Friars Lodge Limited

Friars Lodge

Inspection report

18-20 Priory Road
Dunstable
Bedfordshire
LU5 4HR

Tel: 01582668494
Website: www.janescarehomes.co.uk

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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

This inspection took place on 20 and 21 June 2016 and it was unannounced. At our previous inspection in March 2015, the provider was meeting the regulations we looked at.

Friars Lodge provides accommodation, care and support for up to 20 people with a variety of care needs including chronic conditions and physical disabilities. Some people may be living with dementia. At the time of our inspection there were 16 people living at the service.

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 felt safe in the service. Staff understood their responsibilities with regards to safeguarding people and were aware of the processes in place for reporting concerns. They had received effective safeguarding training.

Personalised risk assessments were in place that gave guidance to staff on how individual risks to people could be minimised. Medicines were stored appropriately, managed safely and audits completed.

There were sufficient numbers of staff on duty to meet people's needs. Safe recruitment processes were in place and had been followed to ensure that staff were suitable for the role they had been appointed to prior to commencing work.

Staff were well trained and completed an effective induction programme when they commenced work at the service. Staff were supported in their roles and received regular supervision and appraisals.

People were supported to make choices in relation to their food and drink and a varied menu was offered. People's health care needs were being met and they received support from health and medical professionals when required.

Staff were kind, considerate and friendly. People's privacy and dignity was promoted throughout, their care and consent was gained before any care was provided.

People's needs had been assessed and care plans took account of their individual needs, preferences and choices. Care plans and risk assessments had been regularly reviewed to ensure that they were reflective of people's current needs.

People were encouraged and supported to participate in a range of activities and received relevant information regarding the services available to them.

The service was led by a registered manager who was visible and approachable. People, relatives and staff spoke highly of the registered manager and their ability to manage the service.

People, relatives and staff knew who to raise concerns with and there was an open culture. People and their relatives were asked for their feedback on the service and comments were encouraged. Quality monitoring systems and processes were used effectively to drive improvements in the service and identify where action needed to be taken.

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 systems in place to safeguard people from the risk of harm and staff had an understanding of these processes.

Personalised risk assessments were in place and action was taken to reduce the risk of harm to people from identified hazards.

There were sufficient members of staff on duty at all times and safe recruitment processes in place.

People's medicines were managed safely and stored appropriately.

Is the service effective?

Good

The service was effective.

Staff were trained and had the skills and knowledge to provide the care and support required by people.

People were asked to give consent to the care and support they received.

People were provided with a choice of food and were complimentary about the meals provided at the service.

People were supported to meet their health needs and had access to a range of health and medical professionals.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and considerate.

People's privacy and dignity were promoted by staff.

Staff demonstrated a good understanding of people's needs and respected their choices and preferences.

People were provided with a range of information regarding the services available to them.

Is the service responsive?

Good

The service was responsive.

Detailed care plans which reflected people's needs and preferences were in place and were consistently reviewed.

People were encouraged and supported to participate in a range of activities.

There was an effective system to manage complaints.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who was visible and approachable. People, relatives and staff spoke highly of the registered manager.

Quality monitoring systems were in place and were used effectively to drive continuous improvements in the service.

There was an open culture amongst the staff team and staff felt management were supportive and approachable.

People, their relatives and staff were encouraged to give feedback on the service provided.

People, their relatives and staff were encouraged to give feedback on the service provided.

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 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 20 and 21 June 2016 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, we reviewed the information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law. We found that no recent concerns had been raised.

During the inspection we spoke with seven people who lived at the service, three relatives, three care workers, one senior care worker, one cook, the head of care and the registered manager.

We carried out observations of the interactions between staff and the people living at the service. We reviewed the care records and risk assessments of six people who lived at the service, and also checked four medicines administration records to ensure these were reflective of people's current needs. We also looked at four staff records and the training records for all the staff employed at the service to ensure that staff training was up to date. We reviewed additional information on how the quality of the service was monitored and managed to drive future improvement.

