Regal Health Care Properties Limited

Spring Lodge

Inspection report

Main Road
Woolverstone
Ipswich
Sufolk
IP9 1AX
Tel: 01473 780791
Website: www.kingsleyhealthcare.com

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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

We inspected on 26 November 2014. Spring Lodge provides accommodation and personal care for up to 46 older people who require 24 hour support and care. Some people using the service were living with dementia. There were 43 people using the service when we visited.

There was a registered manager 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.

At the last inspection on 9 and 15 May 2014, we asked the provider to take action to make improvements to ensure people's needs were met, that they were protected from

Summary of findings

abuse and that their rights were upheld. The provider gave us an action plan and this action has been completed. At this inspection we saw that the improvements required had been made.

People's needs were met because there were enough suitably qualified, trained and supported staff available to support them.

People were kept safe because there were arrangements in place to protect people from avoidable harm and abuse. People's medications were stored and administered safely.

People were protected from harm because staff received sufficient training and support to carry out their role. Staff had knowledge of how to identify and protect people from abuse.

People were protected from the risk of having their liberty unlawfully restricted because the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were protected from the risks of poor nutrition as they received appropriate support to eat and drink sufficient amounts.

Interactions between staff and people using the service we observed were caring, kind and staff knew people well. Staff treated people were treated with dignity and respect. Observations identified that staff responded to people's needs in a timely manner.

People or their advocates were given the opportunity to participate in care planning and to voice their views on the service. People were supported to make complaints about the service and these were acted on.

People's care was person centred because care plans contained individualised information about their needs. Staff engaged people in meaningful and purposeful activity which took into account their individual hobbies and interests.

The management had in place a robust quality assurance process that identified issues in service provision. The management of the service promoted a positive and open culture with care staff and the management of the service was visible at all levels.

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.

There were enough staff to meet people's needs.

Medications were administered and stored safely.

Appropriate arrangements were in place to minimise the risk of people coming to harm.

Good

Is the service effective?
The service was effective.

The service adhered to the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff had the knowledge, skills and support to carry out their role.

People were supported to eat and drink sufficient amounts.

Good

Is the service caring?
The service was caring.

The relationships between staff and people using the service were caring. People and their representatives were involved in making decisions about their care.

Good

Is the service responsive?
The service was responsive.

Staff had access to sufficient information about people in order to deliver personalised care which met people's needs.

People were given the opportunity to feed back on the service and their views were acted on.

Good

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

The management of the service had a clear vision for the future of the service, and promoted an open, transparent and fair culture.

Quality assurance processes were robust enough to identify shortfalls in service provision, and these shortfalls were acted on.

Good

Spring Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 26 November 2014 and was unannounced.

The inspection team consisted of an Inspector, a Specialist Advisor and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service. The Expert by Experience had experience of older people and people living with dementia. A Specialist Advisor is someone with specialist knowledge in a certain subject. The Specialist Advisor had specialist knowledge of nutrition.

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 improvements they plan to make.

We spoke with six people who were able to verbally express their views and a relative of one person. 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 three health and social care professionals about their views of the care provided. We spoke with three health professionals after our inspection, who were all complimentary about the service.

We looked at the care records for ten people using the service. We spoke with two members of care staff, the manager of the service and the area manager. We looked at the management of the service, staff recruitment and training records, and systems in place for monitoring the quality of the service.

Is the service safe?

Our findings

People told us there were enough staff available to support them. One person said, "They're always there quickly." Another person commented, "There are enough staff. They have time for a chat." This supported our observations which demonstrated that there were enough suitably qualified and trained staff available to meet people's needs. Two members of care staff told us that they felt the staffing level was appropriate and that they did not struggle to support people. The manager of the service told us that the staffing level was regularly reviewed where the needs of people changed, and that it's effectiveness was measured through regular observations. One other person told us, "They've always got time for me. Nothing is too much trouble."

The service had in place robust recruitment procedures to ensure that people were cared for by staff who had the appropriate background, skills and knowledge for the role. People we spoke with were complimentary about the staff, one person said "They're really good, they know what to do and when." Another person told us, "I am grateful for the help from staff, it meets my every expectation." A relative commented, "I can't fault the care staff, they clearly have the smarts to care for people and they are very skilled in what they do."

