Premierbell Limited

Homer Lodge Care Centre

Inspection report

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Ratings

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

Overall summary

This inspection took place on 28 May 2015 and was unannounced. Homer Lodge provides care for older people who have mental and physical health needs. It provides accommodation for up to 47 people who require personal and nursing care. At the time of our inspection there were 37 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that staff interacted well with people and people were cared for safely. People felt safe and well cared for. Staff were able to tell us about how to keep people safe. The provider had systems and processes in place to keep people safe.

Summary of findings

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed, and care planned and delivered

to meet those needs. People had access to other healthcare professionals such as a dietician and GP.

People had their privacy and dignity considered and staff responded in a timely and appropriate manner to people. We saw that staff obtained people's consent before providing care to them. Care was not always provided in a sensitive manner. Staff had a good understanding of people's needs and were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs.

People had access to activities however, at the time of our inspection there was a limited range of activities.

People were supported to eat enough to keep them healthy. People were offered drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided.

Staff felt able to raise concerns and issues with management but that these were not always addressed in a timely manner. We found relatives were clear about the process for raising concerns. The complaints process was available in a service user guide.

Audits were carried out on a regular basis and action plans put in place to address any concerns and issues, however these had failed to identify the risks we found on inspection. Accidents and incidents were monitored and the provider had informed us of incidents as they are required by law to do so.

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

The service was not consistently safe.

Staff were aware of arrangements to protect people from abuse. The provider had policies and procedures in place to support staff.

Medicines were not administered safely.

There were not always sufficient staff to meet people's needs.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff received appropriate training however they did not receive supervision on a regular basis.

People's nutritional needs were not consistently met. People had access to healthcare services.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA).

Is the service caring?

Requires improvement

The service was not consistently caring.

We observed occasions when care was not provided in a sensitive manner.

Staff had a good understanding of people's communication needs.

People were treated with dignity.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Activities and leisure pursuits did not reflect people's personal preferences.

Care plans were personalised and people were aware of their content.

People and relatives were aware of how to make a complaint and raise concerns.

Is the service well-led?

Requires improvement

The service was not consistently well led.

A process for quality review was in place but had not consistently identified risks.

We had been informed of incidents as required by law.

Homer Lodge Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 28 May 2015 and was unannounced.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has experience of relevant care, for example, care of older people.

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 contacted the local authority commissioners for information in order to get their view on the quality of care provided by the service. We also looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies

During our inspection we observed care and spoke with the registered manager, the deputy manager, operations manager, three members of care staff, one ancillary staff member, eight relatives and seven people who used the service. We also looked at four people's care plans and records of staff training, complaints, audits and medicines.

Requires improvement

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home. A person said, "We are well organised, the fire alarm goes off at 11.30 on a Monday morning and all the doors close." We observed a notice at the entrance to the home confirming this. Relatives we spoke with also told us that they felt that their family member was safe.

Staff that we spoke with were aware of what steps they would take if they suspected that people were at risk of harm. They told us that they had received training to support them in keeping people safe. The provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Individual risk assessments were completed for people who used the home. The provider consulted with external healthcare professionals when completing risk assessments for people, for example the GP and dietician. Staff were familiar with the risks and were provided with information as to how to manage these risks and ensure people were protected. For example, where people required specialist equipment to keep them safe assessments had been completed.

Accidents and incidents were recorded and investigated to prevent reoccurrence. For example, a record of falls was maintained and reviewed regularly by the registered manager.

The provider had a recruitment process in place which was managed centrally and included carrying out checks and obtaining references before staff commenced employment. When we spoke with staff they confirmed that they had had checks carried out before they started employment with the provider. These checks ensured that only suitable people were employed by the provider.

We observed on occasions that staff were not available to respond to people, for example call bells rang for quite some time during the day, and people who lived at the home told us that it varied as to how long it took for the bells to get answered. One person said, "They [staff] cannot be everywhere" and "We have to wait our turn." A relative told us, "The only criticism I have is that [my relative] has told me that it takes a long time for the call bell to be answered when they want to go to the loo." Staff told us that they thought there was usually sufficient staff available to support people's needs. However we observed an occasion when a person waited for 20 minutes for a member of staff to come and support them.

We observed the medicine round. We observed that a member of staff administering medicines gave people their medicines and on three occasions left them with them without observing whether or not they had taken their medicines. This meant they could not be sure that people had taken their medicines and there was a risk that people did not receive medicines as prescribed. We observed an incident when a member of staff brought a tablet which had been left with a person back to the trolley and asked for it to be crushed. The member of staff administering medicines asked whose it was and explained that it should be chewed. There was a risk that the person wouldn't receive the medicine prescribed for them in the correct manner because it had not been administered safely.