Good

Is the service safe?

Our findings

People and relatives we spoke with said that they felt that they or their relative was safe and secure living at the service. One person said, "It's a safe place to live. There's always someone around which is reassuring." Another person told us, "I do feel safe here; the staff look after me really well." A relative told us, "For [name of person] it's safe, secure and homely."

People were safeguarded from the risk of harm by knowledgeable staff. All the members of staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of concerns they would raise. They were also aware of reporting to the local authority or other agencies and demonstrated a good understanding of these processes. One member of staff said, "I would raise any concerns about people with [name of registered manager], [name of provider operations manager] or I would speak to the council team." Another member of staff said, "I recently completed safeguarding training and it taught me all the signs to look out for. I would talk to any of the senior staff if noticed anything that concerned me."

Training records for staff confirmed that they had undergone training in safeguarding people from the possible risk of harm. There was a current safeguarding policy and information about safeguarding, including the details of the local safeguarding team which was displayed in the entrance hallway and in the staff cloakroom. Records showed that no safeguarding referrals had been made to the local authority however the registered manager and all the staff we spoke with were aware of the circumstances when a referral would be required and the methods of doing so.

There were personalised risk assessments in place for each person who lived in the service. One person told us, "Staff always check things are safe. They tell me what they are doing and what they are checking for and why." Another person told us, "They don't put us at risk at all. Staff are always reminding me to keep myself safe when I'm up and about." The registered manager told us that risk assessments were reviewed monthly to ensure that the level of risk to people was still appropriate for them, taking into account any changes in people's needs or any incidents that may have occurred. Any actions that staff should take to reduce the risk of harm to people were included in the detailed care plans. This included identified support regarding nutrition and hydration, communication, personal care, continence care, falls and skin integrity. For some people, these also identified specific support with regards to their mobility and the steps that staff should take and the equipment to use to keep people safe.

Staff told us that they were made aware of the identified risks for each person and how these should be managed by a variety of ways. These included looking at people's care plans and their risk assessments, daily records and by talking about people's needs at handovers. One member of staff told us, "We always talk about any changes in people's needs at team meetings or at handover. It's important that we know how people are feeling or if they've had any deterioration in their health so we can continue to keep them safe and provide the care they need." A member of staff who had recently started working at the service told us, "I shadowed other staff when I first started and that gave me the opportunity to watch more experienced staff and how they worked. [Registered manager] asked me if I felt ready to go on shift before I was put on

the rota so I had the chance to say if I didn't feel comfortable with anything or wasn't sure."

A record of all incidents and accidents was held, with evidence that the manager had analysed each report and appropriate action had been taken to reduce the risk of recurrence. Where required, people's risk assessments were updated to reflect any changes to their care as a result of these so they continued to have care that was appropriate for them.

The registered manager had carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments, slips and falls, medicines, the presence of stairs in the building and the security and access to the building. People living at the service had Personal Emergency Evacuation Plans (PEEP's). Information and guidance was displayed in the entrance hallway to tell people, visitors and staff how they should evacuate the service if there was a fire.

People, relatives and staff we spoke with told us that there was enough staff on duty. One person told us, "There always seems to be plenty of staff around. I only have to press my buzzer and they come." A relative told us, "I visit regularly and there always seems to be enough staff working. They don't appear rushed and things seem to run smoothly." One member of staff told us, "We have busy times but we always have the opportunity to sit and chat with people." We observed that staff were available to meet the needs of people living in the service when required or requested and there was a visible staff presence in the communal areas. Call bells were answered promptly. The registered manager used a dependency tool to assess the level of need of all the people living in the service and the support they required. This was reviewed on a monthly basis to determine staffing levels prior to completion of the staff rota and took into account any changes to people's needs or any new admissions to the service. We reviewed past rotas and found that there was consistently the required number of staff on duty as determined by the dependency tool.

