Hunters Lodge Care Homes Limited

Hunters Lodge Care Home

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 8 and 9 November 2016. The first day was unannounced which meant the provider and staff did not know we were coming.

The last inspection of this home was carried out on 29 July 2014. The service met the regulations we inspected against at that time.

There was a registered manager at the service. 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.

Hunters Lodge can accommodate up to 30 people who require personal care. The home is not registered to provide nursing care. There were 27 people living there when we visited.

People who used the service and their relatives told us they felt well cared for in the home. People we spoke with felt staff had the right skills to care for people. One person commented, "Staff seem to know what they're doing and they're very good." A relative told us, "Staff are committed, compassionate and competent." Staff told us they had lots of training opportunities.

There were enough staff on duty to support the people who lived there. Every morning staff were arranged into teams so they knew exactly who to support and when. The registered manager carried out thorough checks to make sure only suitable staff were employed.

People's right to make their own decisions was respected and their consent was sought before care was provided. Staff understood the Mental Capacity Act 2005 for people who lacked capacity to make a decision.

People were complimentary about the quality of the food. Their comments included, "It's always very nice", "the cooks like to feed us up" and "it's a very nice place to have meals". Relatives also said people were supported to eat and drink enough. One relative commented, "They always make sure people are hydrated – there's lots of drinks and ice-cream."

People and relatives told us the home arranged appropriate health care input when required, and acted quickly if people were poorly. One relative told us, "They've completely turned my [family member's] health around."

People and relatives had many positive comments to make about the caring and compassionate nature of the staff. People described staff as "very kind" and "very friendly". Staff were polite, respectful, friendly and sensitive when assisting people.

Relatives described staff as "very caring" and "very patient". One relative said, "The staff are lovely people. They get down and look at people when they're talking. They use gentle touch to help people feel reassured."

During this inspection we found a small number of people's care records were out of date which could lead to inconsistent care, so these were being updated.

Relatives felt staff knew each person well and everyone was treated as an individual. One relative commented, "They can get up when they want, have breakfast in bed if they want or have a late brunch. The staff do what people want them to do and they do it in a gentle manner and supportive way."

People told us there was a good range of activities and entertainment to take part in if they wanted. One person said there was always "plenty to do".

People and their relatives were asked for their views about the home at meetings and in surveys and these were used to improve the service. Each person had received written information about how to make a complaint when they moved to the home.

People, relatives and staff said the registered manager was "very approachable" and took time to listen to their views and suggestions. There was an open, family-style culture in the home and staff felt valued by the provider.

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 was safe.

There were sufficient staff to meet people's needs. The home only employed staff who had been vetted to make sure they were suitable.

People felt safe and staff knew how to report any concerns about the safety of people who lived there.

The home used an electronic system for managing medicines and staff said this was a safe way to make sure people got their medicines.

Is the service effective?

Good

The service was effective.

Staff had good access to training in care and health and safety.

The service applied Deprivation of Liberty Safeguards (DoLS), where applicable, to make sure people were not restricted unnecessarily unless it was in their best interests.

People were supported with their nutrition and health care needs.

Is the service caring?

Good

The service was caring.

People and visitors were very positive about the caring, kind and compassionate staff.

People were encouraged to make their own choices and these were respected.

People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

A couple of people's care records were out of date so staff did not always have access to information about their current needs. These were being updated at the time of this inspection.

People and relatives felt the service was personalised and met people's individual needs. There were activities, entertainment and opportunities for people to go out to meet their social care needs.

People and relatives knew how to make a complaint and would feel confident about doing so.

Is the service well-led?

Good

The service was well led.

People, relatives, staff and care professionals felt the home was well managed and the management team were approachable, welcoming and open.

The registered manager and management team were skilled and experienced.

The provider's had a system of quality checks to identify and address any shortfalls.

Hunters Lodge Care Home

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 8 and 9 November 2016. The first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The provider also 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 what improvements they plan to make.

