Horsell Lodge Limited

Horsell 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

Overall summary

This was an unannounced inspection, which took place on the 18 November 2014. Horsell Lodge is a large Victorian and Edwardian property that has been converted into a care home. It is registered for up to 46 older people some of whom are living with dementia. At the time of our inspection there were 30 people at the home.

There was a registered manager in place. 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 and associated Regulations about how the service is run.

People and their relatives told us that they felt they were safe. All of the staff had received safeguarding adults training, had knowledge of the safeguarding procedures and what to do if they suspected abuse.

There were enough staff to meet people's needs and people received care in a timely way. There were

Summary of findings

complete pre-employment checks for all staff. This included full employment history and reasons why they had left previous employment. This meant as far as possible only suitable staff were employed.

There were processes in place in relation to the correct storage and audit of people's medicines. All of the medicines were administered and disposed of in a safe way. Where people were receiving covert medicine this was done in their best interest.

People thought the food was good and felt that their needs were catered for. People were encouraged to make their own decisions about the food they wanted. We saw that there was a wide variety of fresh food and drinks available for people. Those people who needed support to eat were given it.

People had access to other health care professionals as and when they required it. The opinions of the health care professionals had been sought in a timely way.

Staff knew about the Mental Capacity Act 2005 and there was evidence that all of the staff had received training. Where people were unable to consent and decisions were made about their care 'best interest' meetings had been held and recorded.

People thought that the staff were caring and that they were treated with dignity and respect. They also felt that if they needed privacy then this would be given. Staff took the time to communicate with people in a meaningful way and people felt there were enough activities to keep them occupied.

People said that staff understood their care needs. One person said that they were very involved in the care and staff consulted them in every way. Staff responded to people's needs and understood the emotional needs of people living with dementia. People were not were left for long periods of time without any interaction with staff.

People understood how they could make a complaint and felt comfortable to do so. There was a copy of the complaints procedure for everyone to see in the reception area. All of the complaints were logged and an action plan was written to resolve the complaint where possible.

People, relatives and staff were asked for their opinions and feedback on what they thought of the service. The information gained from this was used to make improvements. For example in relation to better communication.

People and staff thought that the service was well-led by the manager. The manager carried out a system of ongoing assessments to monitor the quality of the service provided.

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?

Good

There were enough qualified and skilled staff to meet people's needs. Staff were recruited appropriately and had the skills and knowledge to safely care for people.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance to staff.

Staff understood and would recognise what abuse was and knew how to report it if this was required.

Medicines were stored, administered and disposed of safely.

Is the service effective?

Good

Care was delivered according to people's care plans and people were supported to access health services to maintain good health.

Staff had a good understanding of the Mental Capacity Act 2005 which protected peoples' rights. The provider supported staff with effective inductions, training and supervision and with regular meetings to share best practice.

People said that the food was good and their weight and nutrition were monitored to maintain good health.

Is the service caring?

Good

People were treated with kindness and compassion and their dignity was respected.

Care was centred on people's individual needs. Staff knew people's life histories, interests and personal preferences well.

People thought that they were listened to and concerns raised were addressed by staff.

Is the service responsive?

Good

People were supported to make decisions about their care and support as far as possible. People, their representatives and staff were encouraged to make their views known about their care and support in different ways.

People's needs were assessed and regularly reviewed. Meaningful activities were provided for people which were particular to their interests.

People, their relatives and friends were encouraged to provide feedback and supported to raise complaints if they were dissatisfied with the service.

Is the service well-led?

Good

The service was well-led.

Systems were in place to monitor the service and to get the views of people to improve about the quality of the provision for people.

People were supported to have links with the local community.

Horsell 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 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 the 18 November 2014 and was unannounced.

We spoke with five people using the service, two relatives and nine members of staff. After the inspection we spoke with four health care professionals that visited the service on a regular basis. These professionals included a community nurse, GP, community psychiatric nurse and a chiropodist. We observed care throughout the day on all of the floors including when meals were being served. We reviewed three care plans, four staff files and general information displayed for people and records relating to the general management of the service. This included audits and staffing training records.

The inspection team consisted of two inspectors and an expert by experience in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed records held by CQC which included the notifications to inform us of any incidents. A notification is information about important events which the service is required to tell us about by law.