We looked at the recruitment files for four staff including two care workers that had recently started work at the service. The provider organisation had robust recruitment and selection procedures in place and relevant pre-employment checks had been completed for all staff. These checks included Disclosure and Barring Service checks (DBS), two written references and evidence of their identity. This enabled the registered manager to ensure that the applicant was suitable for the role to which they had been appointed before they had started work.

People we spoke with confirmed they received their medicines as prescribed. One person told us, "I receive all the help I need with my tablets." Another person told us, "Staff make sure I get the right tablets, at the right time. I don't need to worry." There were effective processes in place for the management and administration of people's medicines and there was a current medicines policy available for staff to refer to should the need arise. We reviewed four records relating to how people's medicines were managed and they had been completed properly.

Medicines were stored securely and audits were in place to ensure these were in date and stored according to the manufacturer's guidelines. The registered manager explained to us how they conducted regular audits of medicines were so that that all medicines were accounted for and the computerised system aided the stock control of medicines in the home. These processes helped to ensure that medicine errors were minimised, and that people received their medicines safely and at the right time. We observed one senior member of staff administering medicines and they demonstrated safe practices. We carried out a reconciliation of the medicines held for one person people against the records and found this to be correct.

Good

Is the service effective?

Our findings

People thought that staff had the skills required to care for them. One person said, "They are all very good and know how to do the tasks I need them to do." Another person told us, "I watch them. They know what they're doing." A relative told us, "I often hear that a member of staff is off for the day doing some training. I'm confident that they are well trained." It was clear from our observations of staff interacting with people that they knew and understood their needs.

Staff told us that there was a comprehensive induction period for new members of staff. A member of staff who had recently started work at the service told us, "I've never worked in a care home before and was told at my interview that I would get all the training I need. That's definitely been the case. It hasn't stopped." Another new member of staff told us, "I'm working on the Care Certificate at the minute and have completed my online learning. I've been on some local courses too." The registered manager explained to us that part of the induction was the completion of the Care Certificate and, once inducted, members of staff were supported to complete a vocational qualification.

Staff told us there was an ongoing training programme in place which gave them the skills they required for their roles and their personal development continued. One member of staff told us, "We complete lots of training. Face to face or online. We are always kept up to date." Another member of staff told us, "I've worked here for a long time now but the training continues for me. There's always online learning or a course to do." Staff discussed the variety of training courses they attended, both face to face and online, and were positive about how this supported them in their work. This was supported by the records we checked.

Staff felt supported in their roles and received supervision, formally and informally on a regular basis. One member of staff told us, "We have monthly supervision. We talk about how we're doing and get feedback on our work. It's also an opportunity to talk about our training and development and any worries we might have." A member of staff who had recently begun working at the home told us, "I've recently had my first supervision with [registered manager] and it was really good. I got feedback on how I was doing and we discussed how I was settling in. I also had the chance to talk about my training." Staff we spoke with confirmed that they had received an appraisal. Records showed that staff received regular supervisions and that annual appraisals had taken place or were planned in line with the provider policy.

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. 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.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Staff had received training on the requirements of the MCA and the associated DoLs and we saw evidence that these were followed in the delivery of care. Where it had been assessed that people lacked capacity we saw that best interest decisions had been made on behalf of people following meetings with relatives and health professionals and were documented within their care plans. Authorisations of deprivation of liberty were in place for people who lived at the service as they could not leave unaccompanied and were under continuous supervision.

People told us that staff sought their consent. One person told us, "Staff always ask what help I need and ask my permission before they do anything." Another person told us, "Yes, they do ask for my say so. Whether it's coming into my room, helping me in the bathroom or helping me downstairs, they are always asking me." A relative told us, "Staff always ask before giving any care to [Name of person] and if she says no, that's ok. They respect that." Members of staff told us that they always asked for people's permission before providing them with care. One member of staff told us, "I ask people before giving any care or help. I need to make sure that I have their permission before I do anything." Our observations confirmed that staff obtained people's consent before assisting them with personal care or supporting them to transfer. Where people refused, we saw that their decisions were respected. Records confirmed that people, or their relatives where appropriate, had given their written consent to the care being provided.

