Care Quality Commission

Care Provision Health Care Limited

Philia Lodge Rest Home

Inspection report

113-115 Eastfield Road, Peterborough,
Cambridgeshire, PE1 4AU
Tel: 01733 567758
Website: www.philialodge.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

Overall summary

This unannounced inspection was carried out on 15 December 2014 and 17 December 2014 and was completed by 2 inspectors. The previous inspection took place on 27 November 2013, during which we found no breach of the regulations we looked at.

Philia Lodge Rest Home is a care home registered to provide accommodation and non-nursing care for up to 20 people. There were 17 people living at the home at the time of our visit. The home had internal and external communal areas, including a lounge, dining area, conservatory and a garden for people and their visitors to use.

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 2008 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that there were

Summary of findings

formal systems in place to assess people's capacity for decision making and appropriate applications had been made to the authorising agencies for people who needed these safeguards.

People who lived in the home were assisted by staff in a kind and respectful way that also supported their safety. People had support and care plans in place which recorded their individual needs and wishes. These plans gave staff guidance on any assistance a person may need as well as their individual choices and preferences.

Risks to people were identified by staff and plans put into place to minimise these risks and enable people to live as safe and independent life as possible.

There were arrangements in place for the safe storage, management and administration of people's prescribed medication.

Staff cared for people in a warm and caring way. Staff took time to comfort people who were becoming upset or anxious in a patient and understanding manner.

There were a sufficient number of staff on duty. Staff were trained to provide effective care which met people's individual support needs. They understood their role and responsibilities and were supported by the manager to maintain their knowledge and skills by supervision, appraisals and training.

People were able to raise any suggestions or concerns that they might have with staff members or the manager.

Staff told us that there was an open culture within the home and this was confirmed by our observations during this visit.

The manager had in place a quality monitoring system to identify areas of improvement required within the home. Where improvements had been identified there were actions plans in place which documented the action taken.

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?
The service was safe.

Good

Systems were in place to support people to be cared for as safely as possible and to ensure that any identified risks were minimised. Staff employed at the home were knowledgeable about reporting any safeguarding concerns.

Medicines were stored safely, at the correct temperature and administered as per the medication administration records.

People's care and support needs were met by a sufficient number of staff. Staff were recruited safely and trained to meet the needs of people who lived in the home.

Is the service effective?
The service was effective.

Good

People had been assessed under the MCA 2005 for specific decisions such as freedom of movement. Where the person was found to lack capacity to make their own decisions, an application to the DoLS supervisory body had been applied for and authorised.

Records showed that people were involved in review of their care and support needs.

People were supported to maintain a nutritional diet. People's nutritional health and well-being was monitored by staff and any concerns acted on.

Is the service caring?
The service was caring.

Good

Staff were caring and compassionate in the way that they supported people.

Staff encouraged people to make their own choices about things that were important to them.

People's privacy and dignity were respected.

Is the service responsive?
The service was responsive.

Good

People were supported by staff with their interests and activities which took place both inside the home and in the community.

People's care was assessed, planned and evaluated. People's individual needs and wishes were documented clearly.

There was a system in place to receive and manage complaints.

Is the service well-led?
The service was well-led.

Good

There was an open culture within the home and this was confirmed by our observations.

Summary of findings

The manager had a robust quality monitoring system in place to identify areas of improvement required within the home. Where necessary, plans were in place to act upon the improvements identified.

Philia Lodge Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 December and 17 December 2014 and was unannounced.

This inspection was completed by two inspectors. Before the inspection, we asked the provider to complete and return 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 any improvements they plan to make. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning.

We looked at other information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also looked at the local authority reports from their recent visits to the service.

We observed how the staff interacted with people who lived in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people who used the service. We also spoke with the operations manager, registered manager, five care staff, the activity co-ordinator and the chef. We received feedback about the service from a GP who was visiting the home on the day of our inspection.

As part of this inspection we looked at two people's care records and we looked at the systems for monitoring staff supervisions, appraisals and training. We looked at other documentation such as quality monitoring information, complaints and compliments, medication administration records and the home's business contingency plan.

