

Karma Health Management Ltd

Freckleton Lodge

Inspection report

103 Preston Old Road
Freckleton
Preston
Lancashire
PR4 1HD

Tel: 01772632707

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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 ●

Summary of findings

Overall summary

About the service

Freckleton Lodge care home is a large detached building in its own grounds. The home provides care and accommodation for up to 28 older people living with dementia. Bedrooms are of single occupancy with en-suite facilities. Freckleton Lodge is close to public transport links and car parking space is available at the home. There are gardens and a patio area around the home. At the time of the inspection 21 people lived in the home.

People's experience of using this service and what we found

People were safe and protected from abuse because staff assessed and managed risk. There were enough staff to meet people's care and support needs. Staff were recruited safely. People received their medicines as they needed. The home was clean and maintained and staff practised good infection control.

People were able to see healthcare professionals to assist their health and wellbeing. Staff supported people to eat healthy nutritious food and to drink sufficient fluids and were familiar with people's dietary needs. People told us the meals were excellent. The design of the home met people's needs. There were dementia friendly signs and equipment to help people living with dementia around the home. People were helped 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. Staff assessed people's capacity to make decisions and supported them with decision making. Staff had been appropriately trained and supported and had the skills, knowledge and experience to provide good care.

Staff provided care that met people's diverse needs and preferences. People said they received good care and were treated with consideration and respect. They were involved in planning their care and making decisions.

Staff communicated with people effectively and had the skills to support people who had difficulties with communication. People had a range of activities to choose from, in house and in the local community. Staff encouraged people to talk about anything they were not satisfied with. People felt concerns were dealt with effectively. Staff were able to support people when at the end of life, to have a comfortable, pain free and peaceful end.

People said they were asked for their views and ideas. They told us staff listened to these and they helped plan their care or changes in the service. Staff supported people to stay involved with village activities and remain part of the community. They worked in partnership with other services and organisations to make sure they followed good practice and people in their care were safe. The registered manager used a variety of methods to check the quality of the service and develop good practice. They understood and acted on legal obligations, including conditions of CQC registration and those of other organisations.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 4 February 2017). Since this rating was awarded the registered provider of the service has changed. This service was registered with a new provider on 26/04/2019 and this is the first inspection with this provider. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Freckleton Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Freckleton Lodge

This inspection was carried out by two inspectors.

Service and service type

Freckleton Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did before inspection

We completed our planning tool and reviewed information we had received about the service since registering with CQC. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service. We looked at previous inspection reports. We also sought feedback from partner agencies and health and social care professionals. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection.

We spoke with four people who lived at Freckleton Lodge and three relatives. We spoke with seven members of staff including the registered manager and three visiting professionals. To gather information, we looked at a variety of records. This included medicine records and two people's care records. We looked at information in relation to recruitment, staff training and supervision records. We also looked at other information related to the management of the service including audits, surveys and meeting minutes. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead in ongoing improvements. We walked around the building to check the home was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. They said they felt safe and well cared for by staff.
- Staff attended training in safeguarding adults. They were able to describe the action they would take if they felt someone was being harmed or abused.
- There was information displayed around the building with contact details of the local safeguarding authority.

Assessing risk, safety monitoring and management

- There were risk assessments to guide staff in providing safe care and support. These included personal and environmental risks. Staff assessed and managed risk to ensure people were safe.
- Staff had arrangements in place to support people in emergency situations.

Staffing and recruitment

- Staff recruitment was robust. The management team had completed recruitment checks to reduce the risk of employing unsuitable people before new staff were able to start working for the service.
- There were sufficient, suitably recruited staff to meet people's needs.
- People told us staff supported them without rushing them and in a friendly way.

Using medicines safely

- Staff managed medicines safely and in line with good practice guidance. People felt staff were competent to give medicines. One person told us, "They come around with my tablets, so I remember to take them."
- Medicines were given as prescribed. Medicine records and audits showed staff gave medicines were correctly. Staff dealt with any errors promptly.
- Staff told us they received training in giving medicines. The registered manager checked they were giving medicines safely.

