have a cup of tea in a private domain"

Is the service responsive?

Our findings

At this inspection we found that the service continued to be responsive to people's needs and concerns as they were during the previous inspection and the rating remains Good.

Care plans reflected people's likes and dislikes and helped staff to care for people in a way in which met their individual needs. The care plans clearly recorded what support people needed and their background, likes, dislikes, hobbies, interests and religion. Where people had requested a specific gender of care staff to support them this had been documented and people told us it was respected.

Regular reviews of people's care were held to ensure the service was still meeting their needs. People and their representatives were included in the reviews. We found that the service recorded their views and that relatives were provided with a copy of the care plan summary which they could comment on before signing.

People and relatives told us that staff knew them well; One relative said, "Everyone knows [person's] name from the gardener, to carers, to maintenance – I find that remarkable." Staff we spoke with were able to demonstrate that they knew people very well and were able to provide a person-centred approach to delivering care and support. One staff member told us, "[person] can be physically aggressive so we take our time with them, we take a friendly approach, we will leave them, give them space then go back later; sometimes we switch carer as this can help."

People told us that their routines were respected, they could get up and go to bed when they liked. We saw that people got up and ate their breakfast when they wanted to. Staff knew people well enough to know if and when they would like to join in any activities. A person told us, ""they understand that I want to stay in my room but they do ask me if I want a change." We saw the activities person engaging with people in one to one chats and asking them if they wanted to do something.

Activities were organised around people's interests and preferences. A staff member told us, "[person] is quite depressed so we do lots of one to one, we started a crochet club` which they enjoy; they were an upholsterer so we do needlework with them." People were positive about the range of activities on offer. One person told us, "We have tea parties in the garden in the summer, entertainers come, we have bingo, exercises, there are all different things going on. Staff come in and have a chat – I go to knitting classes and I am making a blanket for my granddaughter, we have Church Services every Thursday afternoon."

People told us they know how to make a complaint and were confident that they would be listened to and any complaints acted upon. The service had a complaints policy and procedure in place and we saw that complaints were dealt with appropriately. The registered manager completed thorough investigations and action plans were put in place and information shared with staff to ensure that the service was responsive to people's concerns. For example, where a relative had complained about their family member not being seated properly we saw that the registered manager had held a meeting with the senior team and staff were reminded of the correct procedure to follow.

Is the service well-led?

Our findings

At this inspection we found the service continued to be well-led and the rating remains Good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The registered manager was supported by a longstanding deputy and together they managed the day to day running of the service. The deputy had joined 'My home life' an organisation set up to promote best practice in care homes. They used the knowledge they gained there to introduce new ideas to improve the service, for example, they had implemented an initiative called 'Simple Pleasures', to encourage staff to think about and try to find out about the little things that meant a lot to people."

People and relatives we spoke with said they felt the service was well managed. One relative told us, "This home has got to be near to 10 out of 10 – they communicate well and the place is clean, any problems they do respond to quickly by phone or email and I can just waltz in." Another said, "I cannot find any fault, it appears to be very nice, the atmosphere is pleasant and everyone is nice, the staff are brilliant and they seem to have plenty of time for the residents."

Staff told us they felt supported and valued and enjoyed working at the service. One staff member said, "You can have a really good laugh even with the manager who is really professional; I did a Mud Run with one of the Directors; it is a nice company to work for and at Christmas we decorated two of the directors cars." Another said, "I know I can go to the managers, they are there to support me, my [relative] is not well at the moment so I am able to carry my mobile which is not usually allowed."

The values of the service emphasised providing a person centred approach. We found these values were shared by staff. Comments from staff included; "Residents always come first with this place; the dementia training tells us do what the resident wants not what we need to do, people all have got their own individual characters," and, "Each person is unique, you cannot give the same service to all."

Staff told us the management team listened to them and they felt included in the running of the service. One staff member told us, "Two months ago they listened to us about having an extra member of staff; we now have four on the floor with the team leader giving us five and it worked out brilliantly; we brought this up in a normal staff meeting; now we are not ready to pull our hair out and now the work load is nice for us."

The provider actively sought the views of people who used the service through a range of mechanisms including satisfaction surveys and regular residents and relatives meetings. We saw that the service responded pro-actively to suggestions made, for example, where people had asked for croissants at breakfast time they were now always available.

The service had systems in place to monitor and improve the safety and quality of the service. The management team completed a range of audits including health and safety checks and audits which focussed on people's health and wellbeing such as incidents of pressure ulcers and hospital admissions. Staff practice and the quality of people's care records were also monitored. We saw that action plans were generated where improvements were identified, for example, where a medication audit had picked up that people's photos needed updating this was completed.