

Heath Lodge Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The inspection of Heath Lodge Care Services took place on 6 December 2016 and was announced. We gave the provider 48 hours' notice because this was a domiciliary care service and there were times when the registered manager was out of the office supporting staff or visiting people who used the service. We needed to be sure that someone would be in the office. The inspection involved a visit to the agency's office and telephone conversations with people who used the service.

Heath Lodge Care Services is based in Bognor Regis. They are registered to provide personal care. The service provides care and support for adults living in their own homes and includes support for people with physical disabilities, sensory impairment and dementia type conditions. At the time of the inspection, 75 people received personal care from the service.

A registered manager was in post. 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.

On the whole, risks to people's wellbeing and safety had been effectively mitigated. We found individual risks had been assessed and recorded in people's care plans. Examples of risk assessments relating to personal care included moving and handling, nutrition and hydration, falls and continence information. However, for one person, we found that risks to staff and the person's own safety as a result of their behaviour were not always assessed and planned for. The risks associated with these behaviours had not been planned and there was lack of guidance for staff to follow. This was an area requiring improvement.

People told us they felt safe receiving the care and support provided by the service. Staff understood and could recognise the signs of potential abuse and knew what to do if they needed to raise a safeguarding concern. Training schedules confirmed staff had received training in safeguarding adults at risk.

Robust recruitment and selection procedures were in place and appropriate checks had been made before staff began work at the service. There were sufficient levels of staff to protect people's health, safety and welfare consistently and reliably.

People said staff were caring and kind and their individual needs were met. Staff knew people well and demonstrated they had a good understanding of people's needs and choices.

We looked at care records and found good standards of person centred care planning. Care plans represented people's needs, preferences and life stories to enable staff to fully understand people's needs and wishes. The good level of person centred care meant that people could lead independent lifestyles, maintain relationships and be fully involved in the local community.

Staff felt supported by management, they said they were well trained and understood what was expected of them. Staff were encouraged to provide feedback and report concerns to improve the service.

There was a complaints policy and information regarding the complaints procedure was available. Complaints were listened to, investigated in a timely manner, and used to improve the service.

Regular audits were in place to measure and monitor the quality of care and service provided. People and staff surveys were positive about Heath Lodge Care Services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was mostly safe.

People's risks had mostly been identified and assessed and were managed appropriately by staff. However, we found for one person there was insufficient guidance for staff on how to minimise risks relating to the persons behaviour.

This was an area requiring improvement.

People were supported by trained staff who knew what action to take if they suspected abuse was taking place.

There were enough staff to cover calls and ensure people received a reliable service. Safe recruitment systems were in place.

People's medicines were managed safely.

Is the service effective?

Good 

The service was effective.

Staff had received training and regular supervisions to carry out their role.

Staff protected people from the risk of poor nutrition and dehydration.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

People had their health needs met and were referred to healthcare professionals promptly when needed.

Is the service caring?

Good 

The service was caring.

People were supported by kind and caring staff who knew them

well.

People spoke highly of the care they received and of the staff who supported them.

People were supported to be involved in all aspects of their care and in their care plans.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided detailed information to staff on people's care needs and how they wished to be supported.

People's needs were assessed prior to them receiving a service.

People were provided with information on how to raise a concern or complaint. Concerns and complaints were responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

There were systems in place to monitor the quality of the service.

People and staff told us the service was well managed and there was a positive open culture.

People's feedback about the way the service is led described it as consistently good.

Regular audits took place to measure the quality and safety of the service provided.

Heath Lodge Care Services Limited

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 6 December 2016. This was an announced inspection. The provider was given 48 hours' notice because the service provides domiciliary care in people's homes and we wanted to make sure the registered manager and other staff were available at the agency's office.

One inspector and an expert by experience completed the inspection. The expert by experience contacted healthcare professionals, people and/or their relatives by telephone to seek their views on the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed 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. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection, we went to the office and spoke to the operations director, the operations manager, the registered manager and two care co-ordinators. We reviewed the care records of 11 people. We looked at 10 staff files, supervision and training records and systems for monitoring the quality and safety of the service.

On the 6, 7 and 8 December, the expert by experience made phone calls to 10 people and their relatives to get their feedback about what it was like to receive care from the staff at Heath Lodge Care Services. They also made phone calls to seven staff and three healthcare professionals who worked with the service including a nurse, support brokerage (a support broker helps people to choose, plan and lead the lives of their choice) and one social worker.