We last inspected the service on 29 October 2013 where no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe. One person told us they had no concerns regarding the staff or people's behaviour towards them or anyone else in the home. People said that if they didn't feel safe then they would speak to the manager or their relatives.

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. Staff said that they would feel comfortable referring any concerns they had to the manager or the local authority if needed. There was a Safeguarding Adults policy and staff had received training. There were flowcharts around the home to guide staff and people about what they needed to do if they suspected abuse. One member of staff said "I understand who the lead agency is and I would contact them if I needed to."

Risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm. Where there was a risk of falls, instructions were given to staff about using mobility aids, sensor mats in people's rooms and how the individual should be assisted to move around the home. We asked a senior member of staff if they had any concerns about the safety of people living in the home. They said, "If I had a concern I would immediately make an assessment of the risk and put in place preventative measures to reduce or, where possible, eliminate the risk." We saw that people were supported with walking when they needed this.

There were sufficient members of staff on duty and staffing levels were safe. A dependency tool was used to assess people's needs. This was used to determine how many and what types of staff were needed. The registered manager used agency staff and staff from other services would provide additional support if needed. When people needed staff they responded in a timely way. Two members of staff had left recently and the registered manager was in the process of recruiting. Staff we spoke with said that this had caused greater pressure but it had not impacted on the care that people received. One told us "I am happy to do a bit of overtime whilst we are a bit short staffed." The staffing rotas showed there was never less than the minimum staff required on duty.

Staff recruitment files contained a check list of documents that had been obtained before each person started work. We saw that the documents included records of any cautions or conviction, two references, evidence of the person's identity and full employment history. This gave assurances to the registered manager that only suitably qualified staff were recruited.

Medicines were stored appropriately and audits of all medicines took place. We looked at the Medicines Administrations Records (MARs) charts for people and found that administered medicine had been signed for. All medicine was stored, administered and disposed of safely. Where people were on covert medicine best interest meetings had taken place with the person's family and their GP. Guidance was provided from the pharmacist about how the covert medicine should be administered and this was followed. Medication training was provided to senior staff and people's medicines were reviewed regularly.

Is the service effective?

Our findings

People said that the staff knew how to look after them and paid attention to their individual needs.

We saw staff interact with people and it was clear they knew and understood them.

Staff received training and records confirmed that staff were kept up to date with required training. This included fire safety, moving and handling, infection control, food hygiene and first aid. The staff started training during their induction, and had a probationary period to assess their overall performance. Healthcare professionals provided specific guidance and training to staff when they came to the service. This included guidance around pressure care and nutritional advice. One healthcare professional told us that they felt staff were receptive to their advice. We saw people being moved in a safe way by staff throughout the day.

Staff received regular supervision and annual appraisals. Staff said that they found these sessions supportive and they helped them to maintain their skills. They said they were able to ask for additional training and development and this was supported by the management of the home. Staff had additional training in business and administration, leadership and management and dementia awareness. They said that team work was good and the management was approachable and supportive.

People said that staff gained consent from them before delivering any care. Staff gave examples of where they would ask people for consent in relation to providing personal care. We saw several instances of this happening during the day. In one case staff asked one person if they would like to be assisted to the bathroom.

Staff were informed about their responsibilities under the Mental Capacity Act 2005, and the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty they have been authorised by the local authority to protect the person from harm. Some people had equipment which restricted their movement, such as the use of bed rails for the protection of people who may be at risk of falling out of bed. We saw that these were only used after a thorough assessment had been completed, which showed that the person's safety was promoted through the use of bed rails. The registered manager confirmed to us after the inspection that where people could not access the front door because it was locked, and where people lacked capacity, applications had been submitted to the local authority to establish whether this was depriving people of their liberty.

People told us that they enjoyed the meals. One person said "The chef does wonders." One relative told us "If the residents aren't eating they will encourage eating." People were supported in maintaining a balanced and nutritious diet. The chef told us that they had plans to review the menu taking into account what people wanted. There was plenty of fresh fruit and vegetables available for the meals. The chef had records of people's individuals requirements in relation to their allergies, likes and dislikes and if people required softer food that was easier to swallow. The chef also had a record of people's weight charts to assist with making sure that people were eating well. People were provided with hot and cold drinks throughout the day.

Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs. People's weights were recorded regularly (usually monthly), and any significant weight gain or weight loss was identified by staff and passed on to the registered manager. Where people needed they were weighed more frequently. Referrals were made to appropriate health professionals such as a dietician, if people needed help to maintain their food or fluid intake.

People's health needs were continuously monitored. One person said that the service was constantly reviewing their health needs. Monthly assessments for specific needs, such as moving and handling, falls risk, pressure area care, continence and nutrition were undertaken. Charts were used to record positional changes for people with reduced mobility; fluid charts for people at risk of dehydration; and personal care records showing when people had had a bath or shower. Wound care records were used and included photographs. These helped to demonstrate how well a wound was healing or deteriorating. Referrals were made to other health professionals as needed. The health care professionals felt that when they were called out it was timely and appropriate.

Is the service caring?

Our findings

People were treated with kindness and compassion by staff throughout the inspection. Staff took the time to acknowledge people either with a smile and a 'hello' as they were walking past or they sat with them talking. People said staff were caring towards them. Where people were anxious we saw staff reassured them and ask them what was upsetting them. There were several instances s of laughter and chatting between staff and people which had a positive impact on people.

Meetings for residents and relatives took place regularly and people and their families were encouraged to give feedback and express their views about the running of the service. The minutes of the meetings showed people had offered views on the meals and the portion size. The manager said that the home had responded to these comments and informed the chef. They were also planning to have a fish and chip meal that had been requested. This was an instance where people were able to express their views and that feedback was listened to and acted upon if possible.

Staff told us that they read people's care plans before they provided any care. They said that this was encouraged by the manager to help them understand the person and who they were. Staff knew people well and understood them. They knew people's backgrounds and individual preferences. This meant that they could discuss things with them that they were interested in, and ensure that care was individual for each person. They said that they would offer people the choice of a male or female carer to provide personal care. We saw staff offered choices to people and made sure that people had what they needed.

Staff picked up on details with people, such as observing when a person did not look comfortable in their armchair. People were able to choose where they spent their time, for example, in their own rooms or in one of the lounges. Staff promoted their independence, and ensured that people had the items in reach that they wished to use like a television remote or the newspaper. People's family and friends were able to visit at any time, and to participate in their care if the person agreed with this. For example, one relative sometimes helped a person with their lunch. Relatives were confident that people were well cared for. Health care professionals said that the staff were caring.

We saw that people were encouraged to meet with the chef to talk about the menu choices and any events that were coming up. We saw that the minutes contained discussions about what food people wanted at the summer party. Other areas discussed at the meeting included the decoration of the home and any future building work taking place. People where possible were given the opportunity to be involved in the running of the home.

Staff treated people with dignity and respect. We saw that they knocked on people's doors and waited for a response before entering. Personal care was given in the privacy of people's own rooms or bathrooms. One member of staff said, 'I always ask the person if they want me present when they are using the bathroom. I knock before I enter a room and I am careful to draw curtains and I use towels to protect dignity during personal care. I help people make choices and offer options such as a choice of juices'. Another member of staff told us "I see staff are caring and have developed really good relationships with people."

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Is the service responsive?

Our findings

People and relatives told us that they felt involved in their care planning when they moved to the home. They said they continued to be involved in every review of their care. Each care plan contained a pre-admission assessment carried out by the registered manager. This was designed to allow the registered manager to assess the level of need to determine whether they could provide the support the person needed.

One member of staff said, 'It gets easier as we get to know each person and we have a better understanding of their preferences. For example, I know how people like to spend the morning, where they like to sit and who they enjoy talking to.' People told us that their interests were always taken into account in the home. One person, who liked baking, was encouraged to take part in cooking. Staff said that people spent the day doing what they choose. They told us "We have cinema days where we use a large screen and show films that people want to see. People told us that they enjoyed this activity." Staff said that they had a music hour in the morning so people who liked listening to the radio could do so in the lounge. We saw this happen and that the television was kept on a low volume so people could enjoy the music. Staff told us that there was a church service for people who wished to participate and that they would arrange a different service for people of other faiths if needed. People told us that staff took them out to the garden centre.

