

Purelake Healthcare Limited

North Lodge Care Home

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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Care service description

North Lodge Care Home is a residential care home for 21 older people some of whom may be living with dementia. The service is a large, converted domestic property. Accommodation is arranged over two floors and there is a stair lift to assist people to get to the upper floor. The service has 21 single bedrooms. There were 20 people living at the service at the time of our inspection.

Rating at last inspection

At the last inspection, the service was rated Good.

Rating at this inspection

At this inspection we found the service remained Good.

Why the service is rated Good

The registered manager was leading the service and was supported by a deputy manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were kind and caring to people and treated them with dignity and respect at all times. Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager. Complaints were investigated and responded to.

People had enough to do during the day, including taking part in activities they had enjoyed before moving into the service. Staff supported people to maintain relationships with their friends and family.

Assessments of people's needs and any risks had been completed and care had been planned with people and their relatives to meet their needs and preferences and keep them safe.

Changes in people's health were identified quickly and staff contacted people's health care professionals for support. People's medicines were managed safely and people received their medicines in the ways their healthcare professional had prescribed. People were offered a balanced diet and food they liked.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

There were enough staff to provide the care and support people needed when they wanted it. Staff were recruited safely and Disclosure and Barring Service criminal records checks had been completed. Staff were

supported to meet people's needs and had completed the training they needed to fulfil their role. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

The management team had oversight of the service. Staff felt supported and were motivated by them. Staff shared the manager's vision of a good quality service and told us they would be happy for their relatives to live at North Lodge Care Home. Records in respect of each person were accurate and complete.

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.

Risks to people had been identified and staff supported people to be as safe as possible.

People were protected from the risks of unsafe medicines management.

Staff knew how to keep people safe if they were at risk of abuse.

There were enough staff who knew people well, to provide the support people needed.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

Is the service effective?

Good ●

The service remains Good.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff supported people to make their own decisions.

Staff were supported and had the skills they required to provide the care people needed.

People were offered a choice of food to help keep them as healthy as possible.

People were supported to have regular health checks and to attend healthcare appointments.

Is the service caring?

Good ●

The service remains Good.

Staff were kind and caring to people.

People were given privacy and were treated with dignity and respect.

People were supported to be independent.

Is the service responsive?

Good ●

The service remains Good.

People had planned their care with staff. They received their care and support in the way they preferred.

People participated in activities they enjoyed.

Any concerns people had were resolved to their satisfaction.

Is the service well-led?

Good ●

The service remains Good.

Checks were completed on the quality of the service and action was taken to address shortfalls.

People and staff shared their views and experiences of the service and these were acted on.

Staff shared the registered manager's vision of a good quality service.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were accountable for their actions.

North Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

This inspection took place on 18 April 2017 and was unannounced. The inspection team consisted of an inspector and an expert by experience in dementia care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We did not ask the provider to complete a Provider Information Return (PIR) before the inspection. 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. This was because we inspected the service sooner than we had planned. We reviewed notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like a serious injury.

During our inspection we spoke with eleven people living at the service, ten people's relatives and friends, a community nurse, the registered manager and staff. We visited some people's bedrooms, with their permission; we looked at care records and associated risk assessments for two people. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the care and support people received. We looked at their medicines records and observed people receiving their medicines.

Some people were unable to tell us about their experience of care at the service. We used the Short Observational 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.

This service was last inspected North Lodge Care Home in November 2014, we found the registered manager was complying with the regulations.

Is the service safe?

Our findings

Visitors to the service told us they felt their relatives and friends were safe at the service. One person told us, "I feel safe and secure knowing there is always someone around if I need them". A person's relative told us they felt their relative was safe and this gave them the confidence to go away on holiday and not visit the person for a week.

There were enough staff on duty to meet people's needs. People told us they did not have to wait for the support they wanted and staff had enough time to support them to do things for themselves. We observed staff respond quickly when a person who was at risk of falling began to walk around the service, staff remained close by and offered support when it was required. One staff member told us, "[registered manager] and [deputy manager] give us time to speak to the residents".

Staffing levels were planned around people's support needs. Many staff, including the registered manager, had worked at the service for several years and knew people very well. There were consistent numbers of staff on duty during the day and night. Cover for sickness and annual leave was provided by other members of the team. The registered manager and deputy manager were on call out of hours to provide any advice and support staff needed.

Risks to people had been identified and people had been involved in planning how to manage risky activities. Risks to people, such as the risk of developing skin damage had been identified and action had been taken to mitigate the risks. People used pressure relieving equipment such as special cushions and mattresses to help keep their skin healthy.

Staff knew how to keep people safe. They were trained and understood how to recognise signs of abuse and what to do if they suspected incidents of abuse. Staff told us that they were confident that the management team would take any action that was needed. Staff were aware of the whistle blowing policy and their ability to take any concerns to outside agencies if they felt that situations were not being dealt with properly.