Heath Lodge Care Services was registered by the Care Quality Commission on 8 June 2014. New services are assessed to check they are likely to be safe, effective, caring, responsive and well-led. This was the first inspection of Heath Lodge Care Services since their registration.

Is the service safe?

Our findings

Risks to people's wellbeing and safety had mostly been managed effectively. We found individual risks had been assessed and recorded in people's care plans. However, for one person, we found that risks to staff and the person's own safety as a result of their behaviour were not always assessed and planned for. The person frequently displayed episodes of verbal and physical aggression towards staff. The risks associated with these behaviours had not been planned and there was lack of guidance for staff to follow. The impact of this meant the person could potentially hurt themselves and put staff at physical risk. This was an area requiring improvement. The operations director, registered manager and operations manager were receptive to our feedback and gave assurances this guidance would be in place by the end of January 2017. Following our inspection the operations director contacted us and informed us additional training around challenging behaviour had been booked for January 2017. This is to improve staff awareness regarding safety and understanding 'challenging behaviour' specific to this person.

We looked at comprehensive risk assessments, which covered the internal environment of the person's home, moving and handling risks, risks of falls, nutrition and hydration, and continence information. Visual checks were completed on equipment such as hoists, slings and bathing equipment. Additional risk assessments were completed in relation to people's specific needs. For example there was a risk assessment which outlined the risks to a person with diabetes. There was sufficient guidance for staff to support the person safely. The care plans were reviewed six monthly or earlier if there were any changes in the person's care needs. A staff member told us, "Risk assessments are done every six months but we tell the office if anything changes as we go along. Things can change quickly sometimes". A healthcare professional told us, "One patient is at high risk of falls and they have communicated with me a lot to ensure this person is kept safe and I know they communicate a lot with the son too". Another healthcare professional told us, "I've always found their care plans and risk assessments very detailed and nothing of concern has ever come to my attention".

Care plans showed that each person had been assessed before care and support started so the service could be sure they were able to provide the right support. The registered manager said, "We go and meet the person and complete a needs led assessment form which usually includes relatives and healthcare professionals." People's care documentation contained assessments such as health risks, mental health and sensory needs.

People told us they felt safe receiving support from Heath Lodge Care Services. One person said, "I'm very happy and feel completely comfortable with the carers coming to my home and helping me. I never worry about any of them being here." A relative said, "[Person] always has two carers and they use a hoist. Yes they know what they're doing with it and as far as I'm concerned they do it safely". A member of staff told us, "If I noticed anything wasn't right and I was worried about their [person] safety or mine I would always ring the office immediately".

Safeguarding policies were in place with additional policies on entering and leaving people's homes, handling their monies and property, confidentiality and dealing with emergencies. Training records showed

that all staff had attended safeguarding training annually. People were protected from the risk of abuse because staff understood the different types of abuse and how to identify and protect them from the risk of abuse or harm. Staff told us all concerns would be reported to the registered manager. If concerns related to the registered manager, they would report them to the appropriate local safeguarding authority or the CQC. A staff member said, "I had safeguarding training when I started and keeping people safe is important. This can be lots of things like neglecting themselves, falling. For example if a piece of carpet is flapping up it could be dangerous, we have to keep an eye on them". Another member of staff told us, "Examples of abuse could be physical, emotional, and sexual or someone stealing, these are vulnerable people we look after and because I know people well I can tell if they're down or something's wrong".

Staffing levels matched what was planned on the staff rota system. Overall people told us their care worker arrived on time and that they were informed if there were any long delays. There were sufficient staff employed and deployed to deliver the care hours planned for people.

People were protected, as far as possible, by safe recruitment practices. All staff files that we checked confirmed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. In addition, two references were obtained from current and past employers. These measures helped to ensure that new staff were safe to work with adults at risk.

People's medicine administration records (MAR) were accurate and clear. Staff told us they had attended training in medication, they were aware of the provider's policies on the management of medicines and that they should follow these. Training records confirmed that all staff received medication training and staff had a good understanding of why people needed their medicines and how to administer them safely. There was clear guidance in the MAR charts on as required (PRN) medicines. PRN medicines are only given when people require them and not given routinely; for example for pain relief or anxiety. A staff member told us, "I know about the meds policy and have read it. We only give medication that's prescribed and it's always recorded. We have a better computerised system now so it's more straightforward". A healthcare professional told us, "This isn't an agency where I've needed to speak to them about medication, no worries about that at all".

