Pridgold Limited

Haven Lodge

Inspection report

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Ratings

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This was an unannounced inspection. At the last inspection in September 2013 the service was found to be meeting the regulations we looked at.

Haven Lodge provides accommodation for up to 15 older people who have dementia care needs. There were 12 people living at the home when we visited. 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 and has the legal responsibility for meeting the requirements of the law; as does the provider.

People and relatives told us there were not enough activities in the home. Our observations and the records showed that the provider did not always maintain and promote people's wellbeing by providing social and daytime activities for people with dementia.

Systems and processes were in place to protect people from foreseeable harm, and act on concerns in order to keep people safe. CQC monitored the operation of the

Summary of findings

Deprivation of Liberty Safeguards (DoLS) which applies to care homes and hospitals. Staff had received training on DoLS. We found there were no DOLS authorisations in place and we did not observe any restrictions of people's liberty during the inspection. People had risk assessments and we saw they were written in enough detail to protect people from harm whilst promoting their independence. Health and safety risk assessments were completed on a regular basis.

Although relatives we spoke with told us they felt there were enough staff available, staff we spoke with felt staffing levels were not always sufficient in the day. Our observations showed there were not always a sufficient number of staff to support people during the lunch period.

People were able to make choices in relation to their daily lives, for example choosing what they wanted to eat and staff respected these wishes. Relatives we spoke with told us they were able to make their views known about the care and support provided for their relative.

Most staff were up-to-date with a range of core training and received regular supervision and support. Staff told us they felt supported by the manager.

Staff displayed care and kindness with people and treated them with dignity and respect. People and relatives spoke positively about their relationships with staff.

People's needs were assessed and care and support were planned and delivered to meet people's individual needs. Care plans contained personalised information to ensure staff knew how to support people and meet their needs. Staff were familiar with people's individual needs and their key risks. However we observed one person who was not supported with eating as stated in the care plan.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

People told us they felt safe and did not have any concerns about their safety or that of others. However, some aspects of the service were not safe. For example, our observations showed there were not always a sufficient number of staff to support people throughout the lunch period.

Staff knew how to recognise and respond to abuse correctly.

Is the service effective?

Good

The service was effective. People said they were happy with the level of care and support they received. Care plans were in place which showed staff had assessed people's care needs and clear instructions were in place to allow staff to meet these needs through delivering appropriate care and support. There was evidence people's preferences, likes and dislikes had been obtained so staff could deliver personalised care.

We found the service to be meeting the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards.

People were supported to maintain good health and had access to healthcare services. People told us they had access to healthcare professionals, such as doctors. We saw people were referred to health professionals appropriately, for example following weight loss.

Is the service caring?

Good

The service was caring. People confirmed to us that staff were caring and told us they were happy with the care that staff provided. We found staff to be caring and kind to people who used the service. They observed people's privacy, respect and dignity.

Staff supported people nearing the end of their life with compassionate and supportive care.

Is the service responsive?

Requires Improvement

The service was not always responsive. People and relatives told us there was not enough activities in the home. our observations showed that the provider did not always maintain and promote people's wellbeing by providing social and daytime activities for people with dementia.

Is the service well-led?

Good

The service was well-led. People who used the service and relatives praised the manager and said they were approachable. Staff members told us they felt confident in raising any issues and felt the manager would support them.

The service had systems in place to monitor quality of the service provided to people.

Haven Lodge

Detailed findings

Background to this inspection

Before our inspection, we reviewed the information we held about the home. This included the last inspection report for September 2013 where we had found the service to be meeting the regulations. 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 spoke to the local contracts and commissioning team that had placements at the home. We also reviewed notifications, safeguarding alerts and monitoring information from the local authority.

We visited the home on 8 July 2014 and spoke with nine people living at Haven Lodge, three care staff, a member of the domestic staff team and the registered manager. The inspection team consisted of an inspector and an expert by experience, who had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

After the inspection we spoke with three relatives and a social worker of a person placed at the service. We observed care and support in communal areas and also looked at the kitchen and some people's bedrooms and bathrooms. We looked at six care files, as well as a range of records about people's care and how the home was managed.