We contacted the local authority commissioning and safeguarding officers. We contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with six people living at the service and nine relatives. We spoke with the registered manager, the deputy manager, the team leader, three care staff, the head chef and head housekeeper, activity staff and maintenance staff.

We reviewed five people's care records and 15 people's medicines records. We viewed three staff files for recruitment as well as supervision and training records for all staff members. We looked at other records relating to the management of the service. We looked around the building and spent time with people and visitors in the communal areas. We joined people for a lunchtime meal and observed the care provided to them throughout the day.

Good

Is the service safe?

Our findings

People and relatives said the care at Hunter Lodge was safe. People told us they felt comfortable and that staff were "lovely" and "very friendly". A relative told us, "My family member feels very safe with the staff because they are very familiar with the staffs' faces and staff are so respectful." Other relatives commented, "They couldn't make it safer", "I don't have to worry about my [family member] here" and "we're very happy with it because it's very safe and welcoming".

Staff told us and records confirmed that they had training in safeguarding adults and this was regularly updated every two years. Staff also understood whistleblowing procedures and said they would have no hesitation in reporting any concerns about the safety or care of people who lived there. One staff member told us, "We get lots of safeguarding training and we know how to report any poor practice. I know if I mentioned anything to the manager it would be listened to." Another staff member said, "I had safeguarding training as soon as I started. If I had any worries about people's safety I can talk to the manager, deputy manager or team leader."

There were risk assessments in place for each person, where appropriate, based on their assessed needs. These included risk assessments about falls, nutrition and pressure care. The risk assessments included actions and control measures to manage areas of risk. For example, some people had sensor mats or call alarm pendants to alert staff if they were at risk of falls. The registered manager carried out a monthly analysis of accidents and falls, which included the date, time, incident and steps taken to prevent reoccurrence. This meant any trends could be identified and preventative action could be taken.

There were contingency plans in place in the event of any emergencies. The plans included details of what to do and who to contact in the event of a flood, fire or staff absence. There were personal evacuation plans (PEEPs) for each person who lived at the home and these were reviewed monthly.

People and relatives told us there were enough staff on duty to support people. One person told us, "They come quickly when I need them." Relatives commented, "The staff are always around" and "there's plenty of staff to assist people". One relative commented that there were times when staff were very busy but also felt people received support in a timely way. We saw there was good staff presence around the communal areas and staff, including the registered manager, responded quickly to answer call bells.

The registered manager used a staffing tool to calculate the number of care staff hours needed. This was based on the assessed needs and dependency levels of each person, for example whether low, medium of high dependency. The staffing tool showed there were the correct number of staff on duty to support the people who lived there.

The current care staffing levels for the 27 people was a shift leader (either the team leader or a senior staff member) and five care staff in the mornings until early afternoon. There was a shift leader and three care staff in the afternoons and three care staff overnight. There were also two catering staff, three housekeeping staff, a maintenance staff and an activities staff member to support the service. A staff member told us, "It's

safe staffing for people. Staff are always on hand to assist them."

It was beneficial that staff were organised into teams each day to provide dedicated assistance to small groups of people. This meant each staff member knew who to support and when, so each person received support in a timely way. People who required the highest level of support received prioritised assistance, for example people who required two staff with their mobility and personal care. In discussions staff said they received good information at the handovers each morning and were very clear about who they would be supporting during their shift.

The home did not use agency staff as existing or relief staff were able to cover any gaps in the rota. There were contingency arrangements for mass staff absence as the home was part of a group of other homes in the area that would be able to provide cover. A relative told us, "It's consistent staff, there's no bank or agency staff. That means people see the same faces and that's important for my [family member] because they have dementia."

There had been a small number of new staff members recruited over the past year and we checked the recruitment and selection processes for four staff members. One staff member told us the recruitment checks meant people were kept safe. They commented, "The process was far more formal than other places and I wasn't allowed to work alone with people until after a month of shadowing other staff."

