

Friars Lodge Limited

Friars Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Friars Lodge is registered with the Care Quality Commission as a care home without nursing. It can provide care and support for up to 20 older people. The building was divided on three floors, and there was a lift to all floors. On the day of our inspection there were 16 people being supported by the service.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The service has a registered 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.

People were protected from avoidable harm or abuse. Risks to each person had been assessed and managed appropriately. The service followed safe recruitment procedures and there were sufficient numbers of suitably trained staff to keep people safe and meet their needs.

There were safe systems for the management of people's medicines and they received their medicines regularly and on time.

People were supported by staff who were skilled and knowledgeable in their roles.

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

People's nutritional needs were met and they were supported to have enough to eat and drink. They were seen by their doctors or other health care professionals when required.

The experiences of people who lived at the care home were positive. They were treated with respect and their privacy and dignity was promoted. People and relatives were involved in decisions about the care and support they received.

People had their care needs assessed, reviewed and supported in a responsive way. They were supported to pursue their social interests and hobbies and to participate in activities provided at the home.

There was an effective complaints procedure in place. There were systems in place to seek the views of people, their relatives and other stakeholders. Regular checks and audits relating to the quality of service delivery were carried out.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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 checked 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 6 October 2017 and was unannounced.

The inspection team consisted of one inspector from the Care Quality Commission 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. Our expert had experience in the support of people living with dementia.

Before the inspection 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 to us.

During the inspection we spoke with six people who used the service and carried out observations on two people who were not able to communicate with us. We also observed care interactions in the communal lounge and dining areas. We spoke with three visiting relatives, the registered manager, four care staff, kitchen staff and the activities/cleaning staff. We looked at the care records of six people and the recruitment and training records for four staff employed by the service. We also carried out observations on how people were provided with care and support and reviewed information on how the provider managed complaints, and assessed the quality of the service.

Is the service safe?

Our findings

People we spoke with who lived in the home told us that they felt safe living there. One person said, "I feel quite safe, I don't have to bother about that. People have to ring the doorbell to get in and there are people here all night. I have to have a stand aid, I think they are all well-trained, I have never felt unsafe." A relative said, "Yes, [relative] is safe, It's lovely to be able to go home without worrying."

People were protected from avoidable harm and abuse by staff who had been trained in areas such as safeguarding and managing behaviour that could harm. The service had a safeguarding policy and they followed the local authority safeguarding procedures.

Care plans contained risk assessments which enabled staff to keep people safe within the home and these were reviewed regularly. Risk assessments included areas such as, risk of falls, the use of bed rails, eating and drinking, pressure areas, and safe movement.

The registered manager carried out checks on new staff to confirm that they were suitable for the role to which they were being appointed. Records showed that all necessary checks had been made and verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check.

We saw that throughout the day there were enough staff of varying skills on duty to support people. Most people we spoke with thought that there were sufficient staff. We observed staff in the communal areas at all times and saw staff regularly checking on those people who remained in their bedrooms. One person said, "I can't walk so I have to call for everything. I have a buzzer to call for help; you can rely on [staff]." Some people did however say that after tea time there would occasionally seem to be a lack of staff. The registered manager told us that they were aware of a need for additional staff to be made available in the late afternoon/ evening for one to two hours. The manager told us that the provider was aware and looking at ways to resolve this as at present they were unable to find a member of staff willing to do a short two hour shift.

The home used an electronic medicines system to record and instruct staff on how prescribed medicines should be given, including medicines that should be given as and when required (PRN). Staff had received training on how to administer medicines safely. There were clear instructions as to how a person should be supported to take their medicines and allergies were clearly labelled on people's medicine records. We noted that all medicines were recorded on the electronic system which would flag up when people required medicines and ensured that all information was completed before staff could move onto the next person's medicines. This meant that there was immediate accountability because any issues would flag up to the manager immediately and it reduced the risk for medicine errors because the system required staff to sign off all actions before closing off any tasks on the system.

Is the service effective?

Our findings

People received care and support from staff who had the required skills and knowledge to support them effectively. We observed staff using equipment such as rota stands to support people effectively to move around the home. The support was provided calmly and competently by staff who constantly reassured the person. One person said, "I feel safe because of the people looking after me. I would tell the carers if I was worried and I never have."

Staff had on-going training and regular refreshers were undertaken. Training records we looked at showed that staff had received training in areas such as dementia care, medication, safeguarding, infection control, first aid, and pressure care. Staff also received a full induction when they joined the service which included shadowing and learning from more experienced staff. One person said, "[Staff] are well-trained, it's easy to let things slip and they haven't slipped up yet. Whatever you want they do, they're amazing." We saw that the manager carried out regular observations on staff using Short Observation Framework [SOFI]. This is used to observe the interaction between people using the service and staff. We saw that the manager used this to observe staff interactions with people, and build on their training to ensure people were supported effectively.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the importance of gaining consent from people before providing any care and support. We observed throughout the day that staff would gain consent from people prior to supporting them with anything. We saw that where people were unable to provide verbal consent then staff would watch for visual indicators. One member of staff said, "We are keyworkers so we know our clients well." We observed one member of staff assisting a person and we saw that they talked with the person throughout and stayed at a pace which was suitable for the person. The person being supported told us, "She's [member of staff] very patient with me."

People were supported to eat, drink and maintain a balanced diet. We observed the mealtime which was very relaxed and people were served at their own pace. We observed the cook asking each person which dish they would like for lunch from a choice of two dishes and choice of a hot or cold pudding or ice cream. One person said, "I like the food, they've started giving more vegetables and salad, we get drinks all the time." Another person said, "You can smell it (lunch) cooking, it's very nice food."