Accidents and incidents had been recorded and the registered manager had analysed the information to identify any trends. For example, one person had been referred to their GP for support when they had fallen several times. Their medicines had been changed and the frequency of their falls had reduced by more than half.

A fire risk assessment had been completed and plans were in place to support each person to leave the building in an emergency. Regular checks were completed on all areas of the building and equipment to make sure they were safe.

People's medicines were managed safely. Staff had completed medicines training and their competency to administer medicines safely had been assessed. Effective systems were in place to order, store and dispose of medicines. Temperatures where medicines were stored, including those requiring refrigeration, were recorded daily and were within the safe range. We observed staff administering peoples' medicines safely

and in a caring manner.

Staff were recruited safely. The required recruitment checks had been completed. Any gaps in staff's employment history were discussed and recorded. Disclosure and Barring Service (DBS) criminal record checks had been completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Is the service effective?

Our findings

We observed people being supported and encouraged to make choices about all areas of their lives, including what they had to eat and drink, where they spent their time and who with.

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 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 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.

People were offered information, in a way they could understand, to help them make decisions. For example, the activities coordinator showed people treats they may like on their hot chocolate including whipped cream and marshmallows. People chose what they fancied and told us they enjoyed the hot chocolate. Staff supported people to make decisions in ways they preferred, such as showing people photographs of meals and offering them a limited number of choices at a time.

The registered manager was aware of their responsibilities under DoLS. People were not restricted and were free to come and go as they pleased. One person went out on their own and other people went out with staff, friends and family. Two people had DoLS authorisations in place and applications had been made to the local authority for other people.

Staff supported people to maintain good health. People told us staff contacted their GP when they felt unwell. People were supported to see health professionals and attend health care appointments. A community nurse told us staff contacted them at the right time. They also told us staff stayed with people to offer them reassurance and to help the person tell the nurse about their needs. People had regular health care checks including eye tests.

People told us they liked the food at the service. They had told staff about their likes and dislikes and how much they liked to eat and drink; meals and drinks were prepared to people's preferences. People had been involved in planning the menus and had a choice at each meal. If they wanted something that was not on the menu staff prepared it for them. People were offered a choice of drinks and snacks throughout the day. Catering staff planned menus to meet people's dietary needs, including diabetic. People who were at risk of losing weight were offered food fortified with extra calories.

Staff had received the training they needed to complete their roles. Staff completed an induction to get to

know people, their preferences and routines. They received regular training and updates to perform their duties. Staff had either completed or were working towards recognised adult social care vocational qualifications. Training was arranged to support staff to meet people's specific needs, including taking people's vital observations. Staff took people's observations when they felt they were unwell and shared the information with health care professionals to help them make prompt decisions about the treatment people needed.

Staff told us they felt supported by the management team and were able to discuss any concerns they had with them. Staff received regular one to one supervisions to discuss their practice and an annual appraisal which included discussing plans for their future development. All staff had recently had a performance review to identify any training and development needs.

Is the service caring?

Our findings

People and their relatives told us staff were kind, caring and had time to spend with them. Their comments included, "This is a wonderful Home. Everyone is so kind and caring. I really cannot fault it", "If I needed to go into a Home this is where I would want to come. My friend is so happy here and well looked after" and "I am very independent but feel I have the best of both worlds. I feel safe and secure knowing there is always someone around if I need them, but also going out on my own. It's a lovely life". One person pointed to the deputy manager and told us, "There's my friend".

Staff treated people with dignity and respect. People were referred to by their preferred names and were relaxed in the company of each other and staff. One person told a staff member, "I love you". The staff member replied kindly, "I love you too". People shared jokes with staff and laughed together often. Staff knew people well and understood what was important to them, such as their own space and made sure people's wishes were respected.

Staff supported people to remain independent for as long as they wanted and some people enjoyed doing house hold chores. One person told us, "I am quite independent and self-sufficient but there is always someone at hand to help if needed". They told us they had enjoyed a recent shopping trip with staff to buy new clothes.

Staff explained to us what each person was able to do for themselves and what support they needed, such as washing people's backs and legs only so the person could do the rest. We observed staff encouraging people to remain independent including encouraging them to eat without support and walk around the service using walking aids.

Staff knew how people let them know about the care and support they wanted. We observed the people using glasses and hearing aids. When people chose not to wear hearing aids staff wrote things down and showed people photographs to help them understand.

People told us they had privacy and decided how much privacy they had. Some people preferred the reassurance of staff staying with them in the bathroom, while other people preferred to be alone and called staff when they needed support. Staff offered people assistance discreetly and were not intrusive.