Recruitment practices were thorough and included applications, interviews and references from previous employers. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the provider carried out checks to make sure that staff were suitable to work with vulnerable people.

The people, relatives and staff we spoke with had no concerns about the way medicines were managed at the home. The home used a state of the art computerised medicines management recording system called Proactive Care System (PCS). This meant all medicines ordered and received from the pharmacy had a unique barcode and these were scanned in using a hand-held device by senior staff responsible for the management of people's medicines. The hand-held device identified what the medicines were and for which person, as well as the directions for use. The handheld device included a photograph of the person as well as any conditions, allergies or special notes about their medicines management.

When staff administered medicines they used the hand-held device to scan the person's medicines boxes which told them the dosage strength, and times of administration. The hand-held device also alerted staff about time-specific medicines and when they were next due. The device also alerted staff if they were trying to give someone a medicine too early so would show up red and not allow the medicine to be scanned. For example, if someone requested paracetamol within four hours of their previous dose. The system was able to print off paper records of which medicines had been administered, for instance if someone needed to take their records to hospital appointments.

Only management and senior members of staff were responsible for administering medicines. They had been trained in medicines management and had annual competency checks of their practice. These staff had a unique identifier to operate the electronic system so it was clear which staff had administered each medicines, at what time and to which person. The staff we spoke with felt the system was secure and safe. The team leader told us, "It's an amazing system. It makes every staff accountable for their administration. You can't alter the record of whether medicines have been given or not."

Good

Is the service effective?

Our findings

People and visitors told us staff were skilled and effective in their jobs. One person commented, "Staff seem to know what they're doing and they're very good." A relative told us, "Staff are committed, compassionate and competent."

Staff told us, and records confirmed, that they received necessary training in care and in health and safety, including moving and assisting, infection control, fire safety, food hygiene and first aid. The registered manager kept a calendar of 'safety to practice' training which showed the dates when each staff member had attended necessary training and when refresher training was needed. The registered manager also made sure all staff had training in dementia care. It was good practice that this included housekeeping, catering and maintenance staff members. We saw 24 of the 28 care staff had achieved or were working towards a national qualification in care. The registered manager had completed an award in managing care services. He was also a trainer in moving and assisting so was able to make sure all staff were trained in this important aspect of care.

One staff member told us, "They're very hot on training. We've had loads of training and got two more courses next week." Another staff member commented, "We get all the necessary training and refresher training." Staff also described how other training courses were sourced for them whenever a new person with different needs moved in, for example Parkinson's.

New staff completed an induction day with the registered manager which was based on the areas of the Care Certificate (a national set of outcomes and principles for staff who work in care settings).They also completed 100 hours of shadowing with experienced staff where they were observed and checked for their competency. They then had to complete a reflective account of their training. One staff member wrote 'I feel there is a lot of support for new staff. The induction process is in-depth and extensive.' New staff completed a six month probationary period and review to determine whether they were suitable to become a permanent member of staff. In this way the registered manager made sure only staff who were competent to work with vulnerable people were employed.

We spoke with the registered manager about the supervision and appraisal of staff members. Supervisions are regular meetings between a staff member and their supervisor, to discuss how their work is progressing and where both parties can raise any issues to do with their role or about the people they provide care for. The service aimed for each staff member to have four supervision sessions each year and an annual appraisal. The supervision records and planner showed the service was on track to achieve this. Staff told us they felt well managed and supported. For example, one staff member commented, "I have supervisions with either the deputy manager or the manager. I feel I can talk to them about anything and if I'd like any training or support I can mention it."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. We saw the staff had made DoLS applications to the local authority over the past year in respect of people who needed supervision and support at all times, and further applications continued to be made where appropriate. All staff had training in MCA and DoLS and understood people's rights and safeguards.

