

Princess Lodge Limited

# Princess Lodge Limited

## 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Princess Lodge is a residential care home providing personal and nursing care to 31 people aged 65 and over at the time of the inspection. The service can support up to 32 people.

### People's experience of using this service and what we found

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

A dependency tool was in place to assess staffing levels in the home. However, people, relatives and staff raised concerns about staffing levels in the home and staffs' ability to respond to their needs in a timely manner.

People felt safe and were supported by a group of safely recruited staff who were aware of the risks to them and how to manage those risks on a daily basis. Where safeguarding concerns arose, they were acted on and responded to appropriately. People were supported to receive their medicines as prescribed by trained staff who had their competencies assessed. Accidents and incidents were reported and acted on appropriately and analysed for any trends.

Staff felt supported and well trained. Staff received training that was appropriate to them in their role and supported them in provided care in the way people wanted. New staff benefitted from an induction that included shadowing more experienced members of staff. Staff supported people to access a variety of healthcare agencies in order to maintain good health.

People spoke positively about the choices of food that were provided. We observed people were offered a variety of drinks throughout the day to support their wellbeing.

Staff had a good understanding of obtaining people's consent prior to supporting them and the manager had a good understanding of the principles of the Mental Capacity Act (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice

Staff were seen to be kind and caring in their interactions with the people they supported. People were treated with dignity and respect and supported to maintain their independence where possible.

People were supported to take part in activities, but not everyone in the home benefitted from these

experiences and the manager was looking to ensure people who were nursed in bed benefitted from regular social interaction.

People's opinions matter and they were given the opportunity to raise any issues or concerns they may have through meetings or surveys. People had no complaints but were confident that if they did raise an issue it would be dealt with appropriately.

Staff were highly complimentary of the manager who had introduced a number of changes to the way they worked. Staff felt supported and listened to. The manager had a plan for action to continually improve the service and staff were on board with the plans for improvement.

A variety of audits were in place to provide the manager with oversight of the service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Princess Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection

The last rating for this service was good (published 25 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Requires Improvement 

### Is the service effective?

The service was effective.

Good 

### Is the service caring?

The service was caring.

Good 

### Is the service responsive?

The service was responsive.

Good 

### Is the service well-led?

The service was not always well led.

Requires Improvement 

# Princess Lodge Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector, a specialist nurse advisor and an Expert by 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

#### Service and service type

Princess Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The manager was in the process of completing their application to become registered manager. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including the provider, the manager, the deputy manager, a nurse, senior care workers, care workers, the administrator and the cook. 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 reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to see clarification from the provider to validate evidence found and looked at minutes of meetings held with people living at the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- People and families voiced concerns regarding staffing levels. One person told us, "We have to wait to go the bathroom" and a relative said, "The service is very good in general, main concern is lack of staff, especially at weekends. There have only been two carers sometimes." On our first day of inspection, we observed on a number of occasions that call bells rang out for prolonged periods of time as staff worked to respond to them. We also observed people waiting in communal areas for support whilst staff responded to call bells and the needs of those people cared for in bed. On the second day of inspection, the response times to call bells had improved.
- We looked at copies of staff rotas and discussed staffing levels with staff, the manager and the director. Staff told us when fully staffed, the shift ran better, but said they would benefit from an extra person on the morning shift. They also told us 'last minute sickness' was an ongoing problem in the home and gave the example of three staff ringing in sick that day. A member of staff reflected on the challenges of covering staff sickness and told us, "Sometimes agency staff can't come in until 11.00 am and they are no good to us then" and another said, "If people phone in sick you will cover, but people can't keep doing it." The manager told us, "I would not leave people unsafe and if need be, I would assist myself" and we did witness this during the inspection.
- There was a dependency tool in place which identified the number of staff required for each shift. This included taking into consideration the number of people who were cared for in bed and needed their position to be changed on a regular basis to reduce the risk of pressure sores developing. However, high levels of staff sickness meant the home was consistently not staffed in line with the levels required as shown by their dependency tool, impacting on people's experience of receiving care. Staff did not always have the time to be flexible or respond to people's changing needs. For example, we saw one member of staff spend two minutes with a person, supporting them with their breakfast. At that point, the person did not want to eat anymore. The member of staff told the person they would return shortly to try and encourage them to eat more. We returned to the person's room 50 minutes later and noted there was no record of the member of staff having returned to continue to support the person. We asked the person if the member of staff had returned to support them and they told us, "No".
- Safe systems of recruitment were in place. Staff told us prior to commencing in post, references were taken and DBS [Disclosure and barring service] checks were completed to ensure they were suitable for the post.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person said, "I do [feel safe], I do, yes, and that's the main thing. I am quite satisfied here." A relative said, "I do feel [person] is safe, apart from the staffing levels at times."
- Staff were aware of their responsibilities to report and act on any concerns that may come to their attention. A member of staff told us, "If I have any concerns I pass them onto the nurse or the manager. [Manager's name] is very approachable."
- Where safeguarding concerns had been raised, they had been responded to and acted on appropriately.

