Care Quality Commission

Premierbell Limited

Homer Lodge Care Centre

Inspection report

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

Summary of findings

Overall summary

This inspection took place on 5 December 2018 and was unannounced. Homer 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. It provides accommodation for older people and those with mental health conditions or dementia. The home can accommodate up to people in one adapted building. At the time of our inspection there were 26 people living in the home.

At the time of our inspection 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 service had previously been rated as 'requires improvement' in 2017. At this inspection the service was rated as 'Good'.

The provider had ensured that there was usually a sufficient number of staff on duty. People told us that they received person-centred care. Sufficient background checks had been completed before new staff had been appointed according to the provider's policy. A system was in place to carry out suitable quality checks and appropriate checks had been regularly carried out.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. The environment was clean. Staff followed arrangements to prevent and control infections.

Guidance was in place to ensure people received their medicines when required. Processes were in place to manage medicines.
Where people were unable to make decisions, arrangements were in place to ensure decisions were made in people's best interests. Best interests decisions were specific to the decisions which were needed to be made.

Care was not always delivered in line with current best practice guidance.

Arrangements were in place to ensure staff received training to provide care appropriately and effectively. People were helped to eat and drink enough to maintain a balanced diet. People had access to healthcare services so that they received on-going healthcare support.

People were supported to have choice and control of their lives. Staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice.

People were not treated consistently with dignity and respect. People were usually treated with kindness and compassion and they were given emotional support when needed. They had also been supported to express their views and be involved in making decisions about their care as far as possible. People had access to lay advocates if necessary. Confidential information was kept private.

Information was provided to people in an accessible manner. People had been supported to access a range of activities. People were supported to access local community facilities. The registered manager recognised the importance of promoting equality and diversity. People's concerns and complaints were listened and responded to improve the quality of care. Arrangements were in place to support people at the end of their life.

The registered manager encouraged a positive culture in the home. Staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. People, their relatives and members of staff had been consulted about making improvements in the service. There were arrangements for working in partnership with other agencies to support the development of joined-up care.

Further information is in the detailed findings below.

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.

Medicines were managed safely.

Effective arrangements were in place to ensure there were sufficient experienced staff to ensure people were cared for safely.

Arrangements were in place to prevent the spread of infection.

Risks to people's safety had been consistently assessed, monitored and managed so they were supported to stay safe.

Arrangements were in place to safeguard people against avoidable accidents.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Recruitment checks were fully completed.

Is the service effective?

The service was effective.

The environment was appropriate to meet people's needs.

The provider acted in accordance with the Mental Capacity Act 2005. Arrangements were in place to protect people from having their liberty restricted unlawfully.

Staff had received sufficient training and support to assist them to meet the needs of people who used the service.

People had their nutritional needs met. People had access to a range of healthcare services and professionals.

Is the service caring?

The service was not consistently caring.

People did not always have their dignity maintained.

Staff usually responded to people in a kind and sensitive manner.

People were supported to make choices about how care was delivered and care was provided according to people's choices.

Is the service responsive?

Good

The service was responsive.

Care records were personalised. Reviews had been carried out to ensure records were up to date and reflected people's current needs.

People had access to a range of activities. People had access to the local community.

The complaints procedure was on display and people knew how to make a complaint.

The provider had arrangements in place to support people at the end of their life.

Is the service well-led?

Good

The service was well led.

Issues identified at previous inspections had been addressed.

Quality assurance processes were effective in identifying shortfalls in the care people received and improving the quality of care. Actions had been taken to ensure any identified issues were addressed and the service improved.

Staff were listened to and felt able to raise concerns. There was an open and supportive culture within the home.

The provider had notified the Care Quality Commission of events in line with statutory requirements. A registered manager was in post.

CareQuality Commission

Homer 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 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 was a comprehensive inspection.

This inspection took place on 5 December 2018 and was unannounced.

The inspection was carried out by an inspector, a specialist advisor 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. The specialist advisor was a registered nurse.