People were supported to maintain good health and had access to healthcare where it was required. We saw that health professionals regularly visited people in the home and on the day of our inspection there was also a visit taking place. The visiting healthcare professional told us, "[Staff] are good they follow instructions we leave for them and they let us know as soon as someone is ill."

Is the service caring?

Our findings

People we spoke with said that staff were very kind and caring towards them. One person said, "If you want anything, they'll do their best to get it for you. They are very nice, very gentle and I am satisfied with everything. We all have a good laugh together." This person went on to say, "They come quickly if I need them, I haven't had to call them at night. You've only got to ask and a tea or coffee is there. A second person said, "They are fantastic people, they do care without a doubt."

People were treated with kindness and respect. We observed positive interactions between staff and people who used the service. People were at ease and comfortable in the presence of staff. Staff were able to tell us about individuals' likes and dislikes, their hobbies and interests and family relationships. We saw staff spending time with people and giving them choices on how to spend their day where it was possible. One relative said, "Its home from home, [relative] chooses what he wants to do." They went on to say, "We are always kept informed, the staff definitely treat him with dignity and respect, I can't fault them really."

Where possible people had been involved in the development of their care and support plans. We saw evidence of this in records we reviewed. People we spoke with also confirmed that the home acted in accordance with their wishes and we observed this throughout the day.

The registered manager also told us that they had access to an advocacy service if it was needed by anyone.

People were observed to be treated with privacy and dignity. Staff knocked on doors and made sure people had privacy when being supported with any personal care needs. Staff spoke with people in a calm manner and encouraged independence where it was possible. One person summed up the feeling within the home and they said, "It's not only one person (nice), they're all nice here."

We observed that people were assisted to move freely around the home and weather permitting were also able to use the communal gardens. One person told us, "I would rather be at home, but after home, this is good. I like knitting and I go out into the garden when it is warm enough."

We saw that people received visits from family and were encouraged to maintain contact with relatives and the local community. Throughout the day there were a number of relatives who visited the home who staff told us were regular visitors.

Is the service responsive?

Our findings

The registered manager and staff provided care and support which was responsive to people's changing needs. One relative said, "You only have to mention that 'his legs are hurting' and the manager will come and speak to me and arrange treatment." A person using the service said, "I like to go to bed about 9pm. I told [registered manager] so they are coming at 9." A second person told us, "I have a daily newspaper, but I lost my glasses and they got me new reading glasses." Another person said, "When I first came I had a very small bedroom, but [relatives] spoke with [registered manager] and I was soon moved to a larger room."

People who used the service had a variety of support needs and these had been assessed prior to being supported by the service. We saw that care plans were personalised and written for each individual. The registered manager told us they had meetings with each individual and their families or representative to update their support plans. They told us that people were involved as much as they were able to, to ensure their views were documented. Records we viewed showed that reviews had taken place and the provider had worked with people and their families to ensure that the support provided was responsive to their needs.

People were encouraged to participate in activities within the home and out in the community. The home's activity worker told us that activities were offered in the mornings during the week. People we spoke with told us that the day prior to our inspection they had participated in baking. We also saw that other activities were offered such as, needlework, knitting and crocheting. For people who remained in their rooms, the activity worker told us, "I go in and have a little chat with them." People we spoke with also told us that they would go out of the home to visit relatives and attend religious services.

There was a complaints policy and procedure in place. People we spoke with told us that they had not needed to make a formal complaint, but they said that if they were worried about anything they would tell care staff or the registered manager. One person said, "I'd tell [registered manager] if I was worried about anything." We saw that the provider had received three formal complaints in the past year which had been recorded and investigated in line with the provider's policies.

The registered manager told us they had recently sent out service user questionnaires which had not all been received back. Of the questionnaires that had been returned we saw that the feedback received about the service was positive. The manager also showed us newsletters which were sent out to people and their families which kept them informed of what was happening in the service. There was also quarterly drop in sessions held for families. The manager told us that as yet, they had not had any relatives come to the sessions. They said, "We are generally in constant contact with relatives so they don't tend to come to the sessions, but I still have them just in case." The home had also received many compliments from relatives and professionals involved with the service.

Is the service well-led?

Our findings

The service had a registered manager in place. People knew who the registered manager was or who they needed to go to if there were any issues or concerns.

We observed that the manager was always visible and had an open door. She interacted politely with people using the service and relatives and they responded well to her. One person said, "This is one of the best homes, the home is run well." While a second person said, "[Registered manager] often comes in to see if I want anything. She is very approachable, she sorts things out, and she's very good." A relative said, "I would recommend it [the home], they are lovely with them [people]. There's always enough staff and they're always nice to them. They treat them very nicely, they point you in the right direction and very approachable." Another relative said, "I can't fault the home and I can't fault the management."

A member of staff said, "[Registered manager] Is very supportive, we can come to her with any problems and she gives us support." Another member of staff said, "[Registered manager is great, any problems or concerns we can go to her. She is very approachable. Every morning she walks around the home and whenever she is off she will call in or be at the end of the phone." We saw that external professionals had also provided feedback to say that the home was well-led.

The registered manager was aware of the day to day activities in the service. We observed them interacting with people and staff. It was obvious from our observations they knew the people and staff well. Both were comfortable in their presence and there was a good rapport between them all.

We observed that people were comfortable approaching the manager and staff and the home had a very relaxed atmosphere. It was clear that there were positive working relationships with staff and management, and staff felt valued by the service. One member of staff said, "The home has a lovely and quiet atmosphere, it's very easy going."

Monthly staff meetings were in place and relatives and professionals were invited to discuss any matters concerning people's support needs. We also saw that the registered manager kept in touch with relatives on a regular basis via e-mail, telephone and face to face meetings. We saw that they kept families in touch with what was happening in the home and any significant news was shared through the use of newsletters.

There was an effective quality assurance system in place. The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date.

The manager had understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.