Learning lessons when things go wrong

- Staff learnt from situations that did not go as well as planned. The registered manager reviewed accidents and incidents for lessons to be learnt. They shared their findings with staff, so the risk of similar incidents was reduced.
- The registered manager and management team were aware of their responsibility to report any concerns to the relevant external agencies.

Preventing and controlling infection

- Staff and people they supported, were protected from potential infection when delivering personal care. Staff received infection control training and followed safe infection control practices to reduce the risk of infection. People told us staff used disposable gloves and aprons when they supported them with personal care.

Is the service effective?

Our findings

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support and Staff working with other agencies to provide consistent, effective, timely care

- Staff helped people to receive healthcare promptly to improve their health and wellbeing. They worked closely with health and social care professionals, provided relevant information and followed advice to ensure people's needs were met.
- Staff responded quickly to emergency situations and made a difference to people ill, injured or distressed. A relative said, "The quality of life [family member] is experiencing is the best for 20 years. We are so impressed by the standards of care."
- Staff helped people to live healthy lives, by making sure they had good healthcare, giving them opportunities for gentle exercise and providing healthy and nutritious food.

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

- People could choose from a variety of food and drink each mealtime to help them maintain a balanced diet. People told us they liked the food. One person told us, "The dinners are always good here. We get to pick what we want."
- Staff assessed people's dietary needs and provided nutritional support and guidance.
- Staff had received training in food safety, were aware of and supported people in safe food handling practices.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out thorough assessments that focused on the person, so they received the care and support they needed. These involved the person and their representatives.
- Staff reviewed care plans with people to make sure information was up-to-date and relevant. People and their relatives told us their care and support was planned with them. They told us staff listened to and acted on the way they wanted their care provided.
- Staff applied learning effectively in line with best practice. This assisted them to provide care that met people's needs.

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

- The design of the home met people's needs. The environment was dementia friendly with specialised equipment and interesting activities around the home. The building was homely and comfortable and there were signposts to assist people with finding their way from place to place. There were pleasant, secure garden areas, for people to enjoy in safety.

Staff support: induction, training, skills and experience

- Staff were given training to help develop their skills and knowledge. People told us they felt staff were competent and knew their jobs.
- Staff felt their induction was thorough and gave them confidence to support people well. They had regular supervision and appraisal. They told us these were positive and supportive.
- Staff told us the registered manager was very supportive and approachable and motivated them to provide care focused on each person. One staff member told us, "[Registered manager] is so incredibly supportive and makes sure people get the best care."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had made applications for DoLS where people did not have capacity and restrictions were placed upon them for their safety. Staff met any conditions where DoLS had been approved.
- People had been asked for consent to decisions where they were able to give this. One person told us, "I can decide what I want. They [staff] know I can and listen to me." Where people were unable to make a particular decision, staff were involved in best interests decisions.
- Staff checked if people had given authorisation to any other person to make decisions about their care, such as a Lasting Power of Attorney (LPA). We saw this was recorded in care records, so staff knew who could make decisions for each person.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well and respected their rights and differences. People told us they received caring support from staff. One person said, "They are very caring and kind, and always smiley." A relative told us, "This is a really great home. We couldn't be more pleased. [Family member] couldn't be in a better home. Staff are amazing, fantastic caring people."
- Staff had received training in equality and diversity. Staff recorded the support people needed around their individual and diverse needs and independence which helped them to deliver the right support.
- Ministers of local churches visited to provide spiritual care to people and supported them with their faith. One lady wanted to say the Lord's Prayer at bedtime but couldn't remember it. Staff supported her each evening and she began to remember it, saying it together with staff.

