

Life Style Care plc

Princess 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 responsive?

Requires Improvement



Overall summary

At an inspection of this service in July 2014 we identified eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We issued the provider with three compliance actions and five warning notices stating that they must take action. We shared our concerns with the local authority safeguarding adults and commissioning teams. The local authority placed an embargo on new admissions to the home.

On the 18 September 2014 we inspected the service to follow up three of the warning notices. Some of the actions had been completed. Changes had been made to address the concerns but the inspection also highlighted further areas for improvement and we issued further compliance actions.

We carried out an unannounced comprehensive inspection of this service on 9 December 2014. Further

improvements were noted but three breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to continue making improvements to meet the legal requirements in relation to care and welfare of people who use services, maintenance of accurate care records, supporting workers and staffing levels.

We undertook this focused inspection on 2 March 2015 to check that the provider had followed their action plan and to confirm that the service now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Princess Lodge Care Centre on our website at www.cqc.org.uk.

Summary of findings

People had care records that provided sufficient instructions to staff on how to support them and these were regularly reviewed to reflect people's changing needs. Records relating to people's care were completed when care took place to reflect an accurate record of care received.

There were enough skilled and experienced staff to meet people's needs. This meant people were able to get up, be supported with personal care and receive their medicines and meals in a timely way.

Staff had more time to interact with people. People were encouraged and supported to take part in social activities. People in their rooms benefitted from more interaction with staff.

Staff were supported to improve the quality of care through training and the supervision and appraisal process.

Although the required improvements had been made we have not changed the overall rating for this service because we want to be sure that the improvements will be sustained and embedded in practice. We will check this during our next planned Comprehensive inspection.

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?

We found that action had been taken to improve safety for the people who used the service. There were enough staff to meet the needs of people.

We could not improve the rating for this key question from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires Improvement



Is the service effective?

We found that action had been taken to ensure the service was effective. Staff were supported to improve the quality of care delivered to people through training and the supervision and appraisal process.

We could not improve the rating for this key question from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires Improvement



Is the service responsive?

We found that action had been taken to ensure the service was responsive.

Care plans provided accurate instructions on how to support people.

People benefitted from a range of activities. People who remained in their rooms benefitted from improved social interaction.

We could not improve the rating for this key question from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires Improvement



Princess 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 checked 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.

We undertook an unannounced focused inspection of on 2 March 2015. This inspection was carried out to check that improvements to meet legal requirements had been made by the provider after our inspection. The team

inspected the service against three of the five questions we ask about services: is the service, safe, effective and responsive. This is because the service was not meeting some legal requirements.

The inspection was undertaken by two inspectors. During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time with people on all four units and observed the way staff interacted with people. We spoke with four people and two people's relatives. We also spoke with the registered manager and 15 staff.

We looked at records, which included 10 people's care records and seven staff files. We also looked at records relating to the management of the service.

Is the service safe?

Our findings

At our inspections in July 2014 and December 2014, we found there were not sufficient numbers of staff at all times to meet people's needs. Following the inspection in December, the registered manager had reviewed people's dependency needs and also looked at how staff were working together to meet those needs. As a result staffing levels had been increased.

People received assistance with their personal care in a timely way and had their medicines in line with the times they were prescribed. One person told us, "There seems to

be more staff." Staff told us, "It's a lot better. There's more staff, better teamwork and continuity of care" and "It's so much better, everyone is up quicker and gets breakfast earlier". People told us they preferred having their breakfast earlier. One person said, "it seems to be running smoothly now. Breakfast is earlier which suits me better." Staff also told us people were eating better because there was a longer gap between breakfast and lunch. Staff also told us the increased staffing levels meant they could spend time with people. One staff member told us "it's really nice to be able to sit and have a chat and a cup of tea with them [people]."

Is the service effective?

Our findings

At our inspections in July 2014 and December 2014, we identified staff were not always properly trained and supervised nor had the chance to develop and improve their skills. We asked the provider to send us a plan outlining what actions they would take to bring the service up to the required standard to meet the regulation. At this inspection we found these actions had been taken.

All staff had received an annual appraisal. Dates had also been arranged for staff to receive one to one supervision with their line manager every two months. Staff told us their appraisal had enabled them to express their training

and development needs. One staff member said, "I said I could do with more training in end of life care so I've got a date booked." Other staff had requested training in delivering activities for people living with dementia and this had been arranged. Staff told us since our last inspection they had attended "loads of training." Some senior staff had attended specialist training to enable them to deliver some of the providers mandatory training requirements, such as training in moving and handling. A full training programme had been arranged for the next six months using both internal and external trainers to ensure staff were fully trained, up to date and supported to improve the quality of care they delivered.

Is the service responsive?

Our findings

At our inspections in July 2014 and December 2014, we identified people's records were not always accurate and did not always contain information about how people should be supported. We asked the provider to send us a plan outlining what actions they would take to bring the service up to the required standard. At this inspection we found these actions had been completed.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. Care plans and risk assessments were reviewed to reflect people's changing needs. Staff completed other records that supported the delivery of care. For example, monitoring charts to record how people's position was being changed to reduce the risk of pressure ulcer development. These were up to date and there was a clear record of the staff input and care being carried out.

At our inspections in July, September and December 2014 we found improvements were required to ensure people

had opportunities for social stimulation. At this inspection we found actions had been taken to ensure people benefitted from increased social interaction. One person told us, "There's more to do and more people [staff] come in for a chat now." There was a planned activity programme and this was clearly displayed in a pictorial and written format on each unit. Two new activity staff had been recruited which meant each floor had a member of staff responsible for organising and carrying out activities. The activity coordinators visited people in their rooms to chat or read with them. People had been involved in completing a "snapshot of care" document and this included information about their likes, dislikes, family, hobbies and interests. Staff told us this helped them to really know the person and enable them to chat with people about things that were of interest to them. Although care staff spent more time interacting with people, activities were still seen as the remit of the activities coordinator. The registered manager had identified this and the day following our inspection 13 staff had been selected to attend activities training. Further training dates were planned for other staff to attend in the future.