Friars Lodge Limited

Friars 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 on 19 March 2015 and it was unannounced.

The service provides accommodation, care and support for up 20 older people who have a range of care needs including living with dementia, chronic conditions and physical disabilities. The home has four floors and there is a lift to enable people to access all areas within it. At the time of the inspection, there were 10 people living at the home.

The service has a registered manager who was on leave during the inspection. The deputy manager was managing the service, with the support of the area manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home was not always cleaned to an appropriate standard.

Summary of findings

There were risk assessments in place that gave guidance to the staff on how risks could be minimised and there were systems in place to safeguard people from the risk of harm.

People's medicines were managed safely and administered in a timely manner.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The staff had supervision, support and effective training that enabled them to support people well.

People were supported to have sufficient food and drinks in a caring and respectful manner. They were also supported to access other health and social care services when required.

People's needs had been assessed, and care plans took account of people's individual needs, preferences, and choices.

People were not always provided with opportunities to pursue their hobbies and interests.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to improve the quality of the service.

The registered manager provided stable leadership and managerial oversight. The provider's quality monitoring processes had been used effectively to drive improvements.

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?
The service was not always safe.

The home was not always cleaned to an appropriate standard.

There was sufficient staff to meet people's individual needs safely.

There were systems in place to safeguard people from the risk of harm.

People's medicines were managed safely.

Requires improvement

Is the service effective?
The service was effective.

The staff understood their role in relation to the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were supported by staff that had the right training and skills to meet their individual needs.

People were supported to have sufficient and nutritious food and drink, and to access other health and social care services when required.

Good

Is the service caring?
The service was caring.

Staff were caring and kind to people they supported.

The staff understood people's individual needs and they respected their choices.

The staff respected and protected people's privacy and dignity.

Good

Is the service responsive?
The service was not always responsive.

People's needs had been assessed and appropriate care plans were in place.

People were not always supported to pursue their hobbies and interests.

People's complaints were handled sensitively, and action was taken to address the identified issues to the person's satisfaction.

Requires improvement

Is the service well-led?
The service was well-led.

The registered manager provided stable leadership and support to the staff.

People who used the service and their relatives were enabled to routinely share their experiences of the service.

Good

Summary of findings

The provider's quality monitoring processes were used effectively to drive improvements.	

Friars Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 19 March 2015 and it was unannounced. The inspection was conducted by an inspector and an expert by expert 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.

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 also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with five people who used the service, six visitors, two care staff, the cook, the cleaner who also takes on additional duties as an activities coordinator, the deputy manager and the area manager who is also one of the providers. We observed how care was being provided in the communal areas of the home.

We looked at the care records for four people who used the service. We reviewed how medicines and complaints were managed. We looked at the recruitment and supervision records for two staff members, and training for all the staff employed by the service. We also reviewed information on how the quality of the service was monitored and managed, and we looked at an action plan that the manager had prepared following a review by the local authority.

Requires improvement

Is the service safe?

Our findings

Prior to the inspection, we had received information of concern that the home was not being cleaned to an appropriate standard and people were exposed to risks of acquired infections. There were also concerns about the safety of the food given to people because the kitchen was not always clean. We looked at these areas during this inspection. The kitchen was clean and the cook was able to tell us what processes they followed so that people were not exposed to any acquired infections. We noted that the food preparation areas had been inspected by the local authority on 13 January 2014 and a food hygiene the highest rating of '5' had been awarded.

There was a member of staff who cleaned the home during weekday mornings and supported people with activities or individual hobbies in the afternoon. Some of the areas of the home had not been cleaned to an appropriate standard. Some of the toilet bowls had stains, and there was dust on the windowsill and skirting boards of an ensuite bathroom being shown later that day to a person who was considering moving into the home. We brought this to the attention of the deputy manager and they told us that they would discuss this with the staff member concerned so that they made the required improvements. In addition to the infection control audits they completed regularly, they told us of their plans to introduce a system to routinely check the level of cleanliness throughout the home.

We had also received information of concern that medicines were not always managed safely. A member of staff had told us that the staff did not always ensure that people had taken their medicines and that they had regularly picked tablets from people's bedroom floors. During this inspection, we noted that the processes in place to manage people's medicines were effective. We observed that the staff ensured that people took their medicines correctly and people we spoke with confirmed this. Competency assessments had recently been introduced to assess that the staff consistently administered people's medicines safely.