#### Assessing risk, safety monitoring and management

- People were supported by staff who were aware of the risks to them. For example, a member of staff described how they supported a person at meal times who was at risk of choking. They told us, "You have to take your time with [person], they take time to swallow their food and move food around their mouth, so you have to monitor and not rush them." Risk assessments held in people's care records were detailed and provided staff with the information they needed to support people safely and effectively.
- Risks to people were routinely reviewed and records updated. Staff were kept up to date in changes to people's care needs and the risks to them. We observed staff hoisting people, using appropriate manual handling techniques.

#### Using medicines safely

- Systems were in place to ensure people received their medicines as prescribed. Medicines were stored safely and correctly.
- Medicine administration records [MARs] were correctly completed and regular audits were conducted by senior staff to ensure appropriate action was taken if errors were identified.
- Clear and detailed protocols were in place to guide staff when administering medicines on an 'as required' basis.
- Staff had been trained to administer medicines and had their competencies regularly observed.
- For those people who were unable to verbalise that they were experiencing pain, care records detailed non-verbal behaviours that people may exhibit when they were experiencing pain or discomfort.

#### Preventing and controlling infection

- Staff had access to equipment they needed to reduce the likelihood of the spread of infection and we observed staff using this.
- The manager conducted daily walk rounds of the service and these included checking the environment for any infection control issues. We saw where areas of concern had been highlighted, action was immediately taken.

#### Learning lessons when things go wrong

- Systems were in place to ensure lessons were learnt when things went wrong. Accidents and incidents were analysed for any trends and actions were taken. Information collected in respect of complaints, safeguarding concerns and daily audits of the service were all analysed for any trends and actions were taken. For example where one person had experienced a number of falls, the information was analysed and additional equipment sought in order to reduce the risk to the individual.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us they were happy with the care they received. One person told us, "Staff know how to look after me and the night staff are excellent." From care records seen, we could see people had been involved in conversations regarding their needs.
- People's needs were assessed to ensure the service was able to support them effectively and safely. We found that protected characteristics under the Equality Act had been considered when planning people's care, including who was important in their lives and how they wished to be supported.
- A notice board displaying information in order to promote the knowledge, understanding and inclusivity of the LGBT community was in place. Information was available offering guidance and support for those who requested it and an acknowledgement that this was a safe environment for people to express their sexuality.

Staff support: induction, training, skills and experience

- People were supported by staff who felt well trained. There was a training matrix in place which provided the manager with oversight of staff training.
- Staff told us they were provided with an induction which prepared them for their role and included the opportunity of shadowing colleagues and getting to know the people they supported. One member of staff told us after their induction, "I was happy to go straight onto shift and I couldn't wait. I was told if I was unsure about anything just to ask the nurses or the manager. [Manager's name] is supportive and approachable, everyone is, and I feel very much part of the team."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed their food. One person told us, "The food is very good and there's lots of it." We observed meal times and noted people were offered a choice on the day. Each menu choice was plated and shown to people to allow them to make a visual choice from the menu. A fresh meal was then plated up according to their preferences and presented to them.
- For those people who required support at meal times, this was provided. Staff were seen to support people safely and take their time, taking their cues from the person they were supporting.
- People's dietary needs were noted and adhered to. We observed people were offered drinks and snacks throughout the day. A drinks and snacks trolley was also available for people to make use of and help themselves.