Good

Is the service safe?

Our findings

People we spoke with told us that they were happy living in the home. One person said, "I feel safe here."

Staff we spoke with demonstrated to us their knowledge on how to identify and report any suspicions of, or actual, abuse. They told us that they had all undertaken safeguarding training. We saw that information on how to report abuse was available throughout the home for staff, people living at the home and their visitors to refer to. One person told us, "No complaints at all, if I was unhappy I would tell staff." Staff were clear about their responsibilities to report abuse and this showed us that staff knew the processes in place to reduce the risk of abuse.

People had individual risk assessments undertaken in relation to their identified support and health care needs. We saw that specific risk assessments were place for, but not limited to; people at risk of falls, moving and handling, skin integrity and bed rails. These risk assessments gave guidance to staff to help support people to live as independent a life as possible, and reduce the risk of people receiving inappropriate or unsafe care and support.

We saw that records were kept to monitor people deemed to be at risk of, but not limited to; weight gain/loss, dehydration and poor skin integrity. These records were completed by staff and helped staff to identify and respond promptly to any concerns.

We saw staff working at the home supporting people who lived there. Staff confirmed to us that people were supported by sufficient numbers of staff. They told us that the manager would work alongside them if additional support was needed. For example, to support a person who had become unwell and needed some additional assistance. We saw that there were enough staff to provide support and care to people during our visit in a patient and unrushed way. One person told us that, "Staff are always there to help me." We spoke to the manager about people's dependency needs assessment recorded within their care records and how they used this information to determine safe staffing levels within the home. The manager confirmed that these assessments were used to determine and set safe staffing levels.

Staff said that pre-employment checks were carried out on them prior to them starting work at the home. This demonstrated to us that there was a system in place to make sure that staff were only employed if they were deemed suitable and safe to work with people who lived in the home.

We saw that people's prescribed medicines were stored safely and at the correct temperature. Records of when medicines were received into the home, when they were given to people and when they were disposed of were maintained and checked for accuracy as part of the manager's quality checks. Staff training and competency checks were carried out on staff who were authorised to administer medication and this assured us that people would be given their medicine by qualified and competent staff.

We found that people had a personal emergency evacuation plan in place and that there was an overall business contingency plan in case of an emergency. This document gave a list of emergency contacts and their details. This showed us that there was a plan in place to assist people to be evacuated safely in the event of an emergency.

Good

Is the service effective?

Our findings

Staff told us that they were supported by receiving regular supervisions and a yearly appraisal. We saw that new staff were supported with a comprehensive induction process. One staff member told us that, "I really enjoy working here, the staff and management are very supportive especially during my induction period when I shadowed staff." This was for a period of time until they were deemed competent and confident to provide safe and effective care and support.

We found that staff were knowledgeable about people's individual support and care needs. Staff told us about the training they had completed to make sure that they had the skills to provide the individual care and support people needed. This was confirmed by the staff training record we looked at. This showed us that staff were supported by the manager to provide effective care and support by regular training and personal development.

We spoke with the manager about the Mental Capacity Act 2005 (MCA) and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions. We saw that the appropriate applications had been made to the supervisory body in line with guidance. This meant that people would only be deprived of their liberty where this was lawful.

Our observations showed that staff respected people's right to make their own choices. One person told us that, "Staff treat me with respect, they always ask me if it is okay before they do things for me." Care records we looked at documented that people had signed to agree their care plan. Records also showed that people were encouraged to take part in their care plan review which was carried out to ensure that people's current care and support needs were documented. We saw that where a person had been involved in this discussion with a staff member, but was unable to sign their agreement, this was recorded by staff to show the persons involvement.

During lunch we saw that staff showed people who needed some additional help to make a choice from the menu, the selections on offer plated up as a visual prompt. If a person wanted something different to the menu options offered, we saw that an alternative was prepared for them by the chef. People who had made the choice to eat their meals away from the dining room had this choice respected by staff. One person confirmed this and told us that, "I prefer to stay in my room for my meals, the food is good."

