Platinum Care Homes Limited

Platinum Care Limited t/a Dr Anderson Lodge

Inspection report

Stainforth
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Ratings

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

Overall summary

The inspection was unannounced, and was carried out over two days; 12 and 16 March 2015. The home was previously inspected in May 2013, where no breaches of legal requirements were identified.

Dr Anderson Lodge can accommodate 60 older people. The home is comprised of three units in two buildings. The Lodge accommodates people with dementia and people with general nursing needs. The Annex accommodates people who have dementia and require nursing care. The home is in Stainforth, near Doncaster. At the time of the inspection there were 52 people living at the home.

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

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

During the inspection people told us they were happy with the home, and staff we spoke with and observed understood people's needs and preferences well.

Although there were enough staff to keep people safe, the registered manager was aware that there was pressure on staff to meet people's needs at busy times. A staffing review was being conducted in order to make improvements in this area.

We found that staff received a good level of training, and further training was scheduled to take place in the coming months.

Throughout the inspection we saw that staff showed people who used the service respect and took steps to maintain their privacy and dignity.

Where people lacked the mental capacity to make decisions about their care and welfare, the correct legal procedures were followed to protect the person's rights.

There were effective systems in place to make sure people's safety. This included staff's knowledge about safeguarding, and up to date risk assessments.

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?

Good

The service was safe.

The people we spoke with who used the service told us they felt safe.

People had care plans and risk assessments associated with their needs and lifestyles. Medicines were stored and handled safely.

Although there were enough staff to keep people safe, the registered manager was aware that there was pressure on staff to meet people's needs at busy times. A staffing review was being conducted in order to make improvements in this area.

The way staff were recruited was safe and thorough pre-employment checks were done before they started work.

Is the service effective?

Good

The service was effective. People were supported by staff who were trained to give care and support that met people's needs.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice and d staff understood the procedures to follow should someone lack the capacity to give consent.

People liked the food and were supported to have a balanced diet. Staff supported them with their health needs and people saw their GP and other specialist healthcare professionals when they needed to.

Is the service caring?

Good

The service was caring. We found that staff spoke to people with warmth and respect, and took into account people's privacy and dignity.

Staff had a good knowledge of people's needs and preferences, and the staff we spoke with felt they worked in a caring team.

Is the service responsive?

Good

The service was responsive. There were arrangements in place to regularly review people's plans, so that their care could be appropriately tailored to their needs and preferences.

There was a complaints system in place and people were aware of the arrangements for making complaints should they wish to.

Is the service well-led?

Good

The service was well led. The registered manager understood the responsibilities of their role, and they were supported by a deputy manager.

The management team were accessible and were familiar to people living at the home.

Summary of findings

The provider had a thorough system in place for monitoring the quality of service people received, and a clear plan for future improvements.

Platinum Care Limited t/a Dr Anderson Lodge

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.

The inspection was unannounced, which meant that the home's management, staff and people who used service did not know the inspection was going to take place. The inspection visit was carried out over two days; 12 and 16 March January 2015. The inspection was carried out by an adult social care inspector.

During the inspection we spoke with seven people who used the service, two visiting relatives, the registered manager, one nurse, two senior members of care staff and five care staff. We looked at the written records of five people who used the service. We checked records relating to the management of the home, including team meeting minutes, training records, medication records and records of quality and monitoring audits carried out by the home's management team and members of the provider's senior management team.

We observed care taking place in three units, and observed staff undertaking various activities, including handling medication, supporting people to eat and using specific pieces of equipment to support people's mobility. In addition to this, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection we reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about incidents within the home. We also contacted the local authority to gain their view of the service provided.

Good

Is the service safe?

Our findings

We asked people and their visiting relatives if they felt the home was safe. They all said they felt that it was. For instance, one person's relatives said, "Yes, I feel very confident about that. [My relative] is very safe here. [My relative] has less falls now and there is always staff about."

Another person's relative said, "As homes go, I think this is a good standard. Safety is something they think about. There's a lot of clues to this. You see them using good equipment, like the hoists and staff tell me they have training in these things."

As part of this inspection we looked at care and medicines records relating to the use of medicines. We looked at care plans for two people with complex health and care needs and saw that these had been regularly reviewed so that people continued to receive appropriate care. We observed staff handling medicines and spoke with one member of nursing staff about the medicines procedures and practice in the Annex. We saw staff giving people their medicines. They followed safe practices and treated people respectfully. People were given time and the appropriate support they needed to take their medicines.