Adapting service, design, decoration to meet people's needs

- The home had some design features that were dementia friendly with directional signage and clear signs indicating the function of different rooms and areas.
- People had choice and control of how their rooms were decorated and presented. We saw photographs, pictures and mementos on display.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and access a variety of healthcare services to meet their needs. A relative told us, "The chiropodist comes in regularly and the GP comes in when needed." Relatives told us they were made aware if their loved was taken ill. A visiting healthcare professional told us they considered people to be, 'well cared for and seemed content'.
- Care records demonstrated the service responded to changes in people's physical and mental health with involvement of other professionals, for example, dieticians, GPs and opticians.
- People were supported to maintain good health and access a variety of healthcare services. One person told us, "Yes, I have seen the dentist and optician since I've been here" and another said, "I have seen a doctor, they have never refused anything I have requested". We observed when a person was suddenly taken unwell, staff were quick to respond and obtain the appropriate support necessary. A visiting healthcare professional told us, "If I needed to find a home for a relative, this would be the one".
- Systems were in place to share information and communicate with other services.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Consent had been obtained for people to have their photos taken for carer records and activities. However, the provider had failed to follow their own policy and obtain people's consent to be filmed. We spoke with the manager who agreed to address this immediately.
- Staff spoken with had received training with regard to MCA and Dols and had a good understanding of what this meant for people. One member of staff described what this meant for one person and added, "It's to make sure we are doing things that are in a [person's] best interests."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively of the staff who supported them and described them as kind and caring. One person told us, "I know carers well, nice that they are the same faces" and another said, "Carers are alright, they chat with you if you want them to. You can tell them stuff and they can't necessarily help but they listen and that helps." A relative said, "Carers come in a chat, [their loved one was cared for in bed] they are kind and caring. Sometimes you have to look around for a carer but you find one eventually."
- Staff were observed and heard to be discreet when people needed assistance. They provided reassurance to people during interventions and hoisting. We observed interactions between staff and people to be warm and respectful.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in the development of their care plans and supported to make decisions about their care on a daily basis.
- Advocacy services were available in the event people required independent support to make decisions and choices about their care.
- Staff offered people choices and knew the most effective way to communicate with people.

Respecting and promoting people's privacy, dignity and independence

- Staff were observed, when doors were closed, to knock on the door and identify themselves before entering rooms and doors were closed when personal care was being given.
- Staff explained how they maintained people's dignity whilst providing personal care, for example using a towel to cover people whilst supporting them with their personal care. One person told us, "I let the carers know if I want a shower, they take me upstairs. I have a wash every day and the carers shut the curtains and close the door. It's the way I like it."
- Care records detailed how staff should protect people's dignity whilst providing their care and support.
- Staff provided care and support and encouraged people to maintain their independence where possible. One person told us, "Staff are kind and caring and we have a bit of fun when getting dressed. They [staff] let you do what you can for yourself."
- People's confidentiality was respected. Staff handover discussions about people's care were held in private and people's care and support records were stored securely, accessible only to authorised staff.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by a group of staff who knew them well. For example, a member of staff described how they recognised when a person became anxious and tried to alleviate this. They told us, "[Person] is unsettled, they are better if you spend a little one to one time with them, a cup of tea and a few biscuits help out."
- We observed staff responding to people's individual needs. For example, one person was being supported to sit in the lounge. They repeated several times, whilst walking, that they were thirsty. The member of staff asked them where they would like to sit and called to kitchen staff to get the person a cold drink first and then their cup of tea.
- Care records were reviewed and updated as required and systems were in place to ensure information was shared with staff, so that people would continue to receive the right care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of the importance of clear communication with people and people's accessibility needs were identified prior to admission to the home.
- We were advised there was no one currently living at the home with specific communication needs but we observed that staff spoke clearly and maintained eye contact with people when holding a conversation.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During the two days of inspection we observed singers entertaining people in the lounge. People appeared to be enjoying these events. We also observed the activities co-ordinator spend time with people individually in the lounge area. However, for people who were cared for in bed, there were no planned activities in place. The manager told us they had identified this as an issue and were looking at how this could be addressed.
- There was a weekly exercise session taking place and a church service every two weeks. We noted a small group of people had recently visited the local pub for lunch, and told us they very much enjoyed this

experience. The home benefitted from having two separate garden areas, but people told us they very rarely went outside and staff spoken with confirmed this to be the case. One person said, "We don't go into the garden; we always used to but we don't now."

- Every Friday, the activities co-ordinator held a 'feedback Friday' meeting and asked people what they would like to do the following week and this was then used to inform the following week's activities.
- We saw visitors were made welcome into the home and one relative, who visited on a daily basis, told us, "I am here all day and the home give me my meals which is very useful and I really appreciate it."

Improving care quality in response to complaints or concerns

- People and relatives all told us they knew how to make a complaint and would be confident that any concerns raised would be dealt with appropriately.
- We saw where complaints had been received, they had been acted on and responded to appropriately.