Infection control policies and procedures outlined the need for staff to use personal protective equipment while providing personal care. We observed a staff member picking up a box of gloves from the office to use at people's homes. Staff told us they understood the importance of good infection control practice and had access to all the personal protective equipment that they needed to carry out their role safely. A healthcare professional told us, "I've got no worries about PPE or infection control; there's never been any issues".

The office was open between 9am and 5pm from Monday to Friday with one of three staff providing on-call cover from 5pm to 10pm and from Friday night until Monday morning.

Accidents and incidents were recorded and the registered manager was informed if there had been any incidents. Staff told us they understood the process for reporting and dealing with accidents and incidents. If one occurred, they would inform the office and an accident form would be completed. We looked at the accidents and incidents for October and November 2016. These records clearly stated what actions were taken and what preventative measures had been put in place to prevent a re-occurrence and protect the person.

Is the service effective?

Our findings

People were happy with the care and support provided by Heath Lodge Care Services. One person told us, "They are all brilliant and certainly good at what they do and amongst them are some real superstars". Another person told us, "It's like we work together and I love their company, it's a very important to me".

All new staff completed a four-day face-to-face induction with the external trainer, which included all generic and specific training to enable staff to carry out their role. This was followed by a minimum of two to three shadow shifts. New staff shadowed staff that were more experienced and did not work on their own until they were competent and confident to do so. One person told us, "When they have new ones [staff] they send them out with ones that know you". One member of staff told us, "I had four training days; someone comes to do our training. I did lots of training the safe guarding, mental capacity, medication, lifting and handling, infection control and then I did three shifts shadowing". Another staff member said, "I feel well trained and I felt ready to do the job when I started".

Staff received generic training in first aid, health and safety, infection control, safeguarding, moving and handling, medication, mental capacity, food and nutrition. Training was refreshed as needed and certificates in staff files confirmed the training staff had completed. New staff studied for the Care Certificate covering 15 standards of health and social care topics, through on-line learning. A healthcare professional told us, "As far as I'm aware the carers are aptly trained to undertake their role". Another healthcare professional told us, "I can't speak for the carers although I've no reason to think they aren't well trained but in my conversations with the agency I feel the staff are well trained and knowledgeable". A computer system held details of what courses had been completed by staff and notified the registered manager when updates were required.

Staff had received training in the Mental Capacity Act 2005 (MCA). 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. Care plans contained mental capacity assessments and also included information regarding powers of attorney, and advanced directives. Staff had a good understanding of mental capacity and put this into practice to ensure people's rights were respected.

At the time of the inspection, the registered manager had not needed to notify the Local authority about any person that they provided a service to regarding concerns about deprivation of liberty. The registered manager demonstrated to us that she had a good understanding of this legislation.

Staff received supervision three times a year and annual appraisals to maintain levels of competency and to identify areas for development and improvement. Unannounced spot checks were completed on staff as a minimum of three times a year to check whether the member of staff was on time, were wearing their uniform and whether they met the person's needs. These spot checks were completed during part of a

home visit and the results were passed to the office. In addition to the spot checks, field supervisions were completed every three to four times a year where staff were supervised for the whole home visit. Comments from one field supervision stated, 'person given choices.' Another comment stated, 'correct personal protective equipment used and was approachable.' This demonstrated that the service had a proactive approach to staff members' learning and development. It also highlighted areas where additional training may be needed to make improvements.

Where people were supported with their meals, they said staff helped them in the way they needed, and showed a flexible approach. Some people had daily fluid and nutrition charts with guidance for staff to follow to ensure people's nutritional needs could be met. Staff said people chose what they wanted to eat and were assisted to prepare meals and drinks depending on their capabilities.

The care plans included key contact details of people's next of kin, case manager, GP, district nurse and relatives. People with more complex needs also had additional contact details of healthcare professionals such as physiotherapists, occupational therapists, dieticians and the Speech and Language Therapy (SALT) team. Staff said that any changes in a person's behaviour or if someone was ill when they arrived would be reported to the office immediately to obtain advice and support. One person told us, "I feel completely confident that if I was unwell they'd get medical attention to me. They were a bit worried about me a few months ago and sort of encouraged me to see the Doctor".

Is the service caring?