The chef told us that they regularly met with the manager to discuss people's weight loss so a special calorie rich diet could be implemented and monitored. We saw a tea trolley with drinks and snacks throughout the day and one person confirmed that, "I have snacks when I want them." This showed us that there were snacks and drinks available to people living at the home.

Our meal time observations showed us that when staff supported people who required assistance with their meals, they carried this out at the preferred pace of the person they were assisting. We saw that staff asked the person they were assisting if they were ready for the next mouthful or drink. Staff were also seen throughout the meal asking people if they had enjoyed their meal and to check that people had a sufficient amount to eat and drink.

When external health care advice had been sought for people at risk of weight loss or at risk of choking when swallowing their food or drink, we saw that staff followed this advice. We saw evidence of people who were assessed to be at risk on soft texture diets, thickened drinks and fortified food in line with the recorded health care professional information. A person told us that they have to have their food served in a 'special way' and that, "Staff always do this for me, it always looks nice."

A visiting health care professional told us that staff listened to the advice provided by them during their weekly visits. They said that staff involved external health care professionals if they had any concerns about people living at the home. Records we looked at confirmed this as we saw that people deemed at risk were referred by staff to external health care professionals such as, the speech and language therapist (SALT), dietician or falls team for their guidance.

Good

Is the service caring?

Our findings

During this inspection staff were seen knocking on people's bedroom doors before entering to respect people's privacy. One person we spoke with told us, "I feel happy living here. Staff knock on doors before entering." We saw that people were dressed appropriately for the temperature within the home and in a way that maintained their dignity.

People who lived in the home had positive comments about the care and support provided by staff at the home. We saw that staff gave people choice and respected the choice they made. A person told us that, "I have the freedom to live my life the way I choose." Another person said that the home was, "Small, comfortable, nice people, good food."

Our observations showed that staff were caring when people became anxious or upset. We saw one member of staff take the time to support a person who had become very upset. Reassurance given was provided in a sensitive and caring way meant that the person became more settled. One person told us that, "The staff are very polite, they are like daughters to me." We also saw staff supporting a person who had chosen to walk to another communal room rather than use their wheelchair. The staff member supported this person's independence by walking behind the person, checking every now again that they were okay.

Care records we looked at showed that staff reviewed and updated care and support plans regularly. People were involved in their care reviews and this was documented in the records we looked at.

People were assisted by staff to be as independent as possible. We saw staff encourage people to do as much for themselves as they were able to and prompt people when needed, in a discreet and sensitive way. One person told us that, "Staff are polite and treat you with respect."

The manager told us that an advocacy information and support leaflet for people and their relatives was available to pick up and read or takeaway should they wish to do so or needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. At the time of this inspection no one living in the home was currently using this service.

Good

Is the service responsive?

Our findings

One person told us how staff respected their religious belief which was important to them. As Christmas was approaching it had been agreed by the manager with people in the home that a Christmas tree could be put up and decorated in the home's hallway but not in the other communal areas of the home. One person we spoke with confirmed this. They said, "We used to be a home for only people who were Jehovah Witness, we don't celebrate Christmas or birthdays. The staff respect this and ensured that we were consulted about putting up Christmas decorations in the home, it was agreed that they would not be out in the room where we observe our religious beliefs."

We saw that activities happened within the home and we saw people pursuing their interests by reading the newspaper, taking part in a sing song with staff and going out for walks in the local community with the activities co-ordinator. Staff we spoke with told us that activities were planned around people's individual choices. These activities included the weekly watchtower meetings held for people practising that faith. We saw that programmes of planned activities were displayed on the homes notice board in an easy read/pictorial format to help aid people's understanding.

On the day of our visit there were no relatives visiting the home. We spoke to the manager who confirmed to us that relatives were encouraged to visit their family members in the home. As some people's relatives were unable to visit the home regularly due to distance, the manager sent out, throughout the year, a newsletter to people, their relatives and staff to update them about the home.

Prior to living at the home, people's care, health and support needs were assessed, planned and evaluated to agree their individual plan of care and support. Care records showed that people's health, care and support needs were documented and monitored by staff. In response to some people's religious beliefs, their individual care record documented clearly for staff and any visiting health care professional their wishes in the event of a medical intervention. This information was in a format that could be sent with the person on their admittance to hospital in the event of an emergency.