Staff understood the risks to individual people using the service and how they could minimise these risks. We observed staff practice which demonstrated they had an awareness of the risks to people, and they were proactive in reducing these risks. Assessments were in place for and care planning took into account identified risks and how the risk could be minimised without restricting the persons freedom or control. For example a relative told us how the staff approach care to support their relative with diabetes and the risks associated with it.

All the people we spoke with told us they felt safe living in the home, one person said "The staff really do make me feel safe, they're always around." Another person commented, "I couldn't feel safer here." A person's relative commented, "I don't have to worry about [person] anymore; I know they're safe and looked after." Staff told us they were clear on their responsibilities with regard to protecting people from abuse and told us what they would do if they had a safeguarding concern about someone using the service. Investigations were carried out where concerns were raised, and plans were put into place to minimise the risk to people. Staff from the local authority told us that the management of the service fully cooperated with their investigations when concerns had been raised, and that the relationship between the two organisations was positive.

Staff knew when and how to report incidents and accidents, and these were monitored and analysed by the management to identify any patterns such as risk areas or times of the day when incidents occurred. This helped to ensure that people were protected as much as possible from potential risk.

Staff were aware of what contingency plans in place for emergency situations such as fire or power cuts, and for staff being unable to get to the service due to extreme weather conditions. We saw these contingency plans put into action effectively when the service experienced a power cut during our inspection, and people were protected from potential harm.

Staff demonstrated to us how they checked equipment for safety flaws and we saw that equipment was free from safety risks. The premises was well maintained and all hazards were identified through the quality assurance process and put right. A relative told us "They're always checking [relatives] bed and wheelchair to see if its working. [Relatives] wheelchair did break but they dealt with it quickly."

People's told us that they received their medications when they needed them, one said "I know what my medications are for, but they always remind me. I chose for the staff to give them to me instead of doing it myself as its easier and I might forget." Another said "They always tell me what they're giving me, and they always remember to give me the tablets I need They're never late."

We observed that medications were administered and stored safely, and were administered by staff competent in medications administration. Staff who administered medications told us that they had regular training in this area and they felt confident that they could administer medications to people safely. There was a robust audit in place which identified issues, and we saw that issues were put right by the manager. The service had recently been inspected by an external organisation and no issues were identified.

Is the service effective?

Our findings

The manager was able to demonstrate that the majority staff team were up to date with all of their mandatory training. In addition, staff were assessed by the manager regularly to ensure their competence. The management of the service had links with organisations who could provide sector specific training, and had planned for additional more in depth training on nutrition, which had been identified as an area needed to make improvements to care.

Staff told us they were supported to undertake further qualifications such as diplomas and degree programmes to improve their knowledge. This demonstrated that the management of the service was promoting best practice. Staff practice we observed supported that they were suitably trained to carry out their role. Two health professionals told us they thought the care staff delivered a high quality of care. One commented that the staff were well trained and competent. The other commented that staff reflected best practice in the sector and were very knowledgeable. A relative told us "The staff are highly skilled."

Staff we spoke with told us that they had access to effective supervision and appraisal, and felt supported by the management of the service. Staff members had regular supervision sessions with the manager and had an appraisal once per year, which focused on development in their job roles. Staff were also encouraged to attend staff meetings, where best practice and changes to the service were communicated to staff.

Staff had training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They were able to tell us the principles of the MCA and DoLS and how this effected the people they cared for. Observations confirmed that the staff were acting in accordance with the principles of MCA, and that they obtained people's consent before carrying out tasks. For example, we observed staff supporting and encouraging people with dementia to choose what they wanted to do with their time or what they wanted to eat. MCA assessments and best interests decisions were made in accordance with legislation. The management of the service was aware of recent changes to legislation with regard to DoLS and had made the appropriate referrals for people using the service.

