Hamilton Care Limited

The Lodge

Inspection report

Westbourne Road
Scarborough
North Yorkshire
YO11 2SP

Tel: 01723374800

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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 the 23 June 2016 and was unannounced. At our last inspection at The Lodge on 12 September 2014 we did not ask for any improvements to be made.

The Lodge provides accommodation for up to 38 older people who require personal care. Nursing care is not provided. Accommodation was provided in a large detached building with two purpose built extensions on the South Cliff area of Scarborough. The building was set in its own grounds and was surrounded by well-maintained gardens. The service was close to shops and close to a bus route. There were 35 people resident on the day of the inspection.

There was a registered manager employed at this 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.

People told us they had confidence in the registered manager and staff said they enjoyed working at the service. Feedback from people who used the service was positive about the service provided. People's views were sought at residents meetings, staff meetings and through daily conversations.

There was an inclusive culture within this service and it was evident that managers and staff worked as a team to provide people with a good standard of care.

Staff were recruited safely with appropriate checks carried out of their background prior to their appointment. There was sufficient staff on duty to meet people's needs. They had been trained in safeguarding adults and could tell us how they would recognise and report any abuse.

People lived in a safe, clean and hygienic environment. Staff were supported in maintaining people's health and safety through the use of clear policies and procedures.

Accidents and incidents were recorded and analysed to identify any trends on a monthly basis.

Medicines were managed safely by staff that had been trained.

Staff were knowledgeable about the people they provided care for and had the necessary skills to meet people's needs. They received an induction when they started work at the service and were supported by senior staff through supervision and an annual appraisal.

Staff were trained in and worked within the principles of the Mental Capacity Act (MCA) 2005.We saw that where necessary Deprivation of Liberty authorisations were in place.

People's nutritional needs were recorded in their care plans. Where people developed any problems around eating and drinking support was sought from allied healthcare professionals.

The environment was appropriate for the needs of people who lived at this service. There was a passenger lift to each floor and wide corridors suitable for wheelchairs.

Staff were caring, respectful and friendly towards people. They supported people's dignity. When people required palliative or end of life care staff worked with clinical nurse specialists to ensure best practice.

Care plans and risk assessments were in place and these were reviewed regularly. They reflected the needs of people but would be enhanced if they were more consistently completed by key workers. Risks to people's health were identified and there were management plans in place to guide staff.

There were very detailed life histories which contributed to the person centred care people received. Activities were organised at the service regularly and people were able to visit local shops and amenities.

There was a complaints procedure and people knew how to make a complaint. There had been no complaints during the last year.

There was an effective quality assurance system in place with audits carried out to identify any areas where the service could improve. We saw that where any areas for improvement were identified action had been taken or written plans were in place.

Policies and procedures supported the management of the service providing guidance to staff

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.

Staff were recruited safely and there were sufficient staff to meet people's needs.

Safeguarding adults training had been completed by staff and they were able to explain how to they would recognise or report any incidents.

Risks to people's health and safety had been identified.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about the needs of people who used the service. They received an induction when they started working at the service and further training in subjects which supported their role.

Staff worked within the principles of the Mental Capacity Act 2005.

People received a choice of diet. Drinks and snacks were freely available.

Is the service caring?

Good

The service was caring.

Staff were friendly and showed respect to people who used the service.

Information was shared with people through resident and staff meetings and daily conversations.

People who were at the end of their life received compassionate care supported by hospice trained clinical nurse specialists.

Is the service responsive?

Good

The service was responsive.

People had a pre-admission assessment to determine whether or not their needs could be met at this service. Care plans were developed and risks assessed.

There were activities available for people to enjoy and staff assisted people in visiting shops and amenities in the local area.

People knew how to complain and there was a complaints procedure in place. There had been no complaints about this service.

Is the service well-led?

Good

The service was well- led.

There was a registered manager in post who was supported by a care manager

There was an effective quality assurance system in place which identified areas where improvements could be made.

Positive feedback was given by people who used the service about the staff and service they provided.