People were supported to have a varied and balanced diet and were complimentary about the meals that were provided at the service. One person told us, "The food is very good. It's brought back my appetite somewhat because it's so tasty." Another person told us, "The food is lovely. I'm offered plenty and there's always something I like from the many choices we get." A relative told us, "[Name of person's] appetite is quite poor these days. The kitchen staff will prepare anything, when asked, to see if she can be tempted." The menu we viewed offered people a variety of meals, in line with their dietary preferences. We observed that meal times were relaxed. Where people required specific equipment or assistance to eat their meals we saw that this was provided sensitively and in a way that enhanced the mealtime for the person. We observed staff encouraging people to eat independently at their own pace and chatting with people in a relaxed, sociable manner.

We spoke with the cook who told us that all food was prepared at the service and people were given at least two choices for each of the meals with snacks available throughout the day. People had been asked for their likes and dislikes in respect of food and drink prior to moving to the service and their preferences recorded. Members of kitchen staff were notified of people's dietary requirements and were informed of any changes via meetings with senior staff or the communication book which the care staff completed for this purpose. Records held in the kitchen detailed people's preferences and specific dietary needs such as allergies and consistency requirements; for example, a soft or pureed diet. There was no-one living at the service at the time of our inspection that required a special diet for cultural or religious reasons but the cook confirmed that cultural diet choices could be catered for. Members of care staff were aware of people's dietary needs and this information was documented in the care plans and risk assessments.

People were supported to maintain their health and well-being and were assisted to access health care services, when needed. One person told us, "I've seen the doctor a couple of times and my physio visits once a week." A relative told us, "[Name of person] frequently sees the doctor and nurse. They have a good level of input in [Name of person's] care." One member of staff said, "You get to know people really well so as soon as we notice someone is unwell or have concerns we ring the GP or the out of hours service." Records confirmed that people had been seen by a variety of healthcare professionals including the GP and district nurse. Referrals had also been made to other professionals, such as dietitians and physiotherapists.

Good

Is the service caring?

Our findings

People told us that staff were kind and considerate. One person told us, "They are very good, very nice and always gentle with me." Another person said, "Everything is lovely here. The staff are just lovely and kind." A third person told us, "It's all good. The staff all work hard to make sure we're happy."

Relatives were also complimentary about staff. One relative told us, "All the staff are really kind and caring." Another relative told us, "All the staff are very friendly, very approachable. [Name of person] is very well looked after and cared for."

People's bedrooms were personalised and had been furnished and decorated in the way they liked. Many people had brought their own furniture, pictures and decorations with them when they came to live at the service. One person told us, "It's lovely having all my familiar bits and bobs around me. I have everything within reach and it definitely makes it feel more like home." The registered manager told us, "We encourage people to bring familiar items with them. We want them to feel happy and comfortable." We saw signage around the service and on doors to denote what each room was for. There were areas throughout the service where people could go to spend time quietly or have privacy to meet with their family members if they wished. We saw that there was also a designated quiet area close to the communal lounge. The registered manager explained how the area was used for a number reasons and included where staff could support people to go if they needed to relax during a period of anxiety or agitation, to meet with relatives or if people wanted to have quiet time away from the communal lounge without needing to return to their bedroom. There was also an extensive garden which was accessible to people.

We observed positive interactions between staff and people that lived the service and found this to be caring, friendly and respectful. One relative told us, "All of the staff are so patient. Really kind, gentle and polite but also really friendly and warm. They really seem to enjoy the company of the residents." We observed members of staff using each person's preferred name, taking the time to answer people's questions and promptly responding to requests for assistance. Staff engaged people in playful conversation and we observed people laughing and joking with staff throughout our inspection.