We examined information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

The provider had completed a Provider Information Return. This is information we require providers to send 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 took this into account when we inspected the service and made the judgements in this report

During the inspection we spoke with 12 people who lived at the service, five relatives, three members of care staff, one nurse and the registered manager. We also spoke with two visiting professionals. We looked at seven care records in detail and records that related to how the service was managed including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

At our previous inspection the service was rated 'Requires Improvement' in 'Safe'. The provider had not put in place arrangements to adequately protect people against the risks associated with the unsafe use and management of medicines. At this inspection we saw arrangements to ensure the safe use of medicines had improved and arrangements were in place to provide regular checks to ensure standards were maintained. The rating had improved to 'Good'.

Each medicine record had a front sheet and allergies were consistently recorded on these. Information to support staff when administering as required, (PRN) medicines, was available to staff to ensure people received their medicines when they needed them. We found that suitable arrangements were in place to safely manage people's medicines. However, when we checked the medicines we found a medicine which was out of date. This medicine was not currently in use but needed to be available in the event the person needed it. We spoke with the registered manager about this who told us they did not usually check these medicines on receipt. This was in line with the provider's policy but was not in line with national best practice guidelines.

We observed people were supported to take their medicines in the method they preferred, for example, with juice or water, and this was recorded in the medicine records. One person said, "I've a lot of tablets to take and they [staff] get me them alright. I want them to put them in my mouth as I'm frightened they'll fall and they do that for me."

People told us that they felt safe living in the service. One person said, "The doors are always locked and I have a button in the wall and a bell (call button) on the bed when I'm in bed if I want to call them they come, you don't wait very long. Sometimes when they come they might see if you are alright and then say, 'We are putting someone to bed, can we pop back' and they do. I feel safe when they hoist me, they do it very gently, say we are going to do this or do that." Another person said, "They put sides up on my bed for me. I have this bell, sometimes they are here when I've only just pressed it but you do wait sometimes if they are busy."

The registered manager told us they had put in place arrangements to ensure there was sufficient staff to support people. A dependency tool was used to ensure there were sufficient staff to meet the needs of the people who lived at the home. During our inspection we observed people were responded to in a timely manner.

People told us they felt the home was clean. One person told us, "I think it is clean, the cleaners come and clean my room every day, make my bed and change the sheets everyday." We observed suitable measures were in place for managing hospital acquired infections. We observed staff practised good infection control management, using protective clothing where appropriate and washing hands.

We found that most risks to people's safety had been assessed, monitored and managed so that people were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents and where people had specific health issues. However, we

observed a person who used a specific sling was sat on their sling throughout the day. The Prevention and Management of Pressure Sores (2009) states that, 'slings should not be left under the person' and 'where there are associated manual handling issues concerning the removal of a hoist sling, a joint assessment by tissue viability and manual handling staff should be documented'. We spoke with the registered manager about this who told us the slings were specifically designed for remaining in situ, however risk assessments were not in place. We looked at the guidance from the manufacturer which also recommended a risk assessment should be completed.

Arrangements were in place to protect people in the event of situations such as fire or flood. For example, personalised plans to instruct staff how to support people in the event of an emergency were in place. We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Staff told us they received feedback on incidents and accidents. Records showed that arrangements were in place to analyse accidents and near misses so that they could establish how and why they had occurred. We also noted that actions had then been taken to reduce the likelihood of the same thing happening again.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that care staff had completed training and had received guidance in how to protect people from abuse. We found staff knew how to recognise abuse however one member of staff was not sure about how they would report issues externally. We spoke with the registered manager about this who said they would look at ways to ensure staff were aware of contact numbers.

Staff told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm. We also noted that the provider had established transparent systems to assist those people who wanted help to manage their personal spending money to protect people from the risk of financial mistreatment.

Staff were supported to promote positive outcomes for people if they became distressed. For example, guidance was available in people's care plans so that they supported them in the least restrictive way. When we spoke with staff they could tell us about these. A relative told us, "They are very patient, I don't know how they manage it but they are kind, they calm them, talk to them."

We found that in relation to the employment of new staff the registered persons had undertaken the necessary checks. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service. The registered persons had carried out checks with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.

Good

Is the service effective?

Our findings

At the previous inspection this domain was rated 'Requires improvement' because we found provider did not consistently act in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). At this inspection we found the provider had acted in accordance with the MCA.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff supported people to make decisions for themselves whenever possible. Records showed that when people lacked mental capacity the registered manager had put in place a decision in people's best interests. These were decision specific as required by national guidance. Where people were able to consent, documentation was included in the care records.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection people were subject to DoLS and appropriate arrangements were in place.