The 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 23 June 2016 and was unannounced.

The inspection was carried out by one inspector. Prior to the inspection we looked at statutory notifications made to the Care Quality Commission (CQC) informing us of any significant events which would affect the running of the service or the people who lived there. Before the inspection, the provider was asked to complete 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 used the PIR and other information to help us plan the inspection.

During the inspection we spoke with five people who used the service, interviewed four care workers and the chef and observed the care manager administering medicines. The care manager and the registered manager made themselves available throughout the inspection and we were able to speak with them. We also observed the lunchtime period. We did not see any relatives on the day we inspected and have not contacted any because the people we spoke to were able to give their own opinions of the service.

We looked at the care plans and risk assessments for six people, the recruitment and training records for four staff and the duty rotas. We also looked at servicing and maintenance documents for the service, accident and incident records and the quality assurance systems in place such as audits.

Following the inspection we contacted a clinical nurse specialist at the local hospice and the local authority quality and contracting team. Their comments were positive.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe living at The Lodge. One person told us, "Yes, I think I am safe" and another said when asked if they felt safe, "Oh yes I do." A district nurse we spoke with told us that they felt that from their experience of the service people were safe.

Staff were able to describe how they would identify and report abuse and knew how to alert the appropriate person if necessary. They described which situations would constitute abuse and how they would respond. One care worker said, "I would report any incidents to [Name of care manager] or [Name of registered manager]. We saw from the training records that staff had been trained in the safeguarding of vulnerable adults. The registered manager knew how to make an alert but there had been no incidents which required an alert to be made to the local authority in the last twelve months.

We looked at the care plans of people who used the service and saw that where risks had been identified, these were assessed and that there were clear actions noted to assist staff in managing those risks. For example, we saw that one person was at risk of choking and there was clear and detailed guidance from the speech and language therapy team in place for staff. This made sure the person was safe when eating and drinking.

The home was well maintained and safety checks had been carried out to ensure that people who used the service were living in a safe environment. There was a maintenance person employed who carried out any repairs identified by staff and recorded when they had been done. In each bedroom there was an emergency call system that was in good working order. We observed that staff responded in good time to the call bell when a district nurse required assistance. Cleanliness was of a high standard with staff following good practices which protected people from infection allowing them to live in a hygienic environment.

The service had made sure that people were able to access all areas of the service safely and had policies and procedures in place relating to people's health and safety. There was a fire risk assessment and fire safety notices throughout the building. Fire equipment had been maintained and serviced regularly and staff had received training on fire safety. We saw that water temperatures were checked regularly and electrical items brought to the service by people had been checked to ensure their safety. These measures ensured that people who used the service were protected from avoidable accidents.

Accidents and Incidents were reported and recorded clearly. We saw that a pattern for one person had been identified following four falls. Action had been taken by the service to seek assistance for this person to try and improve their mobility but also to manage the risk of injury. □

Safe were recruited safely. We examined staff recruitment files and saw that appropriate checks had been made to determine whether or not people were suitable to work at this service. People had been checked through the Disclosure and Barring service. This service carried out criminal record and background checks to assist employers in making safe recruitment decisions. In addition, staff had two references in place to check their suitability and had provided several means of identification such as a copy of their passport. This

meant that the registered manager was doing all that they could to ensure that people who used the service were protected by making sure prospective staff were suitable to work in a caring environment.

There was sufficient staff on duty to meet people's needs. The staff rotas for the service showed that staff worked over two shifts during the day and demonstrated consistency in staff numbers. There was a care manager and four care workers on duty during the inspection. Staff had a handover between shifts so that they were aware of any changes to people's needs. The service also employed housekeeping and kitchen staff. There was a chef and kitchen assistant, a laundry person, two domestic staff, a gardener and a handyman on duty during the inspection. One person told us, "The staff are lovely here; I never have to wait long for staff to give me assistance.