People we observed appeared comfortable and relaxed in the company of staff. One member of staff told us, "It's so important that people feel comfortable in the home. It's our job to get to know about them, from talking to them or their relatives so that we know them as a person not just all about their care needs." Staff knew people well and understood their preferences. Monthly linkworker meetings were held with people to review the information within their care plans, talk about the activities they had completed and record any additional information that would assist staff to increase their knowledge of their likes, dislikes and life history. The detailed information in the care plans enabled staff to understand how to care for people in their preferred way and to ensure their needs were met.

The promotion of people's privacy and dignity was observed throughout the day. A relative told us, "The respect for [Name of person's] need for privacy is exemplary. All the staff treat her with dignity and respect." One member of staff told us, "We provide personal care for people so we must be aware of our actions. I

make sure that I take time to check that people are comfortable and are happy during such a private activity." Staff members were able to describe ways in which people's dignity was preserved such as knocking on doors before entering, making sure they offered assistance with personal care to people in a discreet manner and ensuring that doors were closed when providing personal care in bathrooms or in people's bedrooms. Staff all clearly explained that information held about the people who lived at the service was confidential and would not be discussed outside of the service.

There were a number of information posters displayed within the entrance hallway which included information about the service and the provider organisation, safeguarding, the complaints procedure, fire safety notices and the activities available to people. We also saw the monthly newsletter compiled for people and their relatives and information from charitable organisations who provide services to older people and people living with dementia. This meant that people and their relatives received information on the services that were available to them.

Good

Is the service responsive?

Our findings

People and their relatives told us that they felt involved in deciding what care they were to receive and how this was to be given. One person told us, "My family chose the home for me when I was in hospital but since coming here I've been asked everything. What help I need, what I like. I've only had to ask for something and I've got it." A relative told us, "They involve [Name of person] as much as they can." Another relative told us, "[Name of person] has lived here for a number of years now. They've adapted and made the changes as her needs have increased."

Records showed that pre-admission assessments were undertaken to establish whether the service could provide the care people needed. The computerised care plans followed a standard template which included information on their personal background, their individual preferences along with their interests. Each was individualised to reflect people's needs and included clear instructions for staff on how best to support people. We found that the care plan reflected people's individual needs and had been updated regularly with changes as they occurred.

The registered manager and head of care demonstrated the new computer software that had recently been put in place and discussed with us their plan to transfer the care records of each person onto the new system in the coming weeks. The registered manager explained how this would enable staff to maintain more robust records in the future.

People's likes, dislikes and preferences of how care was to be carried out were assessed at the time of admission and reviewed on a regular basis during linkworker meetings. A relative told us, "The individual attention is wonderful. Staff respect [Name of person's] wishes and are considerate to her preferences." Staff that we spoke with demonstrated a good knowledge of what was important to people who lived at the service and this enabled them to provide care in a way that was appropriate to the person. Each care file included individuals care plans for areas of the person's life including personal hygiene, mobility, nutrition, communication and pressure care. People's care plans were reviewed regularly which ensured their choices and views were recorded and remained relevant.

People told us that they took part in various activities. One person told us, "There's always something going on if we want to join in." Another person told us, "It's up to us. [Name of activities co-ordinator] will tell us what's planned or what we can get involved in and ask if we want to. I do sometimes, other times I just enjoy watching."

Activities were provided by an activity co-ordinator, who also had a housekeeping role, and the care staff on duty. Members of staff we spoke with were able to describe the different activities that people enjoyed such as board games, skittles or craft activities. One member of staff told us, "We use care planning and linkworker meetings to get to know what people enjoy doing. We ask what people's likes and dislikes are and ask them about any interests they have or hobbies." The activity co-ordinator spoke positively about a training course that they had recently completed which had given them more knowledge and ideas for future activities.