People's relatives and friends were free to visit them whenever they wanted. Staff supported people to spend time with their visitors away from their bedroom and lounge if they wanted to. People were supported to continue to enjoy meals with their friends and relatives in restaurants and at the service. One person's relative told us, "I am taking my [relative] out this week for the first time since they came here. I am a bit concerned but the deputy manager said if I have any problems to ring the home and they will come and help". People were encouraged to bring personal items into the service such pictures and ornaments to help them feel at home.

Personal, confidential information about people and their needs was kept safe and secure. People who

needed support were supported by their families, solicitor or their care manager. The management team knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

Is the service responsive?

Our findings

A member of the management team met with people and their representatives to talk about their needs and wishes, before they moved into the service. An assessment was completed which summarised people's needs and how they liked their support provided. This helped the registered manager make sure staff could provide the care and support the person wanted.

People had planned their care with staff and their relatives when necessary. People told us staff provided their care in the way they preferred. Very little information about people's abilities and the care they needed was available for staff to refer in people's care plans. This did not impact on people as staff knew people and their care preferences very well. Staff prompted and encouraged people to do what they were able for themselves and helped them to do other things. The management team had recognised that people's care plans needed to be more detailed and had obtained guidance about care planning from the local Clinical Commissioning Group's Clinical Nurse Specialist for Older People. They had a plan in place to rewrite all the care plans with people, their representatives and staff. The registered manager agreed this was an area for improvement

Staff knew what may cause people to become anxious or upset and provided care in the way they preferred to reduce the risk of them becoming distressed. During our inspection staff recognised one people needed support to change their clothes. They prepared the person's clothing and personal care items and provide the care the person needed when they were ready. Staff reassured people when they became anxious. One person became anxious while they were being hoisted. Staff spoke quietly to the person, explaining what they were doing. They also placed their hand on the person's back for extra support and reassurance. This calmed the person.

Handover meetings were held between shifts and records were kept. Staff referred to these when they returned from leave or days off. People's care plans were reviewed and updated when their needs or preferences changed. Staff told us they were informed about changes in people's needs quickly.

Routines were flexible to people's daily choices, such as how they spent their time. People had told staff what time they preferred to get up and go to bed and staff supported them to do this. Staff respected people's choices and supported them to do what they wanted to do. One person chose to stay in bed at times and staff played their favourite music for them to listen to.

People had enough to do during the day and followed their interests. An activities coordinator worked at the service and was supported by other staff. People told us, "The activities lady is a right card and keeps us happy all day long" and "We have something going on all the time so we can't be bored. We have outings and also visiting entertainers as well as our own activities lady".

An activities plan was in place and was flexible to what people wanted to do. During our inspection people enjoyed playing dominos and doing a quiz. The activities person spent time with people in small groups and own their own. People told us they enjoyed going out to local shops, cafes and restaurants. People took part

in monthly residents meetings and chose activities they wanted to take part in, such as gardening. People had requested a 'seafood afternoon' and this was planned for shortly after our inspection.

People told us the management team and staff listened to any concerns they had and addressed them. A complaints policy and procedure was available to people, their relatives and visitors. No complaints had been made about the service.

Is the service well-led?

Our findings

The registered manager had been leading the service for several years and knew people well. Staff told us they were supported by the management team who were always available to give them advice and guidance when they needed it. They told us they could speak to them at any time about any worries or concerns they had. Staff were motivated and enjoyed working at the service. They said they felt valued and appreciated. Staff worked well together to provide people with the care and support they needed.

There was a culture of openness; staff and the registered manager spoke with each other and with people in a respectful and kind way. The registered manager had a clear vision about the quality of service they required staff to provide. This included supporting people to be as independent as they could be and maintaining relationships with their friends and family. This vision was shared by staff. All the staff we spoke with told us they treated people as they would want to be treated and provided people's care in the way they would like their family to be cared for.

The management team led by example and supported staff to provide the service as they expected. They checked staff were providing care to these standards by working alongside them and observing their practice. Any shortfalls were addressed immediately. Staff were reminded about their roles and responsibilities at staff meetings and during one to one meetings. They understood their roles and knew what was expected of them.

People were involved in planning what happened at the service at regular residents meetings. There were regular team meetings and staff told us their views and opinions were listened to. People, their relatives and staff had been asked for their feedback about the service each year. A survey was underway at the time of our inspection. People's comments included, 'I enjoy the quizzes very much', 'The staff are caring and listen and explain things' and 'There is plenty of laughter'.

Staff also fed back their views during staff meetings and one to one meetings. Previously the registered manager had sent surveys to a range of stakeholders, including visiting professionals and commissioners but had not received any responses. They were exploring other ways that they could obtain feedback from stakeholders.

The management team completed regular checks on all areas of the service including the environment, medicines and the support people received. They had taken action to address any shortfalls they found.

Accurate records were kept about the care and support people received and about the day to day running of the service. All the records we asked for were available and up to date.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. Notifications had been sent to CQC when required.

Services are required to prominently display their CQC performance rating. The registered manager had displayed the rating in the entrance hall.