Staff supported people to eat in a way which upheld their dignity and encouraged them to do as much as possible independently. People were supported to make choices about their food and drink, and were provided with equipment to enable them to eat their meals independently. People's nutritional needs were assessed by the service, and this fed into care plans for people which clearly identified any specific support needs or dietary requirements, and documented people's likes and dislikes. People's weight was monitored for changes, and timely referrals were made to dietary and nutritional specialists. Observations confirmed that staff followed guidance provided by nutritional specialists for people at risk of poor nutrition. One person told us "The food is first class, there's always something on the menu I like." Another person said "The food is really tasty, always nice and hot and lots of choice." One other person commented "I love the food, the cook is brilliant and if you want something not on the menu they will always make it for you." A relative told us "The food is really good, they're always happy to make me something too as I like to have dinner with my [relative] once a week. The food is better than I have at home." We observed people throughout the day and saw that people had access to food and drink at all times. There were cakes and finger foods in the communal areas of the home, which people could help themselves to. Observations showed that people who could not help themselves were offered snacks and drinks regularly by staff.

We observed that the service ensured people had appropriate support from other professionals where needed. We observed that the service called a GP for one person they had concerns about. People's care records demonstrated that they were supported to have contact with GPs, chiropodists, dieticians and dentists to maintain their health. Health professionals told us that the service worked well with other agencies and acted promptly when they believed people needed support from health professionals. One person said "I can see the doctor or nurse anytime I want, I only have to ask." A relative told us "They're really quick to call someone if [relative] needs it. They let me know what's going on and keep me informed of any treatment [relative] needs."

Is the service caring?

Our findings

People received kind, caring and positive interaction from staff throughout our inspection. One person told us, "They're very helpful and never grumble." Another person said, "They help me with everything, they're good people." Staff sat with people and chatted with them one to one, or supported them to complete a task or enjoy their hobbies and interests. One person told us, "They [staff] definitely care, they're very patient." Another person said, "They're [staff] very compassionate people, it takes a lot of care to do this job and they do it well."

Staff upheld people's dignity, respect, and right to privacy. People had keys to their own bedrooms and could keep them locked. The manager told us this arrangement was in place to ensure that people's belongings were safe when they were not in their bedrooms, and had been agreed after consultation with people using the service and their relatives. We observed that staff asked people if they could go in their bedrooms before doing so, and knocked before entering, respecting people's private space.

We observed that staff supported people to be as independent as possible, and to carry out tasks themselves. Staff offered support to people discreetly, which promoted their dignity. One person said "The staff here are so lovely. They help me to live my life, I live a lot more now than I did at home." A relative of one person told us, "The staff genuinely care about people which is nice to see. The way they treat people with such patience and kindness is something special."

People were actively involved in decisions about their care where possible, and were asked for permission for information to be shared with their relatives and other professionals. Where people consented, relatives were invited to care reviews and discussions that took place about the person's care. One person said "They do involve me, they review my care plan with me regularly and I can make changes if I want." A relative told us "They keep me informed of what's going on and I'm invited to meetings about [relatives] care." Where people were assessed as not having capacity, the relatives of people were asked to indicate on their behalf who should be involved in making decisions about the persons care and treatment. A relative commented "My [relative] can't tell staff what they want anymore, but the manager always keeps me informed of what's going on and asks for my input in all discussions."

Is the service responsive?

Our findings

People were involved in their care planning. One person said "They involve me in everything. I attend meetings and nothing is done behind my back." Another person said, "They always try and involve me even if I don't want to be involved." One other person told us, "I've seen my care plans and I'm happy with them." A relative of a person told us, "They keep me informed every step of the way. I couldn't ask for better." We looked at the care records for ten people using the service and found that each person had a set of individualised care plans. Care records were kept on a computer based system, which rated each person's level of need based on their care planning and risk assessments. People's needs were re-assessed regularly and this prompted reviews of people's care planning. We observed that the care people received matched what was documented.

Care planning included detailed information about the person, such as their medical history, information about their past life, likes and dislikes and hobbies and interests. Each person also had a 'choice' care plan, which set out how staff should support them to make decisions independently.

We observed that staff supported people to enjoy their hobbies and interests throughout our inspection. The corridors of the service were decorated in a way which engaged people living with dementia, such as having areas which reflected a certain time period which aided people with their memory. There were items such as dolls, coats, dressing tables and other items in the corridors which we observed engaged people throughout the day. This gave people using the service a sense of purpose and a focus, which we observed had a positive impact on people's mood.

