

Princess Lodge Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Princess Lodge is a residential care home providing personal care for up to 36 older people, some of whom may be living with dementia. At the time of inspection 30 people were living in the home.

Princess Lodge accommodates people in one adapted building. There are usually five staff on day shifts as well as a senior care worker, A Registered Nurse and the deputy manager. Nights are covered by two staff with management on-call as required. The operations manager has applied to become the registered manager and they support the deputy manager who is on site full time, with the operations manager splitting time between Princess Lodge and another home. Care staff are supported by a team of cleaning staff as well as a cook.

People's experience of using this service and what we found

We saw that staff were caring and promoted people's dignity.

Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us how they would recognise pain, distress and discomfort in people who could not verbally communicate.

People felt safe and staff had good knowledge of safeguarding processes.

Staff had been recruited safely.

There was a system in place to monitor staff contact with people in the form of daily logs to ensure continuity of care after shift changes. Care plans and risk assessments identified people's support needs and staff had a good understanding of the support people needed.

Infection Controls were in accordance with good hygiene practices.

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

People were treated with kindness and compassion. People felt well supported. People's privacy and dignity was maintained.

People received person centred care. People, relatives and staff expressed confidence in the acting manager as well as the deputy manager. People, relatives and staff were given the opportunity to provide feedback. Audits took place to ensure the quality of the service was maintained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 02 February 2011. It was last Inspected in 2019, (Published 09 October 2019), with an overall rating of 'Requires Improvement'.

Why we inspected

We inspected due to concerns about safeguarding and only looked at the Safe and Well-led key questions and we had concerning information we wanted to follow up on.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has improved to Good based on the findings of this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Princess Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Princess Lodge Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Princess Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The current manager had applied to become the registered manager at the time of inspection; however, this process had not completed at the time of writing. The manager is acting in the capacity of registered manager at the time of writing. The manager is registered at another home for the provider and will provide support to the deputy manager of Princess Lodge to manage the service approximately two to three days per week. This means that the nominated individual is currently legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who regularly visit the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This

information helps support our inspections.

We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We reviewed complaints, compliments and surveys, which gave us further insight into the quality of people's care and what it was like to live or work at Princess Lodge. We also spoke with five members of staff including the acting manager, the deputy manager, and three care workers.

We also spoke with the provider.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. The acting manager sent us additional information including policies, governance meeting notes, health and safety audits as well as general audits. We spoke with one healthcare professional who regularly visits the service and one person's social worker.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person told us they, "Feel safe because the staff make sure we are ok". A relative told us, "Staff and managers help us with (person using the service) wellbeing and keeping them safe." Staff told us, "People here are vulnerable so we need to make sure safeguarding is top of our list".
- Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "Any problems or issues I would report them to the acting Manager or Deputy Manager."

Assessing risk, safety monitoring and management

- Care plans and risk assessments identified people's individual support needs and ways to help people stay safe. Documentation was detailed and contained up to date information. Staff had a good understanding of people's needs and associated risks. One staff member said, "First thing we do is read care plans and reviews, that way, we can understand when things change".
- Staff and the acting manager were proactive when people's needs changed. Health professionals were contacted on people's behalf. Care plans and risk assessments were updated following any change of need and people and their relatives were involved in this process.
- The deputy manager carried out detailed support planning including environmental hazards/concerns. This ensured the home was safe for people and staff.
- Systems were in place for all accidents and incidents to be reviewed. The acting manager identified any patterns and trends to ensure people were safe and any future risk was reduced.

Staffing and recruitment

- One staff member told us, "I enjoy working here. I get support when I need it".
- Staff had been recruited safely. Pre-employment checks had been carried out to ensure staff were suitable for the role. This included full DBS and work history checks/references. However, we found that three staff files did not include records of interviews. This meant that recruitment was not always consistent. The acting manager told us that this was because documents were being digitised, and so may have gone missing. We saw some evidence of digital records; however this was incomplete due to the transition process. The documents were later sent to the Inspection team but were not available during the inspection.
- There was a dependency tool in place which identified the number of staff required for each shift to meet peoples' individual and collective needs This included taking into consideration the number of people who

were cared for in bed and needed their position to be changed on a regular basis to reduce the risk of pressure sores developing.

Using medicines safely

- Staff understood their responsibilities in relation to medicine management. Staff told us, and records confirmed, they had received medicines training. Staff had their competency assessed to ensure they followed safe medicine practice.
- Records showed medicines were managed safely and relatives told us they their loved one's medicines were managed safely.
- Medication audits confirmed regular management oversight, with any service improvement identified during these audits, translated into action plans. We saw an action plan that detailed how 'blister pack' medicines should be counted by staff to mitigate against pharmacy errors.