People's care records included details of the medication they were prescribed, any side effects, and how they should be supported in relation to medication. Where people were prescribed medication to be taken on an "as required" basis, there were details in their files about when this should be used.

Medication was stored securely, with additional storage for medicines liable to misuse, referred to as controlled drugs. We checked records of medication administration and saw that these were appropriately kept. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy.

Medication was only handled by members of staff who had received appropriate training. This included administering medication to people, checking stock, signing for the receipt of medication, and overseeing the disposal of any unneeded medication. The clinical room and refrigerator temperatures were monitored and the records showed that medicines were stored within the recommended temperature ranges. Audits were undertaken by a member of the management team, and any issues identified were followed up with records of action taken. In the Annex the staff we spoke with told us there were usually sufficient staff on duty to make sure people were safe and their needs could be met and if they needed additional help they were able to get it. They said there were able to take their breaks, and sometimes, but not very often, asked for staff to move between the units to help with cover. Throughout the home, staff told us they were happy to work additional hours when cover was needed.

The people who used the service we spoke with said there were usually enough staff to support them. For instance, one person said, "A couple of times I've called for them [staff] at night and they came within a couple of minutes."

The registered manager told us they kept staffing numbers under review to make sure that people's changing needs could be met. When we saw someone ask for help or support, staff were available to assist within a reasonable time. We also saw there were sufficient ancillary staff to keep the home clean.

In the Lodge people who used the service and staff said there were times when it was very busy. The staff we spoke with said there were some people who were poorly and being cared for in bed. There were times, particularly in the mornings when getting people up, and when the district nurses visited. One person who used the service said there was not much, "Quality time" with the care staff, as there were times they were very busy. We discussed this with the registered manager. They were aware of the pressures staff experienced in the Lodge and were reviewing the way staff were deployed at key times, and told us about the options they were considering to help with this.

The numbers of staff on each of the units was as stated on the rotas we looked at and there was at least one registered nurse on duty 24 hours a day. The deputy manager had time as part of the care rota and the registered manager was supernumerary and available during the day.

We looked at the recruitment procedures at the home. The recruitment records we saw showed that nursing and care staff were only employed if they were suitable to work in a care environment. For instance, they had had a Disclosure and Barring (DBS) check before commencing work. The DBS check helps employers make safer recruitment

Good

Is the service safe?

decisions in preventing unsuitable people from working with children or vulnerable adults. In addition to a DBS check, all staff provided a checkable work history and two referees.

The staff we spoke with told us they were happy with the quality of the training they were provided with and with the support they received. For instance, one staff member said, "We get good training and support here, I get a lot of encouragement and the team work well together. If we have any concerns of any kind about service users, we go straight to the nurse and the manager."

Staff received training in the safeguarding of vulnerable adults and this included how to recognise the signs of abuse, and what action staff should take if they suspected someone was being abused. The staff we spoke with had a good understanding of safeguarding people and the action they would be required to take. There was information available throughout the home to inform staff, people who used service and their relatives about safeguarding procedures and what action to take if they suspected abuse.

Other training had been provided to staff to help promote safety in the home, including health and safety, infection control and training on how people with mobility difficulties should be supported to mobilise safely.

We looked at people's care plans and found there were assessments in place in relation to the risks associated with their care needs. Each person had up to date risk assessments, which were detailed and set out the steps staff should take to make sure people were safe.

We noted that there were a small number of people who were prone to falls. The registered manager told us they monitored this closely and told us about the steps taken to minimise the risks for each person. This included mapping the times people were more likely to fall and ensuring staff were aware of this, making referrals to other professionals such as the 'falls team' for support with falls prevention and management and the use of equipment and technology such as sensor mats, so staff are made aware when people get out of bed. This was reflected in people's care plans and risk assessments and the staff we spoke with were familiar with the individual risks for people, and told us what they needed to do to make sure people were kept safe and protected from harm.

We checked other systems in place for monitoring and reviewing safeguarding concerns, accidents, incidents and injuries. We saw that the members of the management team carried out regular audits, which included monitoring and reviewing all safeguarding issues, accidents and incidents. The registered manager had made the necessary safeguarding referrals to the local authority and notifications to the Care Quality Commission.