People using the service were encouraged to maintain relationships with the people important to them. Each person had a care plan which contained the names and contact details of important people in their life. We observed during our inspection that the service had accommodated a person's wish to eat lunch with their relative. Staff ensured they could eat their meal together in a dining room away from other people using the service, which gave the person personal time with their relative.

People using the service and their relatives were supported and encouraged to feed back their views through regular 'resident's meetings' and through an annual survey of their views. People's views were listened to and acted on. For example people expressed that they wanted to have a pet. The service recognised this as a benefit to people and now had a dog and guinea pigs.

People using the service and their relatives knew how to make complaints. One person commented "I know how to but I don't need to." Another person said "I'd just go and tell the manager. She'll sort it." A relative said "They're very receptive if I'm not happy about something, and I know it's sorted quickly." People said they knew what would happen if they made complaints, and were confident in how they would be handled by the manager. We looked at the records of two complaints received recently, and found that these were investigated in line with the policy and to the satisfaction of the complainant. The service took clear action as a result of the feedback it received from people or their relatives.

Is the service well-led?

Our findings

People told us they knew who the manager was, and going to speak to them if they had a problem. One person said, "I know who [manager] is. They're good." Another person commented, "They're always around helping out, can't fault it." One other person told us, "I know who they are. I know the area manager too, [area manager] would feel comfortable comes in regularly." A relative of a person using the service said, "I know who the manager and deputy is. There's always one of them around when I visit. They're very approachable and I do feel comfortable to go to them if I'm not happy or have a query. There has been a lot of improvements made recently and the staff seem a lot more organised."

We observed throughout our inspection that the manager and deputy manager of the service were visible throughout the inspection and spent time in the communal areas, observing and directing care staff. The area manager of the service was also present during our inspection, and spent time in communal areas also. We observed that the management team knew people well, and had a good rapport with people using the service.

The management team were supportive of staff and by doing this created a learning culture. For example a mistake had been made by a member of care staff during our inspection. The manager discussed this with the member of staff, provided support to the staff member and was constructive in their feedback, which was shared with the whole staff team. This promoted transparency and openness within the staff group.

Records of staff meetings showed that these were held regularly, and gave staff an opportunity to feed back and reflect on the previous month. These meetings were used as a way for the management to communicate important changes in people's needs or changes to best practice. The minutes of these meetings demonstrated that staff were able to be open about their thoughts and feelings, and actions were put in place to address any issues that were identified.

Staff were also given the opportunity to give anonymous feedback on the service through an annual survey of their views. The latest identified trends in negative feedback, which they had acted on. For example, staff raised that they thought changes could be made to the way meal times were coordinated, and staff told us changes had been made as a result of their feedback. Staff were given sufficient information and encouragement to raise safeguarding concerns or blow the whistle to the appropriate external organisations. Staff told us they felt comfortable in raising concerns with external organisations if needed and did not feel that they would be treated differently by the manager of the service if they did.

The manager told us of their visions and plans for the future of the service. We were shown records of specialist dementia programmes the home had signed up to, in order to promote better staff practice. Records demonstrated that the service promoted staff excellence by offering training opportunities such as degree programmes and other qualifications. The management of the service also had clear understanding of the challenges currently facing the service, such as shortfalls in staffing numbers. However, they were able to evidence that they had taken action to address the low staffing levels and had appointed several new care staff who were due to start in the weeks after our inspection.

There were systems in place for monitoring the quality of the service. The manager showed us records of observations they undertook regularly of the way staff supported and interacted with people using the service. The results of these observations were positive, and supported the findings of our observations.

The manager and area manager also told us about a programme of audits they carried out, which identified issues which the service could evidence they acted on to improve the service and ensure its quality and safety was being maintained. For example, errors in medicines administration had been previously identified which had led to staff receiving additional training. However, audits of the computerised care records did not identify that paper care records were being destroyed inappropriately. This meant that there was no way of checking that the information entered onto the computer system reflected the information recorded at the time the care was delivered, or for example, the time a person was weighed.