Our findings

People told us they had good relationships with the staff. One person told us, "I've been through so much in my life and my carer really understands me, I would trust her with my life." Another person told us, "They [staff] are all great, all of them". One relative said, "[Person] is very happy when the carers are here and there's always a lovely atmosphere with chatting and laughter". A member of staff told us, "My Nan had a bad experience of care so I want to make a difference and give people good experiences". A healthcare professional told us, "They are very organised, approachable and flexible with a very caring team giving a high quality of care. This is not an agency that pulls care easily they usually find a way forward".

We heard staff speaking with people on the telephone during our inspection visit. The staff were polite and caring in their interactions. Staff in the office understood why it was important to interact with people in a caring manner and to ensure that people were informed of any changes to visit times or any delays.

People said they felt comfortable with their care workers, and were treated like individuals. Staff knew people well; they had a good understanding of people's needs, choices, likes and dislikes. One member of staff told us, "I like to feel I've made a point that people are ok. It's not just a job. Someone I went to today needed help with their tumble dryer so I made sure it worked before I left. Little things like that mean a lot to people. I'm always happy and cheerful to get the best out of my job". Another staff member told us, "It's really important to be calm with people and give them time". Another staff member told us, "I look after someone with dementia so we sing together; I want to treat people like I would treat my own mother".

Staff were given enough time to get to know people who were new to the service and read their care plans and risk assessments. Staff told us although they knew what care people needed they continually asked people what they wanted.

People told us that they were treated with dignity and respect. One person told us, "I find them to be very kind and talk to me with respect". A staff member told us, "I talk and listen to people and try to understand what it's like for them". Another staff member told us, "I think people would describe me as gentle, polite, kind and thorough". Another staff member told us, "Respecting people is important and keeping them covered with a towel whilst you're doing personal care or closing doors and making sure you knock on the door rather than just barge in".

People were provided with a 'Service User Guide' which contained information about the provider, including the values, who to contact with any questions they might have and how to complain. All of the people we spoke with confirmed they knew who to contact at the service if they had queries or changes to their care needs.

Is the service responsive?

Our findings

People were involved in decisions about the care and support provided and in reviewing care needs. One person said, "If my care needs change I inform the office and we discuss it."

Comments made by people who used the service from the last satisfaction survey in December 2015 included, 'Carers are excellent and I look forward to seeing them' and 'Carers are very good'. Comments for improvement included, 'Some staff are late' and 'it can be frustrating getting information on who is providing care last minute'. An action plan had been put in place to address some of the issues raised by people including improved continuity of care, ensuring that people are informed of changes to their visit times and that staff remained at their visit for the full allocated time. This demonstrated that the service encouraged feedback from people to make improvements.

People's needs had been assessed before they began using Heath Lodge Care Services and they said the care plans reflected their support needs. The registered manager told us the assessments were carried out to ensure the service could provide the support people needed and they were used as the basis for the care plans.

Care plans included a detailed assessment of people's needs and included people's preferences and routines and had been completed with each person and their relatives where appropriate. Staff were able to provide examples of how they provided personalised care and support to people, which responded to people's needs. One person told us, "I have scars but I don't like anyone to draw attention to it and they know that's how I feel. It's in my care plan so they know only to ask me the first time but after that not to and they don't". One staff member told us, "[Person] loves wearing a scarf and has about twenty of them so it's really important to her to choose one and she always smiles and appreciates it". Another staff member told us, "When I prepare a meal I always ask what people want, hot or cold so they can choose at the time". A healthcare professional told us, "Where two carers visit I know at least one of the carers will know the person well and on a more individual basis so that consistency is in place".

Care plans were informative, comprehensive, and included people's religion, medical histories, social histories, health details and medical condition. Each care plan had additional policies, guidance and best practice documentation, which related specifically to the person's condition such as 'catheter' or 'diabetes' guidelines. Staff were booked on training for January 2016 to be further trained in subjects specific to the person that they provided care and support for. For example catheter care and dementia awareness. People's daily care notes were completed and returned to the office monthly and provided clear details of the care and support provided for people in a person centred way. We spoke to two other healthcare professionals, comments included, "I've always felt that the care plans have been of a high standard and very detailed giving good personalised care. I had one person who was very resistant to having a care agency involved and they have been really good in being flexible, providing continuity which is critical and when we had the review it had clearly been a success and a good move." The other comment included, "One person has complex mental health needs and is end of life and should really be somewhere other than the sheltered living where she is but they are doing as much as they can to respect her choice as to where she

wants to live. The carers know her well and they are doing a brilliant job and I can't believe her needs haven't become more complicated".