Preventing and controlling infection

- Staff had received training in infection control and were able to tell us what equipment they needed. Staff told us personal protective equipment (PPE) was available to them.
- There were enough stocks of PPE stored safely within the home. Staff knew where items were kept and understood their role in infection control.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns about safeguarding and whistleblowing. They told us the management team would listen to them and felt any concerns would be acted on and dealt with appropriately.
- Records confirmed that the acting and/or deputy manager informed staff of any issues or concerns through team meetings. Staff had an opportunity to discuss matters and make improvements to minimise future risks.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has improved to good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits provided regular oversight of any concerns regarding action plans to ensure that they are still timely and relevant. Medicines audits were completed by the deputy manager and overseen by the acting manager who compiled action plans which looked at areas for improvement
- Portable Appliance Testing (PAT) and a Fire Risk Assessment had been completed within the last 12 months. A PAT test is a visual inspection of small items to check that it is safe to use.
- We saw an extensive training matrix which showed staff were provided with training to meet the needs of the people living at the home.
- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision. We saw notes and schedules that reflected this. This gave staff the opportunity for learning and development.
- The acting manager had notified CQC of events which had occurred in line with their legal responsibilities. They stated that they discussed all notifications with the deputy manager and provider to ensure compliance. This helped to ensure that everyone was aware of the notification to avoid duplication or missed notifications.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff and acting manager demonstrated a person-centred approach for the people they supported. We saw that Care Plans incorporated people's life experiences and aspirations as a basis for support work. One person's nutrition plan stated that they should receive culturally appropriate meals. However, the person told us that this did not always happen and they often relied on family members to provide such food. The provider told us that it was not always possible to provide culturally appropriate food, due to the logistics of getting ingredients. They stated that they would try to increase the number of weekly meals which the person would find better suited to their needs. The person told us that vegetarian options were available which meant that they were able to eat at all meals, however this was not to the tastes they were accustomed.
- Care plans considered how the environment may impact on people with dementia. For example, people's rooms had memorabilia which was important to them, with care plans noting likes or dislikes. We saw one person having difficulty with heavy cutlery, and the provider assured us that they would look into more

dementia and older people friendly cutlery.

- Care plans showed that people were supported to explore activities they enjoyed and promote their independence. The provider had employed an activities co-ordinator, who took histories from people and arranged activities according to people's previous interests and current interests. We saw a range of activities including knitting and colouring which the co-ordinator told us was, "To ensure that people retained manual dexterity whilst also enjoying an activity".
- People described the quality of the service as good with one person telling us, "I would recommend this place. The (Provider) is a really nice person and always listens to us".
- People felt well supported and staff, people and relatives expressed confidence in the management team.
- Staff practice, culture and attitudes were monitored. We saw from audit documentation that management undertook spot checks and competency assessments on the staff team. This enabled the acting manager to monitor the staff team and ensure the delivery of good care. Staff were very attentive to people's needs and used appropriate language in interactions. An example of this is a staff member repeating lunch choices a number of times in a clear and slow manner so that a person could make an informed choice.
- Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The acting and deputy managers as well as the provider understood their responsibilities in relation to the duty of candour regulation and were able to discuss how they would meet this requirement. They did this by ensuring that their policies around whistleblowing were well communicated and understood by staff and families, and that staff were aware of safeguarding requirements.
- The acting manager told us, and records confirmed, that they made appropriate notifications to the CQC as well as referrals for Safeguarding to the Local Authority.

Continuous learning and improving care

- The acting manager completed quality audits that looked at patterns of complaints, incidents and the training of staff and seniors. They were supported and monitored by the provider. This meant that the home's leadership team were better informed of competencies and were able to call upon resources as and when required. Action plans were completed from audits, when concerns were highlighted. An example seen was when a person fell and injured themselves. The provider and acting manager ensured that the risk plan was updated and the 'frailty team' at the Health Service were informed of the fall so that further monitoring could take place. There was a system to enable referrals to be followed up upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were given the opportunity to give feedback via discussions. This gave them the chance to express their views and opinions. Feedback was used by the acting manager to inform decisions at the home such as décor, menus and peoples' hygiene preferences.
- Care plans included detailed diversity plans which provided staff with knowledge about people's individual equality characteristics. For example, we saw a plan that stated a person's disability should not be a barrier to taking part in certain activities, and that the activities could be modified to be inclusive.

Working in partnership with others

- Where people requested, the staff would communicate with external professionals on their behalf. Support plans evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.
- We saw that staff worked with local healthcare services as well as social services to deliver care that the

person needed.