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 report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report

Requires Improvement

Is the service safe?

Our findings

Lunch was served by staff that were friendly and drinks were offered to people. We visited the lounge area and found people waiting for their lunch. We visited one person in their room and they were sitting in a chair with a lunch tray on a portable table in front of them with their main course, dessert and a drink. The table was not high enough and they were struggling to reach anything on the tray. The cook came into the room and asked if the person had finished lunch and then left when the reply was "no". A member of staff was then asked by senior management to assist the person with their lunch. We then revisited the person and a staff member had assisted the person with their meal. The care plan stated that staff were to assist this person with eating as they had difficulty using cutlery.

During the time of our inspection we observed there were not always sufficient staff to meet people's needs. Staff we spoke with told us staffing levels were not always sufficient during the day. One staff member told us, "We need three staff in the day not two." Another staff member said, "Sometimes we can't give people the time. Would like more day staff." Relatives we spoke with told us they felt there were enough staff available. One relative told us, "I've never seen anyone needing help when no staff around." We discussed the staffing arrangements with the manager who told us the staffing levels were reviewed and adjusted according to the dependency levels of the people living at the home. The duty rotas showed two care staff were on duty for 12 people during the day and the night. The manager told us and we saw when the rota had increased to three people when needed. This meant people were not always safe as there were not always sufficient numbers of staff over the lunch period to ensure their health and welfare.

We spoke with people about their safety at Haven Lodge. People told us they felt safe and did not have any concerns about their safety. One person told us, "I feel very safe here." Relatives said they felt their family members were kept safe and were happy with the care they received.

The manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is legislation to protect people who are unable to make decisions for themselves. The manager described the procedure he had followed in applying for a DoLS authorisation for a person previously living in the home. Where people had been assessed as not having mental capacity to make decisions, the manager was able to explain the process he would follow including ensuring best interests meetings were arranged when required. We spoke to the registered manager after the inspection who told us they were in the process of completing one DoLS authorisation. He also told us he had arranged a meeting with the local authority to discuss other people's cases in relation to DoLS.

Staff were able to explain to describe different types of abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the manager. One staff member told us, "I would inform my manager with any concerns as soon as possible." Staff knew about whistleblowing procedures and who to contact if they felt concerns were not dealt with correctly. The manager told us there had been no safeguarding incidents since the last inspection and was able to describe the action they would take if an incident did occur which included reporting to the Care Quality Commission and the local authority.

We saw that safeguarding and whistleblowing policies were available in the manager's office. Staff we spoke with told us they knew how to access these policies. The manager told us all staff were up to date with safeguarding training, which gave staff the skills to identify and act on allegations of abuse. We looked at training records which confirmed all staff were up to date with training.

People using the service had individual risk assessments carried out which were reviewed regularly. We looked at six people's care files and risk assessments and saw they were written in enough detail to protect people from harm whilst promoting their independence. For example, one person had risk assessments and management plans in place in relation to managing their diabetes. We saw records of a referral to a dietician including follow up guidance for food and monitoring of weight recording.

Good

Is the service effective?

Our findings

People told us they were happy with the level of care and support they received. One person said, “The staff are fine.” Another person commented, “They [staff] look after you well here.” One relative told us, “The staff are excellent. It is the best place my mother has been.”

Staff had effective support, supervision and training. We spoke with two care staff and they told us they were supported by the manager. Staff told us they received regular supervisions and yearly appraisals. The manager showed us the training plan, which covered training completed and future training. We saw that most staff had completed the core training which included first aid, moving and handling, infection control, fire safety, health and safety, medication, food safety, challenging behaviour, understanding dementia, mental health capacity, and end of life care. One staff member told us, “I have supervision and also the manager will do observations on my work and this is discussed in my supervision.”