There was an activity schedule available in the entrance hall so people and their relatives knew the activities that were on offer or any future events that were planned. During our inspection we saw a discussion group in the morning and a music group in the afternoon. We also saw staff completing individual activities with people, such as dominoes and completing jigsaw puzzles, with people who did not wish to join the group. One person also enjoyed a manicure.

People we spoke with were aware of the complaints procedure and who they could raise concerns with. One person we spoke to told us, "I would speak to [Name of registered manager] if I had any problems." Another person told us, "I've got no grumbles at all but I'd speak to any member of staff if I did." A relative told us, "Any concerns that I have had in the past have been responded to promptly and professionally." We saw that formal complaints that had been received in the past year were recorded. A detailed investigation into each concern was completed and the actions to be taken in response included in the file. Each complainant had received a response to their concern and the operations manager had recorded the outcome from each. There was an up to date complaints policy in place and a poster containing the complaints procedure displayed in the entrance hallway.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the service who was supported by a head of care and the operations manager from the provider organisation.

People knew who the manager was and confirmed that they were visible in the service. One person told us, "[Registered manager] is involved with everything. She makes the effort to ask me if everything is ok." Another person told us, "[Registered manager] is just wonderful. She works so hard."

Relatives had confidence in the registered manager and found them to be open and approachable. A relative told us, "[Registered manager] is very accessible and approachable." Another relative told us, "[Registered manager] is always available during our visits and is always available to chat with us about [Name of person]." The relatives we spoke with said they would be comfortable approaching the registered manager with any questions, concerns or issues they may have and knew that they would be listened to.

During our inspection we saw that the registered manager had a good rapport with people and staff. They spoke with people and staff to find out how they were and were actively involved in the running of the service. They took the time to greet visitors and ensured they were available to support the wellbeing of people living in the service and responded in a positive, supportive manner when approached by the care staff on duty.

Staff told us there was positive leadership in place from the registered manager. One member of staff told us, "[Registered manager] is always available to us. She provides very good support to everyone and manages the home really well." None of the staff we spoke with had any concerns about how the service was being run and told us they felt valued by the registered manager. We found staff to be motivated and committed to providing the best possible care.

Staff told us that there was a very open culture and they would be supported by the management team. One member of staff told us, "I feel happy to speak to [Registered manager] or any of the seniors. Everyone is really supportive." Another member of staff told us, "[Registered manager] is an excellent manager. She takes the time to listen to us and help us, both in work and with personal matters that affect us in our work." Staff were aware of their roles and responsibilities and were clear on the lines of accountability within the staff structure. They told us that the registered manager consulted with them prior to making changes in the service and that they felt involved in decision making. Staff were clear on the vision and values of the provider of the organisation and the direction of the overall service development.

There was an effective quality assurance system in place. We found that there were a range of audits and systems put in place by the provider organisation to monitor the quality of the service. Audits completed by the registered manager covered a range of areas, including incidents and accidents, infection control, medicines and an audit of care plans. Any issues in these audits were shared with the provider organisation via a monthly report and recorded in the service action plan. This demonstrated how the registered manager used the audit process to drive improvements at the service.

The registered manager showed us satisfaction survey forms that had recently been sent to relatives of people who lived at the service. All of the responses seen were positive. Comments included, "Staff are all friendly and caring", "Staff are extremely kind and helpful", "High standards of personalised care are delivered" and "Interaction with service users is excellent." The positive results did not result in an action plan being completed however we saw that a response had been compiled and shared with people, relatives and staff.

Staff were encouraged to attend team meetings at which they could discuss ways in which the service could be improved and raise any concerns directly with management. Recent discussions had included activities, care plans, training, equipment, rotas, health updates for people and the outcome of an audit completed by the local authority. Members of staff we spoke with confirmed that they were given the opportunity to request topics for discussion.

There were robust arrangements for the management and storage of data and documents. We saw that records were stored securely within the computerised system with password protection, within the registered manager's office or in locked cupboards. This meant that confidential records about people and members of staff could only be accessed by those authorised to do so.