We saw that people received their medicines safely according to the service policy and procedure. This included how medication was ordered, stored, administered, recorded and disposed of. The care manager showed us the locked medicine cupboard where all medicines were stored. Temperatures in the medicine fridge were recorded in order that medicines were kept at the most suitable temperature to make them effective. We inspected the controlled drugs (CD) cupboard and found that these were managed safely. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. We saw that staff audited controlled drugs and when we carried out a random check of stocks they were correct and the CD record completed accurately. Medicines were only administered by staff who had completed appropriate training and were competent to do so. Any medicine errors or changes to people's medicines were clearly recorded at the front of the medicine record with any actions and signed by the staff member involved.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge required to provide care and support for people at the service. They received an induction when they started working at the service and continuous training as part of their employment. People who used the service told us they were happy with the care they received from staff and one person said, "I'm well looked after here" and another said, "I can't fault the care. They [staff] are really wonderful."

Staff working at the service had received training in a variety of subjects and held appropriate qualifications for their roles. Their training included moving and handling, safeguarding, first aid, equality and diversity, food hygiene and healthy eating, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and medicine administration. The registered manager had a management qualification and the care manager was in the process of completing their leadership and management training.

Staff were provided with an induction and some training before being allowed to work alone with people who used the service to ensure people were cared for by properly trained staff. We spoke to one staff member about working at this service. They told us they had completed an induction which involved shadowing other staff at the service and completing some basic training. The formal training they required was organised for them at the first available date. Another staff member told us, "I had an induction where I was supervised for two weeks and learned about housekeeping arrangements. I also did my fire safety training." We observed the training records for staff and saw a training matrix kept by the registered manager to show what training had been completed and when it was next due. One care worker told us, "The registered manager is always sending us for training. I think we are well trained."

Staff were well supported by managers and senior staff. Records confirmed that staff had received supervision and staff confirmed this. Supervision is a one to one meeting with a senior member of staff where work related matters and training and development needs can be discussed. One member of staff told us, "I have just had supervision a few weeks ago." and another said, "I find supervision useful but can always access the care manager or registered manager in between." We saw that all staff had an annual appraisal which was completed by the registered manager. One member of staff told us, "We discussed how I would progress to be a senior [care worker] at my appraisal meeting."

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. The registered manager understood the requirements around depriving people of their liberty lawfully and we saw that DoLS authorisations were in place for some people. We saw that staff sought consent from people before they provided any care. Staff understood the principles of the MCA and we saw that demonstrated throughout the day during their interactions with those people to whom the legislation applied. Where people had chosen to give instructions about whether or not they wished to be resuscitated if it became necessary, this had been discussed with their family and GP and the relevant paperwork completed.

People had their nutritional needs assessed. If any needs were identified with eating or drinking people were referred to the appropriate health care professionals by their doctor for advice and support. We saw information in one person's file about their need for a soft diet. There was supplementary information and guidance for staff describing what a soft diet meant. In addition we saw that people were weighed regularly and when there were any signs of weight loss a GP visit was requested.

We saw that most people ate in the dining room and saw that people enjoyed the social interaction that the mealtime provided. The meal was relaxed and leisurely with no one being rushed. There was friendly chatter throughout the meal between people who used the service and staff.

Tables in the dining room were set with table cloths, cutlery and condiments. A choice of cold drinks was offered to everyone prior to the meal being served and hot drinks following the meal. People chose what they wanted to eat from the menu which was displayed at the entrance to the dining room. There was a choice of two hot meals one of which was a vegetarian option and a choice of dessert. All the meat used by the service had been sourced locally. One person who used the service said, "The food is very good; good plain food like you would make at home" and another told us, "I can't swallow lumpy food and so they accommodate me with soft food."

We spoke to the chef who told us that the registered manager or care manager informed them of any special requirements for people. They were able to describe the diets they provided and how they were presented. They had received information from dieticians and advice from the dietician and speech and language therapy team (SALT) in order that people received a well balanced and nutritious diet that would be safely presented. Family and friends were invited to join their relative for a meal if they wished and there was a small dining area that could be used to maintain their privacy. The chef baked every day so that people had cakes and biscuits available. In addition they told us that they left a supper tray which included a selection of cheeses, biscuits and cakes for people to have with their bedtime drink. This ensured that people were able to access additional drinks and snacks between meals.

