

Hunters Lodge Retirement Home Limited

Hunter's Lodge

Inspection report

Church Lane
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Melton Mowbray
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04 December 2018

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Ratings

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

Overall summary

The inspection took place on 4 December 2018 and it was unannounced. Hunters Lodge is a 'care home' for older people. 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. On the day of our inspection 30 people were using the service.

There was 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.

People felt safe living at the service. Staff knew how to recognise abuse and how to report it. Risks were assessed so that staff knew what action to take to keep people safe. They did this while also promoting people's independence and autonomy.

There were sufficient numbers of staff, with the required knowledge, skills and experience to support people with their needs. Recruitment processes were safe and this meant that so far as possible only people of suitable character and experience were employed.

Medicines were managed in a safe way. Staff had received training about this and knew the level of support people required with their medicine.

Staff were knowledgeable about the needs of the people they supported. People were supported to make choices around their care and daily lives. Staff had attended training to ensure they were able to provide care based on current practice when assisting people.

Staff always gained consent before supporting people. There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards and staff followed these.

People were supported to eat and drink enough and had a balanced diet. Staff understood and met people's nutritional needs. They supported people in a sensitive way. People had access to the healthcare professionals they required.

People were treated with kindness and compassion by the staff. Staff knew people well and often went that extra mile to make sure people were as comfortable as possible. People's social needs as well as their physical and emotional needs were incorporated into the plan of care and used to promote and maintain people's abilities and independence.

People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon. Staff treated people with dignity and respect. People knew how to raise

concerns and had confidence that they would be listened to and action would be taken. Feedback provided was used to make improvements to the service.

People were complimentary about the registered manager and staff. It was clear that relationships between people and staff were positive and people had confidence in the service. There were effective quality monitoring systems. A variety of audits were carried out and this meant that any shortfalls were quickly identified and used to drive improvements.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Hunter's 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 was planned to check 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 inspection site visit took place on 4 December 2018 and was unannounced.

The inspection was carried out by one inspector and one 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. They supported us by speaking with people who used the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR as part of the planning process for this inspection, as well as other information we held about the service, including previous reports and statutory notifications sent to the Care Quality Commission (CQC) by the provider. Statutory notifications are information about important events at the service, such as safeguarding concerns, which the provider is required to send to us by law.

We spoke with six people and three relatives about the care people received. We also spoke with the registered manager, deputy manager, two care team members and a visiting healthcare professional.

We reviewed care plans for three people to see if they were reflective of the care that people were receiving.

We also looked at staff files for two staff members, which included recruitment and training information. Records relating to the management of the service were also reviewed, including audits and quality assurance checks, to monitor how the service was being managed.

Is the service safe?

Our findings

There were systems and processes designed to keep people safe. People told us they felt safe. A relative said, "I don't have a moment worry about [name] being here." Staff knew what action to take in the event of suspected abuse and when to report it. Staff gave us examples of how they would contact other authorities such as the local authority safeguarding team or the CQC if they had any concerns. They knew the signs of abuse and how to recognise them.

Risk was assessed and management plans were in place. For example, people had their risk of developing pressure sores assessed and where risk was identified action was taken such as using specialist pressure relieving equipment and carrying out positional changes to reduce risk. Lessons were learned and improvements were made when things went wrong. For example, as a result of a security breach a new keypad system was fitted to increase safety for people. Action had been taken as a result of an incident where a person had been put at risk of harm so that lessons were learned and risk was reduced. Accident records were audited so that any patterns or trends could be identified. Where falls had occurred, action had been taken to reduce further risk of falling. Staff had moved the position of furniture in one person's room to reduce the risk of them falling. Some people had sensor mats in their rooms so that staff could offer assistance when people were up and about. Referrals had been made to the 'falls clinic' where this was required.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. One person said, "You don't have to wait very long to get help if you need it." We saw that staff spent time with people and were available when people wanted them and they responded to people's requests quickly. We saw staff using moving and handling equipment in a safe way. Staffing numbers were decided in accordance with people's dependency needs. Staffing levels had been increased when people's needs had increased. The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