One person told us that they enjoyed the monthly exercise sessions that took place from a visiting professional. They told us that they wished they could do this weekly. The registered manager told us that they would arrange for this to happen and that the person had not asked for this before. There was a weekly list of activities for people and this included skittles, games, quizzes and one to ones with staff.

There was an area where people were able to sit in the garden and an area where people could smoke. We saw this area accessed frequently throughout the day.

Care plans included a recent photograph of the person on the front and details of their background, family, interests and hobbies. Some of the people's rooms also included individual or family photographs and other personal items in a small glass fronted display cabinet at the door to the room. This was to help orientate people when they wanted to go back to their room. A senior carer who was also the 'Dementia Champion' for the home said that they delivered a training course for staff entitled 'Living in my world' and this provided staff with guidance on working with people with dementia and various tips and techniques such as having short conversations about something that was known to be of interest.

Staff said that people could choose to stay in their own rooms all day if they wanted. They told us about one person who liked to sit quietly and read and did not like the noise in the lounges. The senior carer said that were also a number of 'night owls' who liked to sit up late and watch television and they would support them to do this.

People and relatives said that if they had a concern or a complaint then they wouldn't hesitate raising this with the staff or the manager. Staff told us that they would support and encourage people to make a complaint if they were unhappy about something. The service had a complaints policy which was available for people to see. Where complaints had been made these were recorded and a copy of the response was kept. Any learning from this was then used to guide staff and a record of the person's satisfaction was kept. We saw examples that related to loss of people's belongings. These were all resolved to people's satisfaction.

Is the service well-led?

Our findings

People and relatives told us that they thought the service was managed well. They said that they could approach the manager whenever they wanted to. There was support for the manager. One member of staff said, "The manager had moved things on and made things happen." Another said, "I have nothing but respect for the manager who is firm but very fair." Another member of staff said that the manager was very effective in resolving staff issues within the staffing team and doing so on the day. They said "She sorted it out and you would not know we had ever had a problem." Another told us "The manager lets you know what needs to be done and she pushes the work along; flooring has been replaced and rooms decorated as a result."

All the staff we spoke with said that there was good, cooperative team working and a 'lovely friendly atmosphere'.

People's views were sought through the use of annual questionnaires. These were given to each person living in the home, and at least one of their representatives. We viewed the most recent questionnaires and saw that they covered topics such as care delivery, social and daily aspects to life and meals. All the responses from these questionnaires were then sent to the service 'Group Quality' manager to analyse. The results were then fed back to the manager to address any concerns that had been raised. We saw that people were consulted about the concern they had raised and steps taken to address this. There was an information pack for each person which detailed the visions and values of the service and people felt that the service provided this.

There was a staff engagement leader and representatives of all sections of the staff including night staff. They had monthly meetings where they were able to put forward their ideas for improving life in the home for people and staff. This included requests for new and replacement equipment. They would then feed this back to the manager who would do what they could to address this. There were some delays to areas that staff and the manager had been trying to address which included completing refurbishments and improving the environment of the home.

Each month staff, people and relatives or visitors could vote for a member of staff or team to be given a small gift for their efforts. This included a congratulatory letter from the Regional Operations Director. This scheme was intended to help motivate staff which they said they liked.

The manager told us that they encouraged the outside community to be involved in the service. The local church came to the home with the choir. Flowers were delivered from the local church frequently. We saw this on the day of the inspection. Local schools came to sing at Christmas and the local mayor came to the summer event. The manager told us that they were trying to get the local day centres to come to the home to socialise with people there.

The manager carried out a system of ongoing assessments to monitor the quality of the service provided. We saw that they identified areas for improvement such as the maintenance of the outside areas. Other checks included emergency lighting checks; hot water temperature checks; fire drills; 'portable appliance' testing for electrical items and call bell checks. These checks provided an effective method for improvements.

In addition the manager sat and watched the way in which and how often staff interacted with people. Where they had identified something that could be improved upon this was addressed with the member of staff. This included encouraging staff to interact more. They introduced a system for staff to log each thirty minutes the welfare of people who were more at risk of social isolation and that they had interacted with this person. We saw this being recorded on the day.

There was a monthly management and risk audit which checked that other aspects of the service were running smoothly. This included monthly staff meetings, staff supervisions, details of any new members of staff and analysis of any accidents and incidents.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.