During our SOFI we saw that staff arriving to start work, came into the communal areas of the home to say hello to people as they started their shift. Staff told us that the staff handovers which took place before the start of each shift were an opportunity to pass on any new information about people's food and fluid intake, general mood or if anyone was feeling unwell. This information was also documented in the staff communication book. This meant that staff would be working with the most up to date information about a person they were supporting.

We spoke to the chef about whether they would be able to respond if a person had any special cultural dietary requirements. The chef said that if a person moved into the home with these requirements they would be able to react promptly and cater for the individual's diet. This showed us that the staff were able to consider and respond to people's individual cultural needs.

We saw that people's compliments and complaints were used to inform the home's on-going quality monitoring system. This information was then used by the provider to make improvements to the quality of the care and support provided. People who lived in the home told us that they knew how to raise a concern or complaint and that if a concern was raised with staff it was resolved satisfactorily. One person told us that, "The manager listens to you, they put things right."

We asked staff what action they would take if they had a concern. They confirmed to us that they would raise these concerns with the manager or at their staff meetings. We looked at recent compliments and complaints received by the service. We found that the complaints records documented the manager's investigation into the concern, any learning as a result of the incident and whether the action taken by the staff had resolved the concern raised to the persons satisfaction. This showed us that the manager worked to resolve people's concerns and complaints to the person's satisfaction where possible.

Good

Is the service well-led?

Our findings

The home had a registered manager who was supported by care staff and non-care staff. We saw that people who lived at the home and staff interacted well with the manager. People, we spoke with had positive comments to make about the staff and manager. One person told us that, "Since the manager came, it is really now home to me." Another person told us that the manager was responsive to suggestions made. They told us of an occasion when they had raised a concern to the manager and the manager had, "Sorted it out."

Staff told us that the culture in the home was open and that the manager was supportive. One staff member went on to tell us that they met with the manager at least once a week to receive support and guidance.

People told us that they could attend monthly residents meetings to discuss and update what was going on with the service. They said that these meetings discussed what activities people would like to do, food menus and compliments and concerns. This was confirmed in the meeting minutes we looked at.

People and their relatives were given the opportunity to feedback on the quality of the service provided. We saw that this information was used to improve the quality of service where possible. Surveys for people were in an easy read/pictorial format to ensure that the majority of people could give their opinion on the quality of the service. The reports we saw included the collated feedback which had been received, and showed positive comments about the quality of the service provided. The provider took note of suggestions raised by people. We saw that the home had a fish tank in the communal lounge area which had been requested by people living at the home.

Feedback was also requested by the manager from staff who worked at the home as well as health and social care professionals who were involved with the service. Both surveys showed that positive comments were received about the quality of service provided for people living at the home.

Staff meeting records showed that staff meetings happened and that they were an open forum where staff could raise any topics of concern they wished to discuss. Meeting minutes demonstrated to us that staff were encouraged at the meeting to make any suggestions that they may have to improve the service.

The manager notified the CQC of incidents that occurred within the home that they were legally obliged to inform us about. This showed us that the manager had an understanding of the registered manager's role and what this entailed.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and responsibilities to people who lived in the home.

The manager showed us their on-going quality monitoring process, including accidents and incidents and corresponding plans of action for areas of improvement that had been identified. An overall 'provider quality assessment' tool reported the findings under the areas of safe, effective, caring, responsive and well-led. Other areas that were monitored by the manager included, but were not limited to; medication, dignity in care, care documentation and infection control. The manager reviewed their quality monitoring on a monthly basis and produced a 'trends analysis' document which looked for trends that could be used to highlight areas within the home requiring improvement. Any actions taken as a result of these incidents were used to reduce the risk of the incident reoccurring. This demonstrated to us that the manager had systems in place to monitor the quality of the service provided at the home.

The manager told us how they kept up to date with the latest health and care home guidance. Guidance such as National Institute for Health Care Excellence (NICE) which was distributed to the homes manager via their organisation. This showed us that the manager was aware of current guidance.