We also observed a person had been given a painkiller which had been left with them. The nurse administering the medicines observed that they hadn't taken it and asked if they were alright taking their medicine. The person said that they had taken it and required further support and explanation to take it. There was a risk had the nurse not noticed this that they would not have got their medicines or that another person could have taken it by mistake.

Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control.

Requires improvement

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. People we spoke with who lived at the home and relatives told us they thought the staff knew what they were doing and were able to meet their family member's needs.

Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. In a staff survey a member of staff commented, "Training is excellent. It helped me with my work in care." Staff said that they had received recent training in areas such as moving and handling, food hygiene and infection control. Staff also had access to nationally recognised qualifications. We spoke with a member of staff who had recently started employment and they told us that they had received an induction. They said that as part of the induction they spent some time shadowing another staff member and received training and had found this useful.

Staff were also satisfied with the support they received from other staff and the registered manager of the service. They told us that they felt supported in their role however they had not received regular supervision and appraisals. Supervision and appraisals are important for providing feedback and discussion on staff performance and skills to ensure that people are cared for appropriately. We spoke with the registered manager about this who told us that they had just commenced supervision sessions with people for this year.

Most people who used the service told us that they enjoyed the food at the home however one person we spoke with told us that the food was often cold by the time they got it. They also said that they were on a special diet but that occasionally this was forgotten and they were served food that they didn't usually have.

We observed people were offered drinks at set times during the day such as mid-morning and lunchtime however during the morning we saw that people did not have drinks readily available to them. A member of staff brought a tray of juice into the lounge but did not offer this to people and placed it in a position which was not easily accessible to people. There were also some people who would not have been able to help themselves to a drink. People were at risk of not receiving sufficient fluids.

Where people had allergies or particular dislikes these were highlighted in the care plans and records of food and fluid intake were maintained appropriately. Where people had specific nutritional needs referrals had been made to speech and language therapists and dieticians to assist staff in meeting their needs.

We found that people who used the service had access to local healthcare services and received on-going healthcare support from staff. The provider made appropriate referrals when required for

advice and support for example, to the optician and dietician. The provider worked in partnership with a team of local health professionals who provided treatment and support to a number of people who were at the home for rehabilitation. The registered manager told us that they were participating in a pilot scheme using technology to provide rapid medical support and prevent inappropriate admissions to hospital.

Staff received daily handovers at the change of each shift. We observed handover and saw that issues such as people's health and wellbeing and any changes were discussed. Staff said that handovers helped them to respond appropriately to people and ensure that they were aware of any changes to their care and health.

When we spoke with staff they understood about consent and what to do if people refused care. Arrangements had been put in place to support people who refused care. For example one person had lost weight and staff had asked their consent to refer them to the GP, however they refused to discuss their eating habits with the GP and instead a risk assessment and management plan had been put in place to support the person to have access to the type of foods they liked to eat. We saw from the records that people's consent had been obtained for issues such as the use of equipment and access to records.

Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA protects people who might not be

Requires improvement

Is the service effective?

able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of people using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. If the location is a care home, the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there was no one subject to a DoLS.

Requires improvement

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. All the people we spoke with said that they felt well cared for. One person said, “She [staff] is very kind to me.” Another person said, “I do not think you can fault the staff here.”

We saw that staff were sensitive to people’s communication needs. For example, one person was unable to communicate verbally and we observed that staff supported them to use alternative methods of communication such as written communication. However during lunchtime we observed little general interaction with people and staff who were supporting people did not sit at their own level to encourage interaction.

When staff supported people to move they did so at their own pace. However we observed on four occasions when people were being supported to move staff did not provide any verbal encouragement and support. People were not aware of how to assist in the process and what staff were going to do in order to support them. We also observed a member of staff answering a call bell, which had been ringing quite some time and heard, “What do you need. I will come back after serving lunch.” We noted the staff member’s response was not caring. 20 minutes later the same call bell rang again, although this time was answered within one minute by a different member of staff.

People who used the service told us that staff treated them well and respected their privacy. People told us and we observed that staff knocked on their bedroom doors. We saw that staff addressed people by their preferred name and that this was recorded in the person’s care record. Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. When offering drinks staff addressed people respectfully and gave them choices, they asked, “Would you like a cup of tea or coffee and would you like a biscuit?”