Most people who lived there were able to make their own choices and decisions. We heard staff asking people for permission before they supported them, for example with personal care, at mealtimes or with medicines. In care records we saw records of people's consent to receive care for example for medicines, continence care and wound care, where applicable. There were also assessments of people's capacity, where appropriate, and best interest decisions about any restrictions, such as the use of a bath strap for their safety.

We looked at how people were supported to enjoy meals and whether people's individual nutritional health needs were met. All the people and relatives we spoke with were very complimentary about the quality of meals. One person told us, "I can't fault the food. The cooks are brilliant and the food is lovely." Other people's comments included, "It's always very nice", "the cooks like to feed us up" and "it's a very nice place to have meals".

A relative commented, "The meals are nicely presented and it's personalised because the chef talks to each person about what they like. They always make sure people are hydrated – there's lots of drinks and ice-cream."

The catering staff were enthusiastic and motivated about ensuring people enjoyed their food as well as receiving the right support with any nutrition and hydration needs. The head chef told us, "I'm passionate about feeding people up. The care staff are great about communicating with me about how much people have eaten, and I go out with the meals and drinks to see how people are managing their food and drinks."

The head chef also commented, "If a person is losing weight and there's no apparent health reason, the care staff and cooks have a meeting to work out what would encourage them to enjoy their food. For example, one person liked toffee so we made sure there were lots of foods that were toffee flavoured to make them interested in their meal."

The head chef was well trained in nutritional health and specialist textures. The catering staff were knowledgeable about each person's dietary requirements as well as their likes and dislikes. They told us, "There is one person who needs soft foods, and I'm monitoring a new person to make sure of their swallowing."

Some of the people at Hunters Lodge were living with dementia. There were some adaptions to help people to find their way around. For example, there were large picture signs on bathrooms and toilets. The provider had started to put coloured veneers onto bedroom doors that made them look like front doors. The veneers were in different colours and helped people to recognise their own bedroom door.

There were photo boards of staff on duty for each day for people to look at, and there was a menu book with photographs of different dishes for people to make choices about their next meal. The home used yellow crockery to support people living with dementia and the catering staff were also sourcing blue crockery so that people would be able to distinguish their foods.

People and relatives told us the home arranged appropriate health care input when required, and acted quickly if people were poorly. One relative told us, "They've completely turned my [family member's] health around." Staff told us they had good links with local community health services. People's care records showed when other health professionals visited people, such as GPs, dentist, optician and dietitian.

Good

Is the service caring?

Our findings

All the people and relatives we spoke with made many positive comments about the care and compassion shown by staff at the home. People described staff as "very kind" and very friendly".

Relatives described staff as "very caring" and "very patient". One relative said, "The staff are lovely people. They get down and look at people when they're talking. They use gentle touch to help people feel reassured." A care staff member told us, "All the staff are very caring here. There's lots of hand-holding and hugs, but only if people like it."

There was a cheerful and calm atmosphere in the home. We saw friendly, warm and engaging relationships between all staff and the people who lived there. Staff spent time with people and spoke with them in an affectionate way. A relative described how their family member responded to the staff even though they had no longer any verbal communication. They told us, "My [family member] engages really well with staff even though they have dementia. The staff are brilliant with them."

People told us they made their own choices and staff respected and supported them in these. For example people described how they decided when they wanted to have breakfast or when they wanted assistance with personal care, such as a bath. People's independence was encouraged where capabilities allowed, for instance six people had keys for their own bedroom door. People enjoyed spending some time in the privacy of their own room. People and relatives described how each bedroom was highly individualised and all were cosy and comfortable.

People and relatives felt the home was a "family" home. One relative said, "They put such an effort into making it homely and normal." The catering staff told us, "I call the kitchen the 'yes' kitchen because whatever they want they can have. It's their choice. People come in the kitchen and enjoy helping make cakes or washing up. It's their home."