We saw staff involving people in decisions about their daily care, such as what they wanted to eat and drink. Staff gave people time to respond and listened to what people had to say. We looked at the food menu displayed for the day and there was a range of options available for each meal time. We saw in the residents meeting minutes that people were involved and asked their opinion on the food menu. One relative told us, “My mother is a fussy eater. Staff will try and accommodate her. I have seen them cook something else for her not on the menu.” We spoke with the cook who was able to tell us what people’s preferences were and which people required a special diet. The cook had written information on a specific diet and was able to show menu choices for the person concerned. We saw each person being asked what they would like for their meal and alternatives were offered. One person told us, “The food is very nice.”

Care plans were reviewed monthly by the manager and we saw records of this. A range of assessments were in place which provided information to staff on how to support people. Specialist assessments addressed specific risks, for example one person had a skin risk assessment which detailed how to minimise the risk of pressure ulcers. Assessments contained detailed information for staff which included body mapping, wound assessments, turning charts and encouraging fluids. We saw daily records that evidenced updates were being recorded as stated in the risk assessment.

People were supported to maintain good health and to access healthcare services when required. Care records showed people received visits from a range of healthcare professionals such as GPs, district nurses, podiatrists, opticians and dieticians. One person told us, “I just had my eyes done.” In one of the care files we reviewed there was detailed information about a person’s weight. We saw from the records that when the needs changed staff made appropriate referrals to the GP and a dietician. Care records provided clear information about how this person’s dietary needs should be met and showed their weight was being monitored. Staff were aware of people’s nutrition and hydration needs and were able to describe how these needs were being met and monitored.

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring. One relative told us, “The staff are very caring.” Another relative said, “The staff are very kind and very willing to help.”

Staff knew the people they were supporting and caring for. They were able to tell us about people’s life histories, their interests and their preferences and these details were included in care plans. For example, staff told us about one person who liked to play with gadgets. We saw this person in the lounge with a range of gadgets they liked to take apart. Care plans were personalised and it was clear that people’s specific needs, choices and preferences had been obtained. There was an “about me” section of the care plan which contained information on people’s life history, preferences, likes and dislikes so staff were aware of these. We found that staff understood people’s needs in respect of equality and diversity. For example, staff told us about people who required a special diet because of religious and cultural needs and this was reflected in the records we looked at.

The relatives we spoke with told us they were able to make their views known about the care and support provided for their relative. One relative told us, “My mother was assessed recently and I was at the meeting. They asked me loads of things about my mother.” Another relative told us, “I am always asked about my relative. I was given a photocopy of their care plan.” The relatives we spoke with said the manager and staff kept them informed of their family member’s care and always discussed any issues and changes. One relative told us, “The manager updates me all the time.” Another relative said, “Staff inform me if my relative gets ill or the medication changes.”

We found the service was caring as people were treated with dignity and respect and were listened to. We observed people in the communal areas and in their own rooms. We saw that staff treated people with kindness and responded in a caring way with difficult situations. For example, we saw staff members comforting a person who was unwell and waiting for an ambulance to arrive. The process was not rushed and staff made sure the person’s dignity was preserved throughout by speaking softly in a kind reassuring manner and asking them if they needed anything. One staff member told us, “I will always knock before I enter their bedroom. I will explain what I am doing. I don’t force them. I give them choices.”

We found staff supported people nearing the end of their life with compassionate and supportive care. Records showed people had end of life care planned according to their wishes. We saw records showing that all staff had completed training in end of life care. We saw evidence the service worked in partnership with other organisations and providers to provide end of life care to people.

Requires Improvement

Is the service responsive?

Our findings

Most people commented they wished there was more to do. One person we spoke with told us, “Nothing to do here, just have your dinner.” Another person said, “No one organises games or anything.” A relative told us, “I haven’t seen any activities.” Another relative said, “They should take them out more often and have more activities for people with dementia.”