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

- People were involved in planning their care and in day to day decisions. Staff encouraged them to discuss their ideas and preferences and supported them to make decisions. People decided they would like to go to the local pub for lunch weekly and on ice cream trips with staff help. They also got involved in village events and activities.
- The registered manager told us people's interests had improved their wellbeing particularly where they were long term villagers. This helped them keep connected with the community and still part of the village.
- There were regular resident and relative meetings, which gave people the opportunity to ask questions, give feedback and discuss any issues they wanted to raise.
- Where people had limited communication, or chose to include them, their families or representatives were involved in decision making. People also had information to request support from advocacy services so an independent person was able to act on their behalf, if needed.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy, dignity and independence. People told us they were able to make changes to their care and were encouraged to be as independent as possible.
- People's care records were kept securely and their confidentiality respected.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had clear, person centred care plans to tell staff how they wanted to be cared for. One section of the care plan was 'make one wish'. The registered manager saw a way to make many people's wishes come true. They provided a holiday in Blackpool for anyone who wanted to go, and staff made sure that every one got their wish.
- The trip had a greater impact on people than staff expected. Leading up to it, everyone got involved with making labels for suitcases, choosing clothes to take and songs to sing.
- Staff worked hard to meet people's social, spiritual and emotional needs and prevent them from becoming socially isolated or lonely. People enjoyed the home's new choir and two people who didn't speak had begun to join in with the singing. A relative told us, "This is the best home I have ever seen. Loads of entertainment. Lovely to see people enjoying themselves and stimulated."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of the accessible information standard. They made sure people with a disability or sensory loss were given information in a way they could understand.
- Each person's communication abilities and difficulties, including speech, hearing, sight or understanding were recorded in care plans.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure and complaints information was available for people and their representatives. No formal complaints had been received since we last inspected.
- People were confident any concerns would be dealt with quickly and any changes needed would be made. They said they would discuss with staff if they had issues. They knew they were also able to approach the registered manager at any time.

End of life care and support

- Staff supported people who needed end of life care. Staff had been trained to provide people nearing end of life a comfortable pain free and peaceful end. They understood the importance of supporting people and their families and people in the home and provided thoughtful and sensitive care.
- Staff had explored people's preferences and choices in relation to end of life care, where people were

willing. Staff recorded this in care plans. A relative told us, "[Family member] is receiving excellent end of life care, always clean and comfortable. Staff are always popping in and engaging with and making sure [family member's] favourite radio station is on."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection audits were not always recorded. We recommended the registered provider sought and implemented best practice in relation to documenting the monitoring of quality at Freckleton Lodge. The provider had made improvements.

- The registered manager had structured and documented audits to include care, infection control, staffing, recruitment, records and the environment. These had been consistently completed and any areas for improvement promptly addressed.
- There was a clear staffing structure and lines of responsibility and accountability.
- The registered manager followed current and relevant legislation along with best practice guidelines. They understood legal obligations, including conditions of CQC registration and those of other organisations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager and staff team were open and transparent and put people at the centre of the service. The registered manager monitored the standard of care provided. People told us they felt the service was open and inclusive and said the staff team provided a good service.
- The registered manager and provider met their responsibilities to apologise to people and/or their relatives when mistakes were made and act on their duty of candour. They told us there had been no recent events that had required such a response.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager involved people and their representatives in their care and any changes in the service. They listened and responded to people's views. They used a range of methods taking account of people's preferred ways of communicating.
- People told us they made time to talk with them, welcomed feedback about the way the service was run and took action in response to any comments or concerns.
- Staff told us they had regular meetings as well as informal opportunities to share ideas and comments about care. A staff member said, "We can discuss any issues at the meetings but also at any other time."

Continuous learning and improving care

- The registered manager and provider completed audits and reviewed care provided. They sought people's views, reviewed care and records, including accidents and incidents to see if lessons could be learnt.
- The registered manager referenced current legislation, standards and evidence-based guidance. There were systems to check people were getting good care and the service was running as it should. Where issues were found these were acted on promptly and thoroughly.

Working in partnership with others

- The registered manager maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals, and other organisations involved in the running of the service. They also engaged with the local community to raise awareness of the service.
- Health professionals were extremely positive about the management of and care provided at Freckleton Lodge. They said Freckleton Lodge was one of the best homes they visited and staff were enthusiastic and committed to providing great care.