St Michael's Homes Limited

Howard Lodge Care Centre

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 19 February 2015 and was unannounced.

Howard Lodge Care Centre is registered to provide accommodation for 72 older people who require personal care. People may also have needs associated with dementia. There were 41 people living at the home on the day of our inspection.

A registered manager was in post in the 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.

Staff had attended training on safeguarding people. They were knowledgeable about identifying abuse and how to report it. Recruitment procedures were thorough. Risk

Summary of findings

management plans were in place to support people to have as much independence as possible while keeping them safe. There were also processes in place to manage any risks in relation to the running of the home.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. People had regular access to healthcare professionals. A wide choice of food and drinks was available to people that reflected their nutritional needs, and took into account their personal lifestyle preferences or health care needs.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People felt their dignity and privacy was respected and they all spoke in a complimentary way about the kind and caring approach of the staff. Visitors felt welcome and people were supported to maintain relationships and participate in social activities and outings.

Staff were well trained and used their training effectively to support people. Staff understood and complied with the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Care plans were regularly reviewed and showed that the person, or where appropriate their relatives, had been involved. They included people's preferences and individual needs so that staff had clear information on how to give people the care that they needed. People told us that they received the care they needed.

The service was well led as people knew the manager and found them to be approachable and available in the home. People living and working in the service had opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response. The provider and registered manager had robust systems in place to check on the quality and safety of the service provided, to put actions plans in place where needed, and to check that these were completed.

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.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

There were enough staff to meet people's needs safely.

Medicines were safely managed.

Good

Is the service effective?
The service was effective.

People were cared for by staff who were well supported and had the knowledge and skills required to meet their needs.

The requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were being met.

People were supported to eat and drink sufficient amounts and people enjoyed their meals.

Good

Is the service caring?
The service was caring.

The interaction between staff and people living in the service was positive. Staff were able to show that they knew the people they cared for well.

People's privacy and dignity was respected as were their relationships with their relatives and friends.

Good

Is the service responsive?
The service was responsive.

People, or their representatives, were included in planning care to meet individual needs.

People had activities they enjoyed and met their needs.

People were confident that they could raise any concerns with the staff and that they would be listened to.

Good

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

People who used the service and staff found the manager approachable and available. Staff felt well supported.

Opportunities were available for people to give feedback, express their views and be listened to.

Systems were in place to gather information about the safety and quality of the service and to support the manager to continually improve these.

Good

Howard Lodge Care Centre

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 was undertaken by one inspector on 10 February 2015.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection, we spoke with five people and six of their visiting friends and relatives. As well as generally observing everyday life in the service during our visit, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the manager and six staff working in the service and two healthcare professionals.

We looked at seven people's care records and four people's medicine records. We looked at records relating to staff support. We also looked at the provider's arrangements for managing complaints and monitoring and assessing the quality of the services provided at the home.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I do feel safe because of the way they look after me." A visitor told us they felt reassured the person was safe living in the service as the staff were so good to the person and communicated so well with the family. Other people told us that the consistent high level of cleanliness in the service also supported people's safety and wellbeing.

Staff had a good understanding and knowledge of how to keep people safe from abuse. Staff had attended training in safeguarding people. They knew how to report any suspected abuse and confirmed they would do this without hesitation to protect people. The manager had responded to any concerns raised and acted to ensure people's safety.

There was a robust recruitment procedure in place and staff files showed that this had been followed. Staff confirmed that before commencing employment they had undergone the required checks. These included confirmation of the staff member's identity, previous experience and employment history, written references and criminal record checks. This was to ensure they were suitable and competent people to work in a care setting.

Risks were identified to support people's safety and actions were planned to limit their impact. Staff were aware of people's individual risks and how to manage these safely in line with the person's plan of care. Adaptations in the premises supported people's safety. Each bedroom was fitted with two call points so people could call for staff support whether they were in bed or sitting in their bedroom. Lights in areas such as ensuite bathrooms were triggered by movement so that people could see better and potentially reduce the risk of falls. Procedures were also in place to identify and manage any risks relating to the running of the home. These included dealing with emergencies such as power cuts or evacuation of the service in the event of fire.