The home had an activities co-ordinator who worked four hours daily over a five day period at variable times of the day. The home had an activities rota for each day of the week which offered activities for the morning and afternoon. The morning activities on the rota on the day we inspected included reading newspapers, updates on current affairs and indoor games. However, we saw none these activities being offered to people. We observed one person asleep with their head on a dining room table and people sitting in the lounge watching television. The activities co-ordinator arrived in the afternoon and we asked about the activities for the rest of the day. The activities co-ordinator told us most of the people were now asleep and for those who were awake, it was time for refreshments. We observed the activities co-ordinator helping care staff to give people drinks and snacks. Later that day we observed people playing bingo in the lounge area. This was the only social activity we saw on the day that was provided by staff. This meant meaningful social and daytime activities were not always offered to people.

Care plans were in place which showed staff had assessed people’s care needs and clear instructions were in place to enable staff to meet these. Care plans were personalised and it was clear that people’s specific needs, choices and preferences had been obtained. There was a section of the care file which contained information on people’s life history, preferences, likes and dislikes so staff were aware of these. For example, one person liked going to the shops and doing light housework around the home. The care files were easy to access and well organised. Staff told us they found the care plans gave them information they needed to care for people in the way they preferred.

Where people did not have capacity we saw records of best interest meetings held. For example, we saw meeting minutes that involved the social worker, Independent Mental Capacity Advocate (IMCA), district nurse and staff at the home. The manager told us that the home did not undertake MCA assessments themselves and these would be organised by people’s social workers. A social worker told us, “We did a mental capacity assessment before this person was placed in the home. I believe the manager has a good duty of care for people.”

The manager told us no formal complaints had been received since the last inspection. We saw the home’s complaint procedure was available in the home and clearly outlined the process and timescales for dealing with complaints. One relative told us, “I would speak to the manager if I was not happy. He would definitely do something.” We saw minutes of residents' meetings that showed topics such as infection control, food choices, the importance of drinking fluids in the hot weather and religious practice had been discussed. The minutes showed people wanted a new television for the lounge area. The manager confirmed that a new television had been purchased.

Satisfaction surveys were undertaken every six months with people who used the service and relatives. The last survey showed people had ticked good to excellent in response to the questions asked. The survey included questions on the quality of care, friendliness of staff, cleanliness, décor and food. Comments included “very caring staff” and “I can always talk to the manager.”

Good

Is the service well-led?

Our findings

The manager worked with staff overseeing the care given and providing support and guidance when needed. Our discussions with people who lived in the home, relatives and staff, and our observations showed the manager demonstrated good leadership. Relatives we spoke with felt the home was well run and praised the manager. One relative said, “The manager is very efficient.” Another relative told us, “The manager is very good. I have nothing bad to say about him.” Staff spoke highly about the manager. One staff member said, “I feel very supported by the manager.”

We spoke with staff about staff meetings. One staff member told us, “We discuss about the care of the people and how to provide even better care.” We looked at the minutes of the past two meetings and saw that topics included training needs, infection control and how to meet people’s needs. The home had a whistleblowing policy which was available to all staff. Staff members told us they felt confident in raising any issues and felt the manager would support them. The manager told us that staff were given surveys to complete on a regular basis. We saw records of the surveys which included questions about their supervision, observations, suggestions, and activities for people living at the home. Overall the results were positive.

There were systems in place to monitor and review accidents and incidents, and complaints. We saw a monthly report which provided an analysis of accidents, any themes and actions to be taken. The monthly report also showed that supervisions had been completed for all staff for the month, care plans had been reviewed and, team meetings, medicine audits and health and safety checks. We also saw a range of regular audits which included various fire safety audits and checks, fridge temperate checks, and water temperature checks.

The service was proactive in promoting good practice. For example there were appropriate arrangements to support people with challenging behaviours. We saw records to show staff had received training in topics such as the management of challenging behaviour, understanding dementia and MCA. Staff we spoke with felt they had sufficient skills from this training and also support to manage people’s behaviours.