Good

Is the service effective?

Our findings

We asked people what they thought of the food available in the home. Everyone we spoke with said it was good. One person said, ". It's good food and there are choices." The records we saw, including the planned menus showed that meals were designed to make sure people received nutritious food, which promoted good health and reflected their preferences.

We sat with people while they had lunch, in the Annex. There was a pleasant, calm atmosphere in the dining area. We observed staff supporting some people to eat, which they did discreetly and respectfully, ensuring that people had time to eat at their preferred pace. People were supported in a positive way, and staff understood people's needs and preferences well. Staff took time to make sure people were offered choices of food and drink, and responded quickly when people need help. During the meal, staff checked that people were happy with the food and whether they wanted anything else to eat or drink.

We looked at people's care records about their dietary needs and preferences. Each person's file included up to date details, including screening and monitoring records to prevent or manage the risk of poor diets or malnutrition. Where people needed external input from healthcare professionals in relation to their diet, appropriate referrals had been made and guidance was being followed.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty, so they get the care and treatment they need where there is no less restrictive way of achieving this. As the service is registered as a care home CQC is required by law to monitor the operation of the DoLS, and to report on what we find.

We saw that staff followed the requirements of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS). MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make a specific decision. People confirmed that they were asked for permission before receiving any care. For instance, one person told us, "Staff are always asking me if I want this or that. They are very good." We checked staff training records and saw that staff had training in the Mental Capacity Act or DoLS.

The MCA Deprivation of Liberty Safeguards (DoLS) require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. The registered manager had made DoLS applications to the local authority where required, and in accordance with recently issued guidance.

Assistance had been sought from a range of external healthcare professionals, including speech and language therapists and physiotherapists, as required in accordance with each person's needs. Where an external healthcare professional had been involved in someone's care, relevant care plans and risk assessments took into account the healthcare professional's guidance. Daily notes in each file we checked showed that this guidance was being followed.

We saw that staff had received training covering the needs of older people, including training in dementia awareness. Generally, the home was arranged appropriately for people's needs. For instance, in the Annex, where support was provided to people who were living with more advanced dementia, people had memory boxes by their bedroom doors. These had been nicely put together reflecting their very individual personalities and interests. The nurse we spoke with explained that some people related to photographs from their younger years better than more recent photographs, so their memory boxes included their early photographs.

Throughout the home there were smaller lounges. The registered manager told us these provided quiet spaces for people to sit with their visitors. In the Annex, there were clear signs for rooms, such as toilets and bathrooms to help people orient themselves in the home. Most chairs in the lounge were arranged in sociable clusters. In one lounge, in the Lodge, the chairs were arranged so that people sat around the edges of the room. We discussed this with the staff who were on duty, who explained people had been involved in choosing the layout of the furniture. In addition it was practical for the numbers of people and for wheelchair access. People who used the service confirmed this and some people told us the lounge was very popular. We saw there was a very sociable atmosphere after lunch, as people sat and chatted with their friends and the staff.

Good

Is the service caring?

Our findings

Everyone we spoke with said the staff were caring. For instance, one person said, “Yes, I think they are caring here.” They went on to say that the staff had a nice attitude and were reassuring.

Another person said, “They [the staff] are all good.” We spoke with one relative about their experience of care in the home and they said, “We looked at a lot of places and I’m glad we settled on this place. It suits [my relative] very well. The staff are nice, the care is good and [my relative’s] health has improved. I think part of it is because there are people to talk to.”

We carried out a Short Observation Framework for Inspection (SOFI) in the Annex. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Throughout the SOFI we found staff engaged people and encouraged them to participate in activities, such as a game of soft skittles. They sat with other people and chatted one to one. Staff spoke to people respectfully and patiently.

We saw that relationships between people who used the service and the care staff were supportive and caring. People told us their individual, nursing and care needs were met and they were treated with warmth, dignity and respect. For instance, one person said, “Staff are very kind. They are kind to me and I watch them with other people.”

Staff interacted well with people. People were given choices and staff were aware of people’s likes and dislikes.

We visited some people in their bedrooms. The rooms were well decorated and people had brought in things to make it more like home, such as ornaments and pictures.