People told us there were enough staff available to meet their needs. One person who preferred to spend their time in their own bedroom said, "The staff do pop in for a chat." Another person said, "I had to ring during the night and they came straight away, they are very good." Staff told us they felt that staffing levels were suitable to enable them to be available to people and to meet people's needs safely. The service was registered at these new and larger premises in September 2014. The management team told us they were monitoring staffing levels closely as more people were admitted to the service to ensure that people's needs continued to be safely met.

People received their medicines in a timely and safe manner. Staff checked medication administration records before they dispensed medicines and spoke with people about their medicine. One person said, "They look after my tablets. I have painkillers and they give them to me when I need them." People received their medicines in line with the prescriber's instructions. Medication administration records were consistently completed and tallied with the medicines available. Medicines were safely stored.

Good

Is the service effective?

Our findings

People told us that they were provided with care that met their needs. One person said, “You cannot fault the care.”

Staff had had an induction when they started working at the home and had worked alongside more experienced staff to begin with. Staff competence was assessed throughout their induction in line with training and learning opportunities provided. Staff told us that the induction and training provided them with the knowledge they needed to meet people’s needs safely and effectively.

Staff received regular training updates to ensure their knowledge was current to support them to meet people's needs. We observed that staff used the training effectively to support people, for example while using equipment to help people move from one place to another, when gaining people’s consent or when administering people’s medicines. Staff told us that they felt well supported in their work through regular supervision and staff meetings.

Staff understood the Mental Capacity Act 2005 (MCA). Records and discussions with staff showed that they had received training in MCA and Deprivation of Liberty Safeguards (DoLS). Care plans for people who lacked capacity, showed that decisions had been made in their best interests. These decisions included Do Not Attempt Resuscitation (DNAR) forms, and showed that relevant people, such as people’s relatives and other professionals had been involved.

Staff had a good understanding of DoLS legislation. The provider had notified us of applications made and authorisations received to deprive people of their liberty in their best interests. Records showed that these had been renewed within required timescales. The manager had also recently completed referrals to the local authority in line with new guidance to ensure that any restrictions on people were lawful.

People told us they enjoyed the food provided. One person said, “I like the food, and there is plenty. We have a choice of meals and today I am having the pie. There are plenty of drinks.” People were supported to maintain a good intake of nutritional flood and drinks. Staff told us that foods were fortified to ensure people maintained good nutrition and a healthy weight. An identified staff member was available throughout the day to provide people with drinks and snacks as required. Staff noted if people had not eaten much and offered alternatives to encourage them to eat. People’s risks in relation to nutrition and hydration were assessed and monitored. People were weighed and food and fluid charts were maintained where required. Records showed that specialist support was requested where required.

People told us that their healthcare needs were met. One person said, “They get the doctor for me when I need it.” A visitor told us that staff had known that something was ‘not right’ and had called the GP promptly, who had diagnosed that the person had an infection. Health professionals told us that staff knew the people they supported well, monitored people’s health well and contacted professionals promptly. They told us that staff were available and helpful where people needed a familiar person to be with them while treatment was provided. They also told us that staff were always interested in learning more about how to help support people’s health and wellbeing effectively.

Good

Is the service caring?

Our findings

People felt well cared for. Comments from people living in the service included, “The staff are so lovely and so kind”. A relative said, “They speak to (person) so kindly, they are really caring, you could talk to them about anything.”

People were involved in making day to day decisions. People told us they were not sure whether they had been involved in their care plans but confirmed that they were asked for their preferences and these were respected. This included choices about where to spend their time, what to wear, what to eat and drink and whether or not to join in social activities.

People were cared for by staff they were familiar with and had opportunity to build relationships with. Staff were allocated to work mainly in a particular area of the service. Care staff were aware of people’s needs, abilities and preferences and how these were to be met for each individual. Staff, including the regular agency staff, told us that they were informed each day at handover about any changes to people’s needs or of any new people admitted to the service. One person who recently came to live in the service said of the staff, “They are so kind, I feel they are friends already.” Catering and housekeeping staff also knew the people living in the service and treated them with kindness and concern.

People’s privacy and dignity was respected. People told us that staff always knocked and waited before coming into the room, and always closed bedroom or bathroom doors when personal care was being supported. People who were in their bedrooms with the door open confirmed that this was their preference. Staff told us that they always made sure that people were covered as much as possible to respect their dignity during personal care. People’s private information was respected. Paper records were securely stored. Electronic records were password protected and maintained on a tiered level so that access was available only to the necessary information.