End of life care and support

- At the time of the inspection, there was no one receiving end of life care. However, the service supported people to make decisions about their preferences for end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remains the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they were happy with the care they received and their only issue was staffing levels and the response times to call bells.
- There was a dependency tool in place to assess staffing levels, but despite this, people told us they were kept waiting for long periods. Staff absence and sickness continued to be an issue which was having a direct impact on people and staff alike.
- There was a lack of an effective strategy to mitigate the impact of short term sickness despite this being a known issue. People and relatives told us they had raised concerns regarding staffing levels to the manager, who listened to their concerns, but the situation had not improved. At a meeting with people and relatives held on 29 May 2019, the manager confirmed there were issues relating to long term sickness of existing staff and efforts were made to recruit additional bank staff to cover these vacancies. Despite this acknowledgement that staff sickness was having an impact on staffing levels, actions taken to address this had not been effective and problems remained. The minutes of the meeting acknowledged that 'some staff are more reliable than others and this can sometimes have an effect on the residents.'
- The manager was described as 'approachable' by people living at the service, relatives and staff. Everyone told us the manager had a visible presence in the service and her door was always open. People told us they could speak to the manager about anything and she would listen and do their utmost to resolve issues for them. People, visitors and staff were all highly complimentary of the manager, how supportive she was and the changes she had made to the service. Several people spoken with told us, "[Manager's name] listens to you". We observed the manager to have a visible presence in the home and to be very hands on, supporting people and staff during the day.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they felt supported and listened to by the manager and were confident that if they raised concerns, they would be listened to and acted on. The manager told us, "We want to support staff, give them the right training and responsibilities and make them more accountable."
- The manager understood the duty of candour and their responsibilities in relation to sharing information and being open and honest where incidents occurred.

- The manager had notified us of incidents and accidents that had occurred. We saw where safeguarding concerns came to light they were responded to appropriately. The manager had made an application to become registered manager of the service.
- The manager and care staff were clear about their roles and responsibilities. There was a clear staffing structure in place and staff were clear on their role and who to report any concerns to.
- The manager had introduced daily walkarounds, carried out by herself, the deputy or the administrator. They told us, "We are doing visual checks, it's not a tick box exercise, I want to see the rationale behind what's being seen and witnessed."
- The latest CQC inspection report rating was on display in the reception of the home and on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and any visitors of our judgements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Residents meetings were held to involve people in the delivery of the service.
- We saw surveys had been given to people living at the service and their views were sought. The information was collected and put on display for all to see, detailing any actions that were being taken.

Continuous learning and improving care

- Paperwork that was to be completed by staff that would provide oversight of the delivery of people's care were not always consistently completed. For example, charts were not always completed to evidence people were turned at the required frequency in order to reduce the risk of pressure sores. We saw for one person the tissue viability nurse had been involved and the wounds were not responding to the prescribed treatment. We also noted charts that were to be completed when topical creams had been prescribed had been completed inconsistently. We raised this with the manager who advised that senior staff were responsible for ensuring these forms were completed at the end of each shift, confirmed they would follow this up with staff following the inspection.
- The manager told us and we saw, they had created an improvement plan for the service when they were first in post. They said, "Person centred care plans is where I started, dementia is very important to me. I am quite passionate about caring for people." We saw the manager had introduce a 'dementia café' for people and relatives to participate in, in order to answer questions, share information and emotional support.
- There were a number of audits in place to monitor the effectiveness of the service and provide the manager with an oversight of care delivery. An 'inter-company' audit process provided another level of oversight of care delivery and the ability to share good practice with managers from the provider's other homes. This included three monthly audit visits and reports by two external consultants, both of whom were nurses, providing support to the manager and guidance on quality and compliance.
- A 'safety board' held in the office, provided all staff with an instant picture of individuals in the home and their needs and was used to monitor falls and wound care, providing the manager with oversight of care delivery. The service had won an award for innovation in healthcare from the Walsall CCG in recognition of this piece of work.
- Staff were overwhelmingly positive about the changes the manager had introduced since being in the role and were on board with her vision of the service.
- We saw a 'resident of the day' auditing system was introduced and all staff in the home were involved. This included not just care staff, but kitchen and maintenance staff; all given the responsibility to focus on the needs of an individual and understand their own role in supporting those needs.

Working in partnership with others

- Staff told us they worked alongside other healthcare professionals, such as GPs, district nurses, opticians

and SALT [speech and language therapists] in order to ensure people's care needs were met.

- A health professional spoken with told us they felt improvements had been made at the service and they had no concerns regarding care delivery.