People told us the staff were respectful and treated them with dignity. A relative told us, "If people are becoming agitated the staff are very good at reassuring and guiding them. I feel they value and respect my parent." Another relative commented, "They always treat people with the utmost respect and care. The young staff are very good which gives us confidence for the future."

One visitor commented, "Staff are so polite and respectful towards people. We looked at several homes before this one and this one was so good in comparison." Another relative said, "The staff are all helpful, caring and compassionate. I've worked in care homes so I know how brilliant this home is."

Staff felt they worked alongside compassionate and sensitive colleagues. A member of auxiliary staff told us, "These care staff are brilliant. They are so patient and kind towards people. And the manager and deputy manager are great. It's like their own family here so they make sure all staff are caring."

Requires Improvement

Is the service responsive?

Our findings

During this visit we looked at some people's care records. Care plans were in place for each person to guide staff in how to support them. The care plans included areas of assistance such as personal care, mobility, eating and drinking, social care and mental health.

One person's care records, written in 2013, were now out of date and did not reflect the changes in the person's needs in a clear way. Where changes had occurred some information had been crossed out and new information written in. This made it difficult to tell which were the current needs and guidance for staff to follow. It also meant there was inconsistent information in some of the records. For example one part of their care records stated they were to be weighed monthly whilst another part stated they should be weighed fortnightly. The monthly reviews of the person's care plans included a generic statement of "no changes to care plan" even where changes had taken place.

The deputy manager acknowledged that the care records for this person were out of date. This had been identified in a recent audit of the care plan and it was already planned that these were to be re-written.

For another person there was no details of when they required an 'as and when' medicines for agitation. There was a risk assessment about the person's behaviour and how to respond in the least restrictive way, but no details of the point at which to consider medicine to support the person.

The service had recently introduced a new care plan format and each person's care needs were being rewritten onto the new format. We saw that where care records had been updated and rewritten on the new format the information was clear, detailed and personalised.

The new care plans that we viewed were up to date and individualised. We could see from actions already taken that the plan to update remaining people's care records was well in progress. The registered manager confirmed that work to update care plans was almost complete. We recommend that the service considers its system of review of care records in order to address any future changes in a timely way.

The new care plan format included a specific record of the involvement of the person in their own care planning and any input from relatives. Relatives told us they felt they had been fully involved in the assessment and care planning process. People and their relatives felt staff knew each person very well. For example, one relative commented, "They are all treated as individuals. They can get up when they want, have breakfast in bed if they want or have a late brunch. The staff do what people want them to do and they do it in a gentle manner and supportive way." Another relative told us, "They know my [family member] very well and they absolutely meet their needs. The cooks are always bringing food out to my [family member] because they know my [family member] only eats when they want to."

Staff were keyworkers for about three people each. They told us they took special responsibility for Making sure people had everything they needed such as toiletries and also for supporting their contact with relatives. In discussions all the staff were very knowledgeable about people's individual preferences and

lifestyles. People's care files included a 'My Day' record which detailed the individual ways the person liked to spend their day and how they preferred to be supported. For example, one person's 'My Day' record included details of how the person 'enjoys food they can pick up and walk around with' and another person's described how they 'like to have a little snooze after breakfast'. This helped staff to understand what was important to each person, even if they were no longer able to communicate this.

People told us there was "plenty to do" at the home. They described how they had recently had an incubator in the lounge where they could watch chickens hatch, and now the hens lived in a hen hut in the garden. People described how they enjoyed being in the garden in better weather. One relative told us, "My family member loves the cabin the garden. They spent days out there in the summer." The home also used a conservatory as a sensory experience room including relaxing scents, music and hand massages.

The home employed an activity staff and there were posters around the home advertising the daily activities and entertainment. These included various games, quizzes, singing, reminiscence discussions shopping trips and entertainers. On the days of this inspection people were making home-made pizzas and cheesecake, there was a trip out locally and a church service.