The environment met the needs of people who used the service. Corridors and doors were wide enough to accommodate wheelchairs and had handrails for people to hold on to if they needed support. There was a passenger lift if people were unable to use the stairs. Some bedrooms had en-suite bathrooms but there were sufficient toilets and bathrooms available where this was not the case. The service was secure with a door entry system to ensure unauthorised people did not enter the properties. However, people who were resident at the service could come and go as they pleased because they knew the key code or staff opened the door for them. There were large gardens surrounding the property which were accessible to people who used the service.

We saw evidence that there were health care professionals in regular contact with this service to support people. Records of visits by a community mental health team professional, social worker and clinical nurse specialist as well as people's own doctors and the district nurse were in care plans. A district nurse was visiting different people on the day of the inspection.

Good

Is the service caring?

Our findings

All the people we spoke with told us the staff were caring. One person who used the service told us, "If someone had said I would land up in one of these places I would have thought they were mad but they [staff] are so lovely and friendly and I love it here. They went on to say, "I can't fault it. They really are wonderful." A second person said, "Staff are lovely." It was clear from our observations that people felt that they mattered.

Staff were friendly but polite and respectful in their approach .We observed staff and people who used the service having banter; laughing and joking. One person told us, "We are like a family here."

We saw staff supporting people throughout the day with warmth and compassion using humour to make people smile. It was clear that staff knew people very well. This was demonstrated throughout the day by discussions we heard between people and the staff. An example was when one care worker told us about a person's history and explained how that helped them care for the person explaining that it gave them a better understanding of the person.

There were people who used the service with particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there. These are age, disability, gender, marital status, race, religion and sexual orientation. We saw that those diverse needs were adequately provided for within the service. The care records we saw evidenced this and the staff who we spoke with displayed empathy in respect of people's needs.

People who used the service had a 'key worker' which is a named member of staff allocated to be a point of contact for people and their families. One staff member told us they were the key worker for a person who was receiving end of life care and told us, "We meet [person's] care needs treating them as we would our family. I always make sure [person's] dignity is preserved as I know they have always been a very private person and it would be important to them."

Information was shared by the service in residents meetings. The registered manager and care manager told us that they spoke with people who used the service and their relatives daily and shared any important information with them as they walked around the service. Care workers also had a role in sharing information about activities or events within the service.

People were supported by their families and friends. We saw that people had family support and did not require an independent advocate. In addition some people were supported by care coordinators working for the local authority or community mental health team. Staff knew how to access advocacy services should they be needed.

People's needs towards the end of their life were considered by the service and recorded. One member of staff had attended training at the local hospice in order to develop their skills to meet people's palliative and end of life care needs. They were the palliative care link worker, which meant that they linked up with the

hospice care homes team when they needed advice and guidance about anyone's palliative or end of life care. One person was receiving end of life care when the inspection took place. This person was supported by a clinical nurse specialist (CNS) from the care homes team based at the local hospice. When we spoke to the CNS they told us that staff at The Lodge were very good at engaging with the care homes team. They said, "They do listen to suggestions" and went on to say, "They are very good at keeping [Name of person] comfortable." They confirmed that staff at the service used the out of hour's service at the hospice well in order to get support at the time it was needed. This meant that people received palliative and end of life care from staff that had access to trained staff that supported them.

Good

Is the service responsive?

Our findings

People at the service received person centred care. This is when any treatment or care takes into account people's individual needs and preferences. A pre-admission assessment had been completed before people came to live at the service and people were invited to visit the service prior to a decision being made. This helped people decide whether or not they wished to live at the service and ensured that the staff could meet people's needs.

Care plans were developed following a person's admission to the service with input from the person. They contained information about people's needs such as personal care, social interactions and mobility. The necessary amount of information that staff required to care for people was available in the care plans.