The provider had an electronic system for managing medicines and paper medicine administration records (MAR) were no longer in use. A member of staff showed us how the system worked and explained that this significantly reduced the risk of any errors occurring. For example, it was unlikely that wrong medicine could be given to a person as the barcode recognition system meant that the computer would alert the staff if incorrect medicines were scanned. Also, it would alert staff if they tried to give medicines when appropriate gaps between doses had not been achieved. Audits of medicines were completed regularly as part of the provider's quality monitoring processes.

People told us that they felt safe living at the home and people's relatives or friends had no concerns about the care provided to people. One person said, "I'm very comfortable here. I have had no reason to worry about my safety." The relatives of another person said, "[Relative] is very safe here as they could no longer manage at home." They said that this was because staff were available to support them and their risk of falling had decreased. The provider had up to date safeguarding and whistleblowing policies and procedures. Whistleblowing is when a member of staff reports suspected wrongdoing at work. Staff demonstrated good understanding of safeguarding and they were able to tell us about other agencies they would report concerns to. They also said that they were confident that the manager would deal appropriately with any concerns raised. Our records showed that the provider had appropriately reported any incidents where they suspected that people may be at risk of harm.

There were personalised assessments for identified risks for each person to address a variety of issues, such as pressure area damage, poor nutritional intake, and risks associated with use of equipment. Other assessments included those aimed at minimising the risk of people falling whilst walking around the home. Some of the people had restricted mobility and required staff support to walk or reposition themselves in bed. The risk assessments contained enough detail to enable staff to minimise the risks to people, whilst promoting their independence. Staff told us that these were reviewed regularly or when people's needs changed and we saw evidence of this. Each person also had a personal emergency evacuation plan (PEEP) in their records. These identified the support people required so that they were able to leave the home safely in the event of an emergency.

A record was kept of all accidents and incidents and, where required, people's care plans and risk assessments were updated. There were processes in place to manage risks associated with the day to day operation of the service so

Requires improvement

Is the service safe?

that care was provided in safe premises. Other issues, such as fire risk and the safety of electrical appliances had also been assessed. The lift and equipment, such as hoists had been serviced regularly.

There were enough staff to support people safely. However, a relative of one person said that there was not always staff to support people promptly in the lounge. They said, "It seems like residents are left on their own quite a bit. Occasionally, we have had to wait a while before [relative] is supported to use the toilet." Although we observed that there was not always a member of staff in the lounge, one was always in the dining area and could see people from there. The staff also regularly asked people if they needed any support. A member of staff said that there was enough of them to support people safely, but added that they would require additional staff when more people moved into the home. They also said, "Although we look after people well, we do not always have the time to sit and chat with people. We are particularly busy when one person becomes distressed and requires additional support. It would help if we had an extra staff then." However, they told us that the manager or the deputy manager were normally available to support them if required.

There were robust recruitment procedures in place. Relevant pre-employment checks had been completed so that the staff were suitable for the role to which they had been appointed. The checks included reviewing the applicants' employment history, obtaining references from previous employers and Disclosure and Barring Service (DBS) reports. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

Good

Is the service effective?

Our findings

People told us that the staff knew how to support them and supported them well to meet their needs. A relative of one person said. "The staff are really great looking after [relative]." Another relative said, "I think they are brilliant at doing a very good job."

The provider's training programme included an induction for all new staff. They used a computerised training record which monitored any shortfalls in essential staff training, or when updates were due. This enabled the staff to update their skills and knowledge in a timely manner. The staff said that the training they had received was sufficient to enable them to support people well. Some of the staff had either completed a nationally recognised qualification in health and social care or were working towards completing the course. In addition to the training each staff received, the provider had also recently introduced competency assessments in a number of areas such as food safety, dignity and manual handling so that they assured themselves that the staff were supporting people safely and effectively. We observed that staff used the right techniques and equipment to support people to move safely.

The staff told us that they supported each other really well, including through staff meetings where they could share learning with others. They could also speak with the manager whenever they needed support. They said that they worked well as a team so that they met people's needs. There was evidence of regular supervision in the staff records. These meetings were used as an opportunity to evaluate the staff member's performance and to identify any areas in which they needed additional support. One staff member said, "I get regular supervision with the manager, but I can raise urgent issues anytime."