People received their prescribed medicines safely. One person told us, "I get my pills when I need them and they watch me take them." We saw that staff gave people their medicine in a safe way. People had their medicine reviewed by the doctor. Staff had received training about managing medicines safely and had their competency assessed. Where medicines were given covertly, this was only done following discussion and authorisation with the doctor, pharmacist and family member. Protocols were in place when people had medicine prescribed on 'as required' basis. This meant that staff were clear about when and how this medicine should be given. Audits were carried out monthly to check that medicines were being managed in the right way.

The environment was clean and tidy and staff knew how to prevent the spread of infection. Staff had access to the protective equipment they required such as gloves and aprons. A relative said about the service, "The place is always spotless."

Is the service effective?

Our findings

People's physical, mental health and social needs were assessed before they moved into the service to check that their needs were suited to the service and could be met. A relative told us, "There was a very good assessment at home before we came in here. They asked a lot of questions to make sure my relative got the right level of care. Staff had the training they required to do their jobs and also received supervision and appraisal. This meant that staff had opportunity to discuss their learning and development needs and their performance. The 'care certificate' was used to provide induction training to staff. The 'care certificate' is an agreed set of standards that sets out the knowledge, skills and behaviours expected of job roles in the health and social care sectors. Staff also had additional and ongoing training which was a mixture of face to face and on-line training. One person told us, "The staff here couldn't be kinder or more efficient. They just get the job done without any fuss and I have to have a lot done for me."

Staff worked in line with advice and guidance provided by healthcare professionals and other professionals such as the local authority to ensure that care and support was evidence based and in line with current legislation. Each senior carer had an area of responsibility such as end of life or infection control. People's care plans were reviewed at least once a month to ensure they were effective and meeting people's needs.

People were supported to eat and drink enough and maintain a balanced diet. One person told us "The food is good here and they ask me if I want seconds when I finish it." People had their risk of malnutrition assessed. Some people required additional support to have enough to eat and drink and when this was the case there was a plan of care in place and staff monitored the amounts people ate and drank and took action where this was required. People were supported to eat and drink in an appropriate and sensitive way when support was required. People and staff chatted to each other and the atmosphere was relaxed.

People had access to the healthcare services they required. Staff were knowledgeable about people's healthcare needs, they knew how to recognise when a person was unwell and knew they had to report this and seek medical advice. There was good communication between staff. A morning meeting was held at 10 o'clock each morning with each head of department to discuss people's current and changing needs. A relative said, "The GP is always visiting the home. They (staff) seem to have a good relationship which is encouraging." A visiting physiotherapist carried out weekly sessions of light exercise. They told us, "Staff are very good in making sure that residents remember when I am coming and they bring them in to this room (small lounge) to join in the session."

The premises and environment met the needs of people who used the service and were accessible. There was an accessible sensory garden and sensory room designed to support people living with dementia. Signage was pictorial and people had different coloured doors to help them recognise their own room.

Consent was sought before care and support was provided. 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. 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 found that that staff were following these principles. Tthe registered manager told us they were in the process of implementing new documentation to improve the recording of assessments and best interest decisions.

Is the service caring?

Our findings

People were treated with kindness and compassion. One person said, "The staff are always asking me if I am alright and if I need anything. I think they (staff) are extremely good at their job and very caring." A relative told us that staff provided emotional support to their relative. We saw that staff had developed very positive relationships with people. They knew the best way to offer support and provide reassurance.

People were able to express their views and were actively involved in decision making. People told us they were given choices. One person said, "I choose what time I get up and when I go to bed. I even choose what I want to do or where I want to sit in the daytime. I like to walk and we go out (with staff) whenever we can as she (the carer) is trying to get her steps up too." Another person said, "I have total control over my day." Staff told us how they supported people to make choices, for example showing them different options of clothes to wear or food to eat. They told us how they encouraged people to be as independent as they could be.