Risk assessments had been completed and there were clear management plans and guidance in each person's plan to ensure staff were clear about the specific care people required. One person had developed Alzheimer's and the care plan clearly outlined what they found difficult and how the person presented when those things caused them a problem. This was helpful for staff in recognising those times that the person needed additional support and identifying any risks to the person.

We saw evidence of reviews arranged by key workers and local authority staff. We could see from people's records that families had been involved.The key workers reviewed and updated people's care plans with a weekly report.

People were involved in activities organised by the service and chosen by them. We could see that this gave people a sense of purpose and one person told us, "I really enjoy going shopping for clothes." A member of staff told us, "We all get involved in activities. I organise a mini shop within the home from which people can buy snacks and smaller items." We saw that there was a weekly communion organised within the service and conducted by a member of a local church.

A member of staff told us they enjoyed taking people on outings or just to the local shops. We saw people coming and going alone or with staff and that people used all areas of the service. There were lounges or quiet spaces where people could spend time. In addition there was a garden where people could sit outside or walk around safely. This meant that people could spend time outdoors and access the local community.

When it was people's birthdays the chef told us they made them a cake with candles to celebrate their special day. In addition the service marked special festivals such as Christmas and Easter by putting up decorations and celebrating together. These celebrations offered a sense of belonging for people and also provided entertainment.

We saw that information was provided to people about the service complaints procedure when they came to live at the service. There was a policy and procedure available for staff to follow but there had been no formal complaints made about the service. The service had received several complimentary letters. People told us they would know who to speak to if they wished to make a complaint.

Good

Is the service well-led?

Our findings

There was a registered manager employed at the service who had been registered by CQC since 2011 but had a management role at the service prior to that registration. They had a National Vocational Qualification (NVQ) Level 4 Registered Managers Award. NVQ's are vocational qualifications which are gained through combined study and work related activity. They were supported by a care manager who was undertaking their NVQ level 5 Leadership and Management Award. During our inspection we spoke with both the registered manager and care manager. They were both knowledgeable about all aspects of the service and able to answer our questions in detail.

People who used the service and staff told us they had confidence in the registered manager. One member of staff said, "The manager is conscientious. I think it [The service] is well run" and another member of staff said, "Both managers are accessible." One person who used the service demonstrated they knew who the registered manager was when we asked by saying, "[Name of registered manager] is the manager. We see them all the time." The care manager and registered manager told us they had an open door policy and we saw that people came to speak to them throughout the inspection.

Staff told us, "It's a great place to work. I look forward to coming in" and, "The registered manager and care manager talk to people. If we needed them to they would both help with care work. I think it is really well run."

The registered manager kept themselves updated about any changes by using the provider guidance on the CQC website. They joined training courses to keep their own skills up to date and provide support for staff. They had recently attended a yearlong course in person centred dementia care to enhance their skills and those of their staff. This in turn would help people living with dementia who joined the service as staff would be more aware of their needs and how to provide the support they required.

Feedback was gathered on a daily basis from people who used the service, their relatives and staff in order to improve the quality of the service. Residents and staff meetings also provided a means of gathering feedback. These were recorded. During our inspection people gave us positive feedback verbally about the service and told us they were satisfied with the service they received.

Audits had also been completed in specific areas of the service such as medicines and the environment. We saw that at a recent visit had been undertaken by the local authority quality and contracting team to check the quality of the service. It had been identified at that visit that there were not always photographs to identify people on their files and that consent had not always been sought from people. When we checked peoples care plans we saw that these matters had been identified by the services own audit and addressed which demonstrated that the service used the audit to make improvements.

Policies and procedures were in place which gave guidance to staff about all practical aspects of running the service. These reflected current guidance and good practice.

The Care Quality Commission had received notifications about incidents that had occurred. The registered manager told us that any accidents and incidents were all investigated and acted upon and we saw evidence of this. For example one person had a series of falls which had resulted in them being referred to for assessment to healthcare professionals. In order to promote learning these incidents were analysed and discussed in meetings if appropriate so that staff were able to reflect on them.