Introductory training was in place in line with the National Care Certificate for new staff. The National Care Certificate sets out common induction standards for social care staff. People were confident the staff knew what they were doing and had their best interests at heart. Members of staff told us and records confirmed that they had received introductory training before they provided people with care. One person told us, "You feel quite confident they know what they are doing."

Staff had received refresher training to keep their knowledge and skills up to date. When we spoke with staff we found that they knew how to care for people in the right way. Staff told us they felt supported and could speak with the registered manager if they needed to. Staff had received supervision on a one to one basis according to the provider's policy. This is important to ensure staff have the skills they need to care for people.

The home was purpose built however, there were few adaptations to assist those people who were confused or had difficulty with orientation around the home. All the doors were the same colour with limited differentiation between people's bedroom doors and the doors to toilets, bathrooms and store-rooms. We saw that people's bedroom doors had small numbers on them and there was no use made of name plates, photos or memory boxes to enable people to identify their room more easily. Where people required specific equipment to assist them with their care this was in place and appropriate checks made regularly to ensure it was safe.

Care records indicated where people had capacity to consent to their care and treatment or if another person had legal authority to give consent that this had been given. Do not attempt cardiac pulmonary resuscitation orders (DNACPR) were in place where appropriate and had been reviewed.

We observed lunchtime. People were supported to eat and drink enough to maintain a balanced diet and where required adapted equipment was available. During the meal we saw that staff were attentive to people's needs and that whilst their interactions with people were of necessity task orientated they did engage with people, chatting and joking in a friendly manner We observed drinks were provided throughout the day in communal and bedroom areas. Where people had specific dietary requirements, we saw these were detailed in care records and staff were aware of these. Risk assessments and plans to minimise the risk were in place where people were at risk of not receiving adequate nutrition because of their physical health.

One person told us, "We have some very good meals and if we don't like something he'll get us something else, suggest something else." We observed the cook came out into the dining area and chatted with people and explained what the meal choices were. They explained that people were advised of the meal choices at the morning drinks round but they were always given a further chance to choose or change their minds at the point of service. Another person said, "The food is good and you get more than enough."

Records confirmed that people had received all the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians. Reviews were held with people and professionals who were involved in their care. We saw people had been supported to take part in health screening where appropriate. Where people had specific health needs for example diabetes, care plans reflected this and detailed how to meet these needs. A visiting relative said, "When [family member] wasn't very well they got a doctor quicker than when they were at home, they are very efficient."

Requires Improvement

Is the service caring?

Our findings

At the previous inspection this domain was rated 'Requires improvement' because we found that people raised concerns about the availability of staff. At this inspection the domain remained 'requires improvement'.

We found people's dignity was not consistently respected. For example, we observed two staff members laughed at a question a person posed rather than trying to explain to the person their mistake. On another occasion we observed a member of staff speaking to a person loudly regarding their personal care in a public area. We saw that staff worked well together and, with one exception, communicated quietly and discreetly with each other. The one exception was a member of staff who tended to shout to colleagues across the room and over the heads of people sitting having their meal.

During lunchtime we observed a member of staff placed a blanket over the person's legs whilst they were being hoisted to preserve her dignity. We observed staff knocked on people's bedroom doors and called them by their preferred name. People told us staff were respectful when supporting them with personal care and they had never felt undignified or embarrassed. A person said, "They do treat me with respect when helping me get washed, they draw the curtains for me, put towels on me. They leave a sheet so I can cover myself up when I want, they always knock and ask if they can come in."

We found that suitable arrangements had been maintained to ensure that private information was kept confidential. Computer records were password protected so that they could only be accessed by authorised members of staff.

People told us staff were caring and kind. One person said, "Very nice indeed. We get looked after very well." They said that staff were, "Very caring, you couldn't ask for anything more, if they can do anything for you they will if you ask them anything they'll try to answer you and if they don't know they'll find out." Another person said, "The carers are very good, very nice. Every one of them is kind and can't do enough for you." A relative told us, "[Relative] seems happy enough and they would let you know if they weren't. Staff at the home are really helpful and supportive about what [family member] needs."