We observed lunch being taken to a person who had only come in the previous day. The staff member knocked on the door and we observed the staff member being very caring and spent a few minutes talking to her and explaining that the pudding would be brought up shortly. Another person refused the choices of meals offered to them. A member of staff offered an alternative to them however when they brought this they refused this also. The member of staff was calm and kind and asked the person what else they would like. We observed the member of staff provided the alternative choice.

Rooms had been personalised with people’s belongings to assist people to feel at home. The home was spacious and there were areas for people to spend time with their families if they wanted to, including the main lounges.

Requires improvement

Is the service responsive?

Our findings

Throughout the day we saw that staff responded appropriately to people's needs for support. One person told us, "No problems at all, everything is alright, Thank you."

When we spoke with staff they were able to tell us about people's individual needs and preferences. They told us about how they responded in order to meet people's needs. The deputy manager told us that although there were routines these were all 'moveable' in order to meet people's needs. However we observed that as part of the routine, an hour before lunch staff began to support people to prepare for lunch and to sit in the dining area. This meant that people were sitting at the table waiting for their lunch for approximately 45 minutes and they were not given an alternative option.

The registered manager told us that the activities staff provided a range of group activities and outings. During our visit two people went bowling in the afternoon with the activities coordinator however this meant that there was little activity for the people who remained at the home. The registered manager told us that they had recently appointed an additional member of staff to provide support with hobbies and interests. One person told us, "Lack of everyday things to do, very long days." A member of staff we spoke with said that there needed to be more of a focus on activities for men because there was nothing currently which was specific to their needs. They said that they had been given the opportunity by the registered manager to look at this issue.

We looked at care records for five people who used the service. Care records included risk assessments and personal care support plans. Records detailed what choices people had made as part of their care and who had been involved in discussions about their care. A person told us, "My care plan has all been gone through, I have a bad pressure sore and have it dressed every morning. I have a bed bath every morning and a nice cup of tea." Care records included information about people's lives, however one person had chosen not to provide this information and this was documented. The registered manager told us about work that had been carried out in partnership with a local consultant to support people to make choices about their care at the end of life. They told us that people had found this useful and had helped them to understand their choices.

Relatives were encouraged to visit and support people. Relatives and people who used the service told us that they were aware of their care plan. Care plans were reviewed on a monthly basis however, we saw that there were some inconsistencies in the record. For example, one person was recorded as having a sore and this had not been detailed on the body map. A body map helps staff to identify where treatment is required and so the person was at risk of not receiving the required treatment. In another record we saw that the GP visit had not been consistently recorded which meant that it was not clear what treatment was required. Where people had specific health conditions such as diabetes care records detailed what support they required and how to respond in the case of an emergency.

The complaints procedure on display in the home and also in a 'service users' information booklet. This was not easily visible and was only in a written format which meant people may not be aware of the process. Relatives told us that they would know how to complain if they needed to. We saw that a recent complaint had been resolved satisfactorily. The registered manager kept a log of complaints and reviewed this on a regular basis in order to identify any trends. At the time of our inspection no trends had been identified.

Requires improvement

Is the service well-led?

Our findings

Audits were carried out by the registered manager and by the provider in order to drive forward improvements to the service. Audits had been carried out on areas such as falls and medicines. Where audits had identified issues actions had been taken to address these. For example the registered manager told us that they had carried out a number of physical improvements within the home such as replacement of flooring and that they had plans for further decoration. However audits had failed to identify the issues we observed on our inspection such as unsafe administration of medicines and that people did not have easy access to drinks.

Staff said there were good communication arrangements in place which supported them in their role. Staff told us that they would feel comfortable raising issues, however they said that sometimes it would take a while to get issues actioned and changes made. This was echoed by people who lived at the home, they told us that despite issues about lack of activities being, “Fetched up at every meeting,” this had not been addressed. We looked at minutes of these and saw that the issue had been discussed.

We observed that the registered manager and deputy manager took an active role in the running of the home and had a good knowledge of the people who used the service and the staff. We saw that people appeared very comfortable and relaxed with the management team. Throughout our inspection we observed the registered manager interacting with staff, relatives and people who lived at the home.

The relatives we spoke with told us that they would be happy to raise any concerns they had. They said that they would go to the registered manager and were confident that they would sort it out quickly. Surveys had been carried out with some people who used the service and relatives. The registered manager told us that they also held residents and relatives meetings and if any changes were planned they were discussed at this meeting.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed.

Where accidents and incidents had occurred we saw that actions had been taken to prevent these occurring again. The registered manager told us about a serious incident which had occurred and following this a review had been carried out with partners to ensure the issue didn’t occur again. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.