Care plans showed that people had been involved in their care planning. Reviews were completed every six months and where people's needs or preferences had changed these were reflected in their records. This showed that people's comments were listened to and respected. One person told us, "Yes [staff member named] is responsible for coming out every three to six months and does the care plan meeting with us. Its thorough and a chance to update anything but to chat about how it's all going".

People were given the choice of which care workers they would prefer to provide care for them. One person told us, "I only have a male for the lunchtime call". One relative told us, "It's always a female [staff name] [person] has and that's what is in the care plan and they always stick to that".

Overall people said staff arrived on time and no one we spoke to had experienced missed visits. The registered manager told us they inform people if staff are likely to be more than 15 minutes late. The registered manager told us, "We have had feedback from some people that they don't always know who is going to provide their support due to them receiving the information quite late. We have addressed these issues with staff and improvements have been put in place. We have not received any feedback on this in the past three weeks"

Staff told us they felt supported by the office staff and by the information available in people's homes, which included the care plan, daily notes, protocols and guidance. One person told us, "I do ring the office and usually find that they are helpful and polite to me". Another person told us, "I find the office staff very helpful and if I have to change anything they always accommodate it for me, it's never a problem". Another person told us, "Yes I can ring the office anytime and I'd speak up if I was worried about anything".

People knew how to make a complaint and felt that they were listened to. The procedure to make a complaint was clearly outlined in the Complaints procedure and the Service User Guide, which had been sent out to all the people who used the service. Complaint records showed that complaints and concerns were investigated and addressed in a timely manner including a record of the investigation outcomes. The service had received one complaint in the last 12 months. The complaint was acknowledged, investigated and a full written response sent out. Complaints were used to improve the service and to prevent similar issues from reoccurring. A healthcare professional told us, "Customers will contact us and we don't get any complaints about this agency".

Is the service well-led?

Our findings

People and relatives described the staff of Heath Lodge Care Services as professional and caring. A healthcare professional told us, "I feel I have a good strong working relationship with the agency. They always ring even just for mild queries, even just too sometimes sound off, and check out. To me they are a good example of open and honest working relationship." Another healthcare professional told us, "There's never any cover up, there's always discussions to make things better".

The operations manager told us, he visited the office on a weekly to offer support to the registered manager. During our visit, we observed the operations manager supporting the registered manager by arranging staff interviews and conducting employment checks on chosen candidates. The operations director told us, they visited the office on a monthly basis to offer support to the registered manager and discuss the outcome of audits. The registered manager confirmed that having an operations manager was helpful and that they found the operations manager and director both supportive.

There was a weekly and monthly audit completed to assess and monitor the quality of the service. We looked at the audits dating back to the 5 November 2016. The audit reports examined people's care plans, staff files, training, recruitment, employee checks, complaints and daily notes. The audit identified the need for staff induction records to be completed correctly, staff training certificates to be placed in staff files and daily notes to be audited monthly to ensure that care was being delivered in accordance with the care plan. All information relating to medication errors, accidents, incidents, complaints, missed calls and safeguarding concerns were recorded on a computer system. The registered manager analysed these results on a monthly basis to identify patterns or trends and reported to the Heath Lodge Care Services operations director and operations manager each month with her findings. This demonstrated an emphasis on striving to improve.

Spot checks took place whereby unannounced checks were made on staff when they were delivering care in people's homes. During these visits, people were asked their views about the care they received and their views were documented. All views and comments were positive.

The registered manager reviewed the medicine administration records (MAR) and people's daily records on a monthly basis when they were returned to the office. This was to identify if a review of care was needed and to check for any shortfalls in recording or documentation. When there were missing signatures from MAR charts these were picked up in the monthly audit and the registered manager identified which member of staff was responsible and spoke to them directly to address the issue.

There was an open and positive culture and gave staff confidence to question practice and report concerns. The registered manager told us that staff meetings were held when needed. We looked at the minutes from the meetings in April 2016, June 2016, July 2016 and September 2016 and found they discussed timesheets, staff sickness, staff holiday, personal protective equipment, the importance of confidentiality and professional conduct.

Staff said they liked working for the agency because of its friendly and supportive nature. One member of staff told us, "I get lots of support, its brilliant". Another staff member told us, "I have a direct dial so I can call the office anytime so if something happens on the spot I'll get assistance and guidance straight away".

Feedback from people's relatives about the service was consistently good. A compliments folder contained written messages of thanks and cards. Comments made by relatives included, 'Could not speak more highly of the care and kindness me and my mother receive from carers', 'Thank you for all your support'.