The support plans we looked at included information about each person’s life history, needs, likes, dislikes and preferences and staff were able to demonstrate a good knowledge of people’s individual preferences. It was evident that people were looked after as individuals and their specific and diverse needs were respected. We looked at feedback the provider had received from questionnaires they had given to people who used the service and their relatives. People had given positive feedback about the way staff treated them and provided their care. The registered manager told us that ministers from a variety of faiths visited the home and that on the request of one person who used the service a minister had recently performed a service to baptise the person in the home.

We checked people’s care plans, and saw these described how people should be supported so that their privacy and dignity was upheld. We spoke with staff about how they preserved people’s dignity. They described the steps they took. This included being aware of people’s individual feelings and preferences in relation to their personal care and being discreet in the way they approached people to offer assistance.

We sat and chatted with people and staff in a one small lounge in the afternoon. One staff member was spending some time chatting with one person while three staff popped in and out engaging in care task. We spoke with all of the staff, some briefly, and others in some depth. They felt they worked in a very caring team. One staff member said there was a ‘core team’, including the registered manager, who had worked in the home for a long time. They said this had helped to build a good, consistent team who had particularly good relationships with people who used the service. They also said that newer staff had come in with good attitudes because they went through a thorough recruitment process.

Good

Is the service responsive?

Our findings

Activities were plentiful in the home. There were activity coordinators who planned weekly programmes of social and recreational activities for the people. The records we saw showed that people's social needs, care needs and preferences were considered in the planning of activities. The home had a varied activity programme in place, which was displayed on notice boards. Staff sat and chatted with people and participated in individual activities. The activities programme had been devised by speaking with people who used the service, and through regular residents' and relatives' meetings.

We asked about the arrangements for people's friends and relatives visiting the home. Staff told us that there were no restrictions and visitors were welcomed. We spoke with two visitors who confirmed this was their experience. For instance, one visitor told us they felt happy to visit their relative.

We checked the care records for five people who were using the service at the time of the inspection. We found that care plans were detailed, setting out how to support each person so that their individual needs were met. They told staff how to support and care for people to make sure that they received care in the way they had been assessed. Care plans were regularly assessed and updated to make sure they reflected any changes in people's needs.

When people's care was reviewed, where appropriate people's families were involved in the reviews so that their views about their relatives' care and support could be incorporated into care plans.

We asked people who used the service and their relatives about how they would make a complaint. They told us they would speak to the registered manager or a nurse. People were confident they would be listened to. Nobody we spoke with had any complaints to raise with us. One relative said, "I've not had the need to complain. I have mentioned small things and they got sorted out."

There was information about how to make complaints available in the communal area of the home. This was also featured in the service user guide, which was a document setting out what people who used the service could expect. We saw the record of complaints and found that where complaints had been received, the registered manager had conducted thorough investigations and made sure people were made aware of the outcomes.

Good

Is the service well-led?

Our findings

The service had a registered manager and a deputy manager, who deputised in the registered manager's absence. The registered manager had managed the service for eighteen years and had a very good oversight of the service. They remained enthusiastic and committed to finding creative ways to continuously improve the service. They told us that they were focussing on staff training, to help develop individual staff, the staff team overall, and the quality of service they provided. They spoke enthusiastically about the training that had been scheduled to take place in the coming months.

Staff told us that they found the individual members of the management team to be approachable. Staff we spoke with were confident in their knowledge about how to raise concerns or give feedback to the registered manager. There was a whistleblowing policy in place to support staff who had any concerns, and this was made available to staff during their induction. Results of surveys completed by people's relatives showed that they were aware of how to contact the manager.

We asked thee members of staff about the arrangements for supervision and appraisal. They told us that they received regular supervision. We checked the supervision schedule which confirmed this.

Staff we spoke with had a good understanding of their role and responsibilities, and of the day to day operations of the home. They could describe how they were expected to perform, and the measures the provider could use to address poor performance. We saw from the team meeting minutes that action had been taken in response to suggestions made or concerns raised.

There was a quality audit system which was used within the service including monthly checks carried out by the registered manager, looking at the quality of care records, the premises, catering and infection control arrangements. We checked records of audits and found that, where any issues were identified, there were records of actions taken to address them.

Questionnaires were part of the system for formally seeking feedback from people who used service and their relatives and the registered manager had incorporated people's feedback into the way the service was run.