We found that people had been supported to express their views and be involved in making decisions about their care and treatment as far as possible. For example, we observed a member of staff when supporting a person to move into the dining area, asked the person where they would like to sit and then helped them to a seat. We saw the member of staff seated the person and ensured they were comfortable before leaving. We saw that the member of staff did this in a kindly manner, at the person's pace and all the time talking to them and offering reassurance. We observed a member of staff asking a person what they would like saving for their lunch as they were going out at lunchtime. Care records detailed people's preferences, for example one stated, 'likes to look smart and have hair done every week'.

Where people required specific support to prevent them from becoming distressed this was detailed in their care records and guidance was in place to support staff. We observed staff using terms of endearment and

the residents' preferred name. The staff were calm with people even when they were upset.

We observed staff support a person to move into the dining room. We saw they did this at the person's pace and allowed them to do as much for themselves as they could whilst remaining attentive and staying close. Staff explained what they were doing and how people could assist them when moving.

Most people had family, friends or representatives who could support them to express their preferences. Furthermore, we noted that the provider had access to local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Good

Is the service responsive?

Our findings

At the previous inspection this domain was rated 'requires improvement', because records had not been consistently reviewed. At this inspection we found the service had improved to 'Good'.

People's views on and experience of the activities provided in the home were positive. One person told us, "There's a lady whose an activity lady, she tries to take as many people out as she can, sometimes for dinner or tea, I've been out many times, sometimes just up to the shops but that's good, we have games like snakes and ladders, sing-a longs, records, impersonators. We had "Elvis" on Saturday, it was fantastic, we sang all the old songs. A couple of years ago [Activity Coordinator] took me to London to shop and see a show. We stayed in a hotel. I can go to my room when I want, I read and do crosswords and play CDs. I'm always doing something, [Activity Coordinator] helps me with all that." Another told us, "They take me shopping, I've been three times in a wheelchair. I really enjoy it, we have a meal. I join in with the quizzes, they have good shows on at Christmas, singers and young people's choirs."

Activities included, chair exercises, painting, crafts, quizzes, puzzles, Connect, Scrabble, cards, dominoes, floor games. Staff told us entertainers visited the home and 'Petting dogs'. Links with the local community had also been established. For example, the member of staff responsible for activities told us they used the Dial-a–Ride service and had occasional access to a mini-bus to get people out and about. We saw in the minutes of a meeting people had gone out to ten pin bowling.

People said that nurses and care staff provided them with all the assistance they needed. We found that people received care that was responsive. For example, one person had requested to go to the local pub and we saw this had been organised for them. Another person who remained in their room most of the time had been moved at their request so they could see more people around from their room. Interactions between staff and people were caring, kindly and non-patronising. Whilst these interactions were in the main all task orientated we did see that whilst carrying out those tasks staff did spend more time with the person than was strictly necessary to complete the tasks. We saw that they chatted and laughed and joked with people while carrying out the tasks.

Care records included assessments carried out before people came to live at the service. Records showed that staff had subsequently consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. Records also included information about people's past life and experiences. This is important because it helps staff to interact with people and understand their needs and wishes.

People told us that staff encouraged them to be independent and do as much as they could for themselves. One person said, "I like doing as much as I can while I can and they let me do that but if I say I'm sorry I don't feel I can do it they help me." Another said, "If I need help somebody will help me but they let me do things for myself like washing and dressing, they encourage me to do it." A relative told us regarding her family member "They encouraged [family member] to walk, they asked before they did anything for rather than just

assuming."

Care plans were regularly reviewed and reflected people's changing needs and wishes. People told us they had been involved in developing their care plan and they detailed how people's care should be provided. A daily handover sheet was provided which detailed significant issues about people's care needs for example, if they required a specialist diet and any short-term needs such as infections or recent falls.

Care plans and other documents were written in a user-friendly way in accordance with the Accessible Information Standard so that information was presented to people in an accessible manner. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. We saw people had been involved in discussions about their care plans. One person told us, "Quite often I have chats with manager about my care but if I want anything I've only to ask."