People’s relationships were supported and there were no restrictions on when friends and family members could visit. Visitors told us they felt welcome to come at any time and one visitor said, “They are so welcoming.”

Good

Is the service responsive?

Our findings

People told us that they had been asked about their care needs and their preferences before they came to live in the service. This was confirmed by visiting relatives. One person told us they had come to view the service first to see if they felt it would meet their needs. A visitor told us that the service had arranged for a person's religious needs to continue to be supported on a weekly basis which was very important to them.

People's needs had been assessed before they came to live in the service and care plans had been put in place to meet these needs. Care plans were personalised giving staff information on how to support people's individual needs in the way they needed and wished for. The care plans had been reviewed regularly and as people's needs had changed so that staff had current information. Staff told us that the new electronic care recording system meant that people's care records were constantly updated so that all staff had the most current information on how to meet people's needs and preferences.

Care was provided in a way that met individual people's needs. One person had a health condition that meant they needed their medicines to be administered at specific times. We saw that the person was given their medicines at the time they needed rather than as part of the routine medicines administration round. A visitor told us that the service had responded to their worry about a person's history of developing urinary infections by providing equipment to help the person to manage their drinks more effectively. Another visitor told us that the service had promptly arranged for pressure relieving equipment to be in place to support a person's needs on admission.

People's preferences were identified and respected. One person's relatives had requested that personal care and support only be provided by a staff member of the same gender. Staff were clearly aware of the expressed preference and confirmed that this was respected in practice. People told us the service was flexible and supported them to retain some control over their own lives. This included for example, lifestyle choices that other people may not consider healthy, and the choice to go outside when they wanted to. We saw that one person's recorded lifestyle choice in relation to food was respected.

People told us that a range of activities and social events were available to them that met their needs and preferences. The provider employed staff with specific responsibility to support social activities for people that met their preferences. A planned programme of social activities and entertainments was displayed in each of the units in the service. These included poetry readings, church services, music and outside entertainers. We saw that people had opportunity for individual time with staff such as for nail and beauty sessions and conversations about their past lives and experiences, such as about best friends.

People told us they felt able to express their views about the service and they had no complaints. One person said, "I know I could talk to them about things if I needed to." The manager had a clear system to manage complaints received and to show how they were investigated and responded to. The manager had shared complaints and required improvement actions with staff so that learning took place.

Good

Is the service well-led?

Our findings

People told us the home was well managed and they felt confidence in the management team. They knew the management team by name and told us that they saw them regularly in the service.

The service had a registered manager in post. The registered manager was supported by a deputy manager and senior members of staff. It was clear from our discussions with the registered manager and deputy manager and from our observations that they were clear about their roles and responsibilities. The manager had kept their knowledge up to date, for example they were aware of planned changes to regulations and changes to current guidance such as in relation to protecting people's rights. There were clear policies and procedures in place to provide guidance for staff on the expectations and responsibilities of their roles.

Staff told us that the management team were approachable and supportive. Staff were provided with opportunities to express their views on the service through staff meetings and supervision meetings. Staff were aware of the provider's aims and objectives for the service and told us these were included as part of their induction training.

People had the opportunity to be involved in the way the service was run. Quarterly meeting were held. People and their relatives attended meetings and received feedback on actions taken in response to their views. We saw that where people had showed a preference for a particular entertainer, this had been booked again as part of the social activities programme.

A satisfaction survey of people using the service was completed at the end of 2014. A report of the findings showed that actions had been taken in response to people's views, such as making the new premises more homely and making information available about social activities. A report resulting from a survey of health and social care professionals involved with the service was positive about the quality of the service and did not identify any required improvements.

Clear and effective quality assurance systems were in place. The provider's assessments of people's needs before admission to the service considered whether staff had the training and skills to meet the person's needs. Tools were in place to assess people's dependency needs to inform the number of staff required to meet them. Information on a range of issues such as falls, incidents, and pressure ulcers was reported by unit managers each month and analysed by the manager to identify any patterns so that action could be taken for improvement. Audits were completed and included medicines, infection control, health and safety and care records. Action plans showed that actions had been followed up to ensure continual improvements to the service for people.