People's relatives told us they were made to feel welcome and could visit at anytime. There was a kitchen area for relatives to make hot and cold drinks whenever they wanted to. Staff understood the importance of people maintaining relationships with people who were important to them.

People had their privacy, dignity and independence promoted. One person said about the staff, "They have helped me to use my walker properly. I couldn't get on with it for a while, but it's all good now." Another person said, "The staff are very kind to us and always respect our dignity when they are doing personal things for us." We saw that staff knocked on people's doors before entering and addressed people in a kind and caring way. We saw staff throughout our inspection were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions. The manager and deputy manager had attended a course to become dignity champions, this helped to improve dignity for people who used the service by making sure that working practices supported dignity for people.

Staff knew about respecting people's confidentiality and only shared information where this was appropriate to do so. Records were stored securely and in line with data protection laws.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care and support was provided in the way people preferred and met their individual needs. People and or their families were asked about their preferences and the things that were important to people were recorded. This helped staff to provide care and support in a person-centred way because they knew about people's needs and preferences including when people could not verbally express these. Care plans reflected people's physical, mental, emotional and social needs. Staff knew the most effective way to communicate with people and how to recognise signs of distress or emotional triggers.

We saw that staff had helped people to settle in and continue to lead active lifestyles. One person went out for walks with the staff up to three times a day. Another person assisted the staff with day to day household tasks and they enjoyed this. These interventions had a positive effect on people's quality of life and reduced distress and risky behaviour.

People were able to follow their interests and take part in activities they enjoyed. There was an accessible minibus so that people could go out into the local community. One person said, "I have been out on trips to Melton Theatre, pantomimes, and the garden centre for coffee or lunch... I enjoy that." There were a range of activities on offer and staff were available to support these.

Peoples protected characteristics under the equality act were considered as part of the assessment process and were respected by staff. The registered manager told us they would accommodate people's religious and cultural needs as requested.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Written information was available in easy read formats and large print. Menus were typed or available in picture formats to help people decide what meal to choose.

The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. People and relatives told us they had confidence in raising any concerns and felt they would be listened to.

People's preferences and choices for their end of life care were recorded in their care plan. The service had achieved a gold standards framework in care homes platinum award for end of life care. There was a table of remembrance in the communal lounge which commemorated a person who was recently deceased. This was created so that people had a space to remember the people who had died. This was as a result of a suggestion made by a person who used the service.

Is the service well-led?

Our findings

There was a registered manager in post. 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 understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

People and staff praised their managers and said they felt supported by them. One person said, "The Manager is always walking around. She stops to chat sometimes. She is very friendly. All the staff are I think. I don't go to meetings, but I think they do happen." Staff told us their managers were accessible and supportive. A relative said. The staff obviously respect the Manager and I even saw her with her assistant manager in uniform and mucking in when they were "between staff" and interviewing new carers."

Staff and managers were proud of the service and the work they did. Values were shared by staff and managers. A member of the care staff told us their role was to care for people and improve people's quality of life. They were passionate and motivated and told us in detail how they supported people. They said about the registered manager, "She has a heart for care." Success and innovation was recognised. There was an employee of the month team awarded to staff to recognise good work carried out.

Managers monitored the day to day culture within the service. Feedback was sought from people in a variety of ways and staff practice was continually observed and assessed. One person said, The Manager makes sure that everything that should happen does happen and if it doesn't happen soon enough, she chases them."

The service had achieved external validation about the quality of their service. A silver award had been achieved from the local authority quality monitoring framework and a platinum award regarding end of life care. There were effective systems and processes in place to monitor the quality of service provision. Audits were carried out and action was taken to address any shortfalls and to improve where this was possible. Staff were also asked for their feedback and this was acted upon. For example, changes had been made to the organisation of working and communication between teams so that teams were more balanced. Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.