People were asked for their consent before any care or support was provided. The staff understood their roles and responsibilities in relation to ensuring that people consented to their care and support. One member of staff said, "We always respect people's wishes. We would never do something a resident did not like." Some of the people had signed their care plans to indicate that they agreed with the planned care and the interventions by the staff. There was evidence that where a person did not have capacity to make decisions about some aspects of their care, mental capacity assessments had been completed and decisions made to provide care in the person's best interest. Where necessary, Deprivation of Liberty Safeguards (DoLS) authorisations had been applied for and received so that people were appropriately protected in accordance with the requirements of the Mental Capacity Act 2005 (MCA).

People told us that they enjoyed the food and there was always something they liked on the menu. Two people we spoke with together said that the food was very nice and that they had eaten all their lunch that day. Another person said, "The food is very good so far. It's like homemade cooking and they gave me lots of drinks too." The four-week menu offered a choice of food each mealtime and the cooks had been given information about people's preferences and those who required special diets. For example, they had information about two people who preferred to have sweeteners in their drinks instead of sugar. During lunch, we observed that the food people ate appeared well cooked and was presented in an appetising way. A member of staff gave support to a person who was unable to eat their meal without assistance. This meant that people were supported to have sufficient food and fluids. In addition to the main mealtimes, they were also regularly offered snacks and hot or cold drinks.

Records showed that where people were deemed to be at risk of not eating or drinking enough, there was a system to monitor how much they ate and drank, and their weight was checked regularly so that they maintained a healthy weight. Where necessary, appropriate referrals had been made to other health professionals including dieticians.

People had access to additional health and social care services, such as GPs, dentists, dieticians, opticians, chiropodists and district nurses, so that they received the care necessary for them to maintain their wellbeing. Records indicated that the provider responded quickly to people's changing needs and where necessary, they sought advice from other health and social care professionals. For example, two people had recently been referred to hospital in a timely manner when they became unwell. People we spoke with confirmed that their health needs were being met and they had no concerns about any aspects of their care.

Good

Is the service caring?

Our findings

People told us that the staff were friendly, caring and kind. A person new to the home told us, “The staff are very nice, but I’m still getting to know them.” Another person said, “They are caring.” A relative of one person said, [Relative] has told us they are happy here.” The staff were happy with the standard of care they provided to people. One staff member said, “We are a caring team. We joke around with residents and they like it.” We observed that the staff gave gentle encouragement for people to have their drinks and snacks.

We observed that the staff were caring towards people who used the service, but there were short periods when there was no staff to talk with people in the lounge. However, we saw that there was always a staff member sitting in the dining area to complete paperwork and could see if people needed support. There was also a happy and friendly atmosphere throughout the home. People’s relatives and friends could visit whenever they wanted and they told us that they felt welcomed each time they visited. One visitor said, “We can come and go at various times and they are always nice and helpful.”

We saw positive interactions between the staff and people they supported, and people told us that they were always treated with respect. We observed that while supporting people, the staff gave them the time they required to communicate their wishes. People told us that the staff understood their needs well and provided the support they required. One person said, “The support they offer is brilliant.” The staff we spoke with were knowledgeable about the needs of the people they supported and what was important to them.

People told us that the staff supported them in a way that maintained their privacy and protected their dignity. We observed that if people were in their bedrooms, the staff knocked on the door and waited to be invited in before entering the room. The staff were able to demonstrate how they maintained people’s privacy and dignity when providing care to them. A staff member told us that they would always close the door when supporting people with their personal care and would be discreet when asking people if they needed support while they were in the communal areas. The staff were also able to tell us how they maintained confidentiality by not discussing people’s care outside of work or with agencies who were not directly involved in the persons care. We also saw that all confidential and personal information was held securely within the home.

Requires improvement

Is the service responsive?

Our findings

People were mostly positive about the care and support they received. They said that the staff mainly responded quickly when they needed assistance and they were supported in the way that they liked. One person said, “They provide the care I need."

People’s needs had been assessed and appropriate care plans were in place so that they were supported effectively. People told us that their preferences, wishes and choices had been taken into account in the planning of their care and support and the care plans we looked at confirmed this. These were reviewed regularly or when people’s needs changed. The staff told us that they worked regularly with a small group of people so that they provided consistent care and we saw that each person had been allocated a ‘keyworker’. This was a staff member responsible for ensuring that people’s care plans were up to date and contained relevant information. They also held regular discussions with the person in order to review their care. They said that ensured that they always provided the care that people wanted. This was evident in the care records we looked at, where we saw that where necessary, the staff involved people’s relatives so that they were able to gain as much information as possible to enable them to support people well. The relatives we spoke with were happy with the level of information they received from the service, which kept them informed of any significant events or changes to people’s care needs. There was evidence of this in the care records.