One relative told us, "There are lots of events and activities and although my [family member] doesn't join in they enjoy watching it like to watch it." All the people and relatives we spoke with said all staff were involved in helping out with activities and social events. One relative commented, "Lots of staff come and help in their own time with events like the fireworks night and
parties."

People and relatives said they would feel comfortable about raising any comments if they were dissatisfied with an aspect of the service. One relative said, "I feel I could go any of the management team if I had any issues – they're all very approachable."

The registered manager kept a log of any comments, complaints and compliments. The last formal complaint was received in 2011. People and relatives confirmed that any other comments they made, such as temporarily missing laundry, were addressed immediately.

People had an information handbook in their bedrooms which made reference to the complaints procedure being in the residents' agreement. Some people may no longer have a copy of that document. The registered manager confirmed that the information about how to make a complaint, what timescales to expect and other routes for complaints could be made available in the home so people had easy access to it.

Good

Is the service well-led?

Our findings

People, relatives and staff told us the service was well-run. All the people and visitors we spoke with made many complimentary comments about the friendly, open approach of the registered manager. For example, one relative told us, "The attitude of the manager is very good. Even if he's busy, he makes time for discussions. He's very open and listens to what we have to say. I feel I could mention anything."

One relative commented, "The leadership is very good. Senior staff have developed into management roles. The values of the management team are second to none and they treat everyone like family."

The registered manager had been in post for five years and had worked at the home for many years before that. Their family had managed and operated the home until it became part of the small group of homes run by the current provider. People and staff felt that this gave the service an open, approachable culture and family-friendly values. One staff member told us, "We all pitch in together, for example for activities or whenever a resident needs something. We really work as a team for the residents." Another staff member commented, "It's really well-managed. I like the fact they (the management team) are really approachable but still manage us properly. We can ask questions and talk about things."

People and relatives confirmed they were regularly asked for their views of the service. Resident/relatives' meetings were held every three months and were also used as information sessions about aspects of care. For example at the most recent meeting in there had been a talk by a mental health care professional about dementia.

Staff meetings were held which were used to inform staff of expected practices and any changes. Staff said they could also give their comments and suggestions during their supervisions and appraisals. All the staff we spoke with felt their views were listened to and valued. One staff told us, "The manager always asks us for our suggestions. If we suggest anything, like equipment or products, it's provided." Another staff member told us, "The manager is fantastic – we get any equipment that is needed."

The provider also used annual surveys to gain the individual views of people, relatives, staff and visiting care professionals. The last surveys were carried out in February 2016. There were nine responses from people who used the service Their comments were very positive and included, 'I wouldn't change a thin', 'I feel comfortable and secure', 'staff are very friendly' and 'it's a good home'.

All the responses from relatives were all positive. One relative had made a suggestion about changing the carpet in the hallway. The provider had acted on this suggestion and wood-effect, non-slip flooring had been fitted. Staff comments in the survey included comments about feeling valued and satisfied in their roles, good communication, great management and an excellent company to work for.

Feedback from four visiting health professionals including comments such as 'staff know people's needs well', 'professional, helpful and polite staff' and 'patients look well cared for'.

The registered manager arranged for checks and audits to be carried out in the home. These included infection control audits including checks of mattresses and pillows y housekeeping staff. Senior care staff carried out audits of medicines management. The registered manager submitted weekly reports to the provider about the quality and safety of the service. The provider employed a Director of Care who carried out monthly visits to the home and any noted shortfalls were set out in an action plan with timescales for completion and review.

The home employed a part-time member of maintenance staff who carried out maintenance checks. The tasks included hot water temperature checks. The washbasins used by people who lived at the home were fitted with thermostatic mixing valves and hot water temperatures were found to be at a safe temperature. Previously there had been a gap in the records of water temperature checks. We saw the provider's own quality assurance processes had identified this and remedial actions had been kept under review until it was fully addressed.