Relatives told us they felt welcomed at the home and we observed staff speaking with relatives and chatting with them. We noted that staff understood the importance of promoting equality and diversity and people were treated as individuals. For example, people we spoke with told us that they had been given a choice regarding female or male carers. Furthermore, the provider recognised the importance of appropriately supporting people if they identified as gay, lesbian, bisexual and transgender.

There were arrangements to ensure that people's concerns and complaints were listened and responded to improve the quality of care. When we spoke with people they told us they knew how to raise concerns. One person said, "I'd speak to the manager, their door's always open or you can just ask a carer if you want. They'll come to you or if you want some privacy you can see them in their office". A relative told us, "We asked if [relative] could be moved downstairs and she was allocated one."

The provider had arrangements in place to support people at the end of their life. For example, where people chose to, care plans included information of what they wanted to happen in the event of illness and subsequent death. The provider had provided training to ensure staff felt confident in supporting people at the end of their life. They had also worked closely with a specialist team to provide advanced care plans with people. Where people required end of life care we observed people had two types of care records. Good practice is that people have a single set detailing their needs at the end of life. We spoke with the registered manager about this who said they would address this.

Good

Is the service well-led?

Our findings

We found at this inspection the provider had addressed issues previously identified at inspection.

We found that the registered manager had made several arrangements that were designed to enable the service to develop. For example, following our previous inspection they had put in place arrangements to ensure medicines were managed safely. In addition, they had recently introduced a new arrangement during the mornings to improve response times. It also limited the amount of times people had to transfer between bed to chair because people were supported to have breakfast in their rooms before getting up and coming into the communal areas.

Regular checks were in place for a variety of issues. Where actions had been identified as necessary we observed they were addressed. We observed mattresses were checked regularly to ensure they were clean. However, we checked the specialist mattresses to ensure they were set correctly to meet the weight of people and work to their optimum. We found three mattresses were not correctly set. We spoke with the registered manager who told us checks were not in place but would introduce these.

The provider did not have arrangements in place to ensure national guidance was followed. At this inspection we found that medicines had not been checked according to national guidance and the providers policy did not reflect national guidance. We also found concerns about the use of slings and not meeting national guidelines and carrying out risk assessments in relation to the use of slings.

We recommend that the service consider appropriate current guidance and act to update their practice accordingly.

We found that people who lived in the service, their relatives and members of staff had been engaged in the running of the service. For example, quality surveys had been carried out with people who lived at the home, their relatives and staff. We saw that responses were positive. Comments included, 'Always there when I needed them and 'very comfortable'. Residents and relative's meetings were also held regularly. One person told us, "They have residents 'meetings once a month. [Activity Coordinator] does that for us. You can say anything that bothers you and they listen."

Staff told us they thought there was an open culture. Regular staff meetings were held and staff received feedback from the manager about issues in the home. We looked at minutes from the meetings and saw that issues such as staffing and incidents were discussed. Staff told us they were confident that any concerns they raised with the registered manager would be taken seriously so that action could quickly be taken to keep people safe.

Staff told us they felt there was a good team environment and staff understood their roles within the organisation. A member of staff told us the registered manager was approachable and organised. A reward scheme had been developed for employee of the month. They described the home as 'friendly and supportive'. Arrangements were in place to recognise staff and their contribution to the home. For example,

it had recently been awarded to a member of staff who had supported a person to maintain their independence and dignity at the end of their life. One visiting relative said, "You can talk to [manager]." During our inspection we observed the registered manager around the building, speaking with staff and people who lived at the home.

The registered manager had developed working relationships with local services such as the local authority and GP services. The home had five transitional beds for people who had been discharged from hospital. These were supported by staff from the NHS. We saw arrangements were in place to ensure sharing of information and joint working was in place. For example, a wipe board was in place for staff to detail any changes of care on. We looked at the wipe board and saw comments were not dated or signed. This is important to ensure the most up to date care was being provided to people. We spoke with the registered manager who said they would address this. A member of the team said, the home worked well with them. They said, "Good communication is in place."

We looked at the Statement of Purpose which is a document providers are required to have in place detailing the details of the service. We found it reflected current arrangements for management and appropriate reporting of complaints. Records showed that the registered persons had correctly told us about significant events that had occurred in the service, such as accidents, incidents and injuries. The provider had displayed the rating of their previous inspection according to CQC guidelines.