The service had an activities coordinator who supported people to pursue their interests and hobbies for one hour during weekday afternoons. Care staff were expected to provide activities for people at other times, but we saw minimal evidence of this. We observed that from 10:.30am until lunchtime, the three people sitting in the lounge had nothing to occupy or stimulate them other than the TV that was on, being offered drinks and staff chatting briefly while passing. This may have led to people feeling lonely and bored. Although people did not comment about whether they felt supported to pursue their hobbies and interests, a relative of one person said, “We don’t think there is enough mental stimulation for [relative]. There needs to be more conversation with [relative].” Two people we spoke with together said that they were content with how they spend their day, with one of them adding, ”It’s nice to be able to go out into the garden when the weather gets better.” There were ramps to allow people to access the garden areas safely.

We saw a diary of activities that had been provided in the past eight weeks and a rota of planned activities. The activities coordinator told us that with so few people, they usually asked on a daily basis what people wanted to do. They mainly provided individual support or did art and craft projects with small groups of people. We observed that two people were being supported to make a ‘Get Well’ card for a person in hospital. People had also been taken on trips to the seaside, local shopping centre, the park for picnics and entertainers visited the home. That afternoon, the area manager arranged for a visit from an organisation called, ‘Zoo on the Move’ to come during April of this year. There are visits from the local church members on alternate Sundays and also communion was arranged for people who wished to take it.

People told us that they would speak to the staff or manager if they had concerns or any cause to complain. We saw that information was available to tell people what to do if they wished to raise a complaint or if they had concerns about any aspect of their care. This was displayed near the entrance to the home so that people, relatives and friends had access to it. The information was also included in the ‘Service User Guide’, a booklet given to people when then they move into the home. The relatives we spoke with told us that they have had no reason to complain, but were confident that the manager would deal with any complaints promptly and appropriately. We saw that any complaints received by the provider had been recorded, investigated and responded to appropriately. There was also evidence that they monitored the themes of issues arising from these and they discussed them with the staff in order to make the required improvements.

Good

Is the service well-led?

Our findings

The registered manager was on leave during the inspection but they sent us information we were unable to look at during the inspection on their return. The staff told us that the registered manager provided stable leadership, guidance and the support they needed to provide good care to people using the service. They also said that they worked really well as a team. People knew who the manager was and some commented that they saw her regularly when she walked around the home. They said that she was always pleasant and spoke to them with respect. A relative of one person said, "The manager has always been very good and very helpful."

The manager promoted an 'open culture', where people or their relatives could speak to her at any time without a need to make an appointment. The staff told us that they were encouraged to make suggestions on any actions that they could collectively take to ensure that they provided good quality care that met people's needs and expectations. We saw that regular staff meetings were held for the staff to discuss issues relevant to their roles. The staff said that the discussions during these meetings were essential to ensure that they had up to date information that enabled them to provide care that met people's needs safely and effectively.

A number of quality audits were completed by the manager and a report sent to the provider. The actions required to make improvements had been taken promptly. For example, in addition to the action plan completed following a review by the local authority, there was also an action plan in place to address any issues identified by the provider's own quality monitoring processes. This had been recently amended so that the audits reflected the questions we asked about whether the service was safe, effective, caring, responsive and well-led. Prior to this change, other audits included medicines management, health and safety, equipment checks, and infection control. Although the provider's quality monitoring processes had not identified that the home was not always cleaned to an appropriate standard, they took immediate action to improve this.

The provider sent annual surveys to people who used the service, their relatives and the staff. The results of the surveys completed in 2014 showed that people were happy with the quality of the service provided and the attitude of the staff. Comments written on a website that the provider subscribed to were positive and in 2014, they had been recognised as one of the top 20 recommended care homes in the East of England.

The provider also encouraged people and their relatives to make suggestions and provide feedback about the service they received during meetings held occasionally at the home. People were involved in discussions about the proposed refurbishment of the home and were shown samples of carpets, curtains and paints to enable them to choose which ones they liked best. We saw that their comments had been listened to and acted on.