Portsmouth City Council

Hilsea Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced inspection of this home on the 29, 30 June and 4 July 2016. Hilsea Lodge provides accommodation and personal care for up to 35 older people living with dementia. Single room accommodation is arranged on one level in four separate units, each unit having its own dining and lounge area. There was also a larger communal lounge at the front of the building and an enclosed garden. At the time of our inspection 30 people were living at the home.

There was a registered manager in place, but they were off site managing another of the providers' homes at the time of inspection. In their absence, the home was being managed by a unit manager who had been in post since April 2016, and had applied to become the new registered manager. 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.

There was a lack of audit systems in place to assess, monitor and improve the quality and safety of the service provided. Staff had not all received regular supervision or annual appraisals. Staff meetings were ad hoc and not inclusive, with some staff not being invited to attend.

Medications at the home were ordered, stored and recorded safely. However, staff administering medication had not all completed their annual medication update training.

The general decoration appeared tired and dated, with some areas of disrepair inside the building and in the garden area which could affect people's safety. However, the environment was clean and tidy.

Staff had a good understanding of how to keep people safe from abuse and avoidable harm. Staffing levels were sufficient to support people safely. Safe recruitment processes were in place to ensure that only suitable workers were employed to work within the home.

Not all staff had received the appropriate training and supervision to maintain their skills and knowledge. Staff were aware of the importance of gaining consent from people when providing care and support. There was a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and applications were completed well.

People were supported to eat and drink in order to maintain their health and wellbeing. Where people had specific dietary requirements the kitchen staff met their needs. There were varied food choices available. People were able to access support from external healthcare professionals, including the GP, community nursing teams and chiropodists.

People living at the home and their relatives described caring and supportive interactions with staff. People

felt able to contribute to decisions about their care and that their views were listened to. Staff were encouraging and respected people's privacy and dignity. Care plans were personalised and contained enough information to enable staff to support people well. However, information was not always consistent.

The home had a warm, homely atmosphere where people and staff appeared happy and supported by the unit manager.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of the full version of this report.

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 not always safe.

The environment both within the home and in the garden had elements of disrepair which could affect people's safety.

The ordering, storage and recording of medication was good. However, not all staff administering medication had received their annual update training.

People were protected from abuse and safe recruitment processes were followed. There were enough staff to care for people safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Not all staff had received the appropriate training and supervision to care for people effectively and not all staff had received an appraisal.

Staff had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff sought consent when caring for people who might lack capacity to make decisions.

People were supported to maintain a healthy diet with varied food choices, and people had access to external healthcare professionals when required.

Is the service caring?

Good

The service was caring.

The relationships between people and care workers were caring and supportive.

People's privacy and dignity was respected and promoted.

People were supported to express their views and be actively involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

Care plans included the information required for staff to provide care and support according to people's needs and preferences. However, information throughout the care plan was not always consistent.

Care plans were reviewed regularly and amended according to people's changing needs.

There was a complaints procedure in place and any concerns raised had been dealt with appropriately and within a timely manner.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a lack of audit systems in place to assess, monitor and improve service provision.

Staff meetings were ad-hoc, with some staff not having been invited.

Relatives and residents meetings were sporadic, with no robust system in place for seeking feedback or recording changes in practice as a result.

People, staff and relatives spoke highly of the unit manager.

Hilsea 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.

The inspection took place on 29, 30 June and 4 July 2016. It was an unannounced inspection. The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of dementia care service.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. Prior to the inspection, the provider completed a provider information return. 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.

People who lived at Hilsea Lodge were not always able to tell us about the care they received. We observed care and support being delivered by staff within the communal areas of the home. We spoke with nine people who lived at the home and two visiting relatives, to obtain their views of the home and the care provided. We spoke with ten members of staff including; the registered manager, unit manager, assistant managers, care workers, an administrator and kitchen, domestic and maintenance staff. We spoke with one external health care professional during our visit.

We reviewed five care plans during our visit and a range of records relating to the management of the service. These included; complaints and compliments, accidents and incidents, quality assurance documents and a selection of policies and procedures. We also looked at recruitment, training and supervision records for seven members of staff.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe living at the home. One visiting family member told us, "I am very happy with my relative's care. I have no concerns, they are treated really well."

The physical environment within Hilsea Lodge was tired and dated; most areas were in need of redecoration. The paintwork on the walls in most areas was marked and chipped. In other areas carpets were worn and stained. Upon entering the home on each day of inspection, there was a strong odour of urine which we pointed out to the unit manager, she had not been aware of it and seemed surprised.

It was noted while walking around the home and gardens that there were some areas of disrepair that could affect people's safety. For example, in two separate corridors within the Kingfisher and Plover units, there were handrails that were loose and their fixtures were coming away from the walls, which presented a potential falls risk should a person require a hand rail to assist them mobilising around the home. This was brought to the attention of the unit manager and they immediately arranged for repair.

In another corridor within the Plover unit, the lighting was very poor – almost dark, with no natural light and dim electric lighting. This would also pose a safety risk for people mobilising around the home and made it difficult for people to orientate themselves to their surroundings. We reported this issue directly to the unit manager who agreed with our concerns, and further agreed to discuss repair with the provider.

The gardens were large and well kept. However, there were two old beds leaning against the window of a person's bedroom, some old, broken washing lines leaning up against a garden bench and wiring hanging down from the roof that could easily be reached by people living at the home, causing a potential risk to their safety. The communal kitchen and lounge areas were clean and tidy. Individual people's room were also kept clean and well presented.

The failure by the registered person to ensure that the premises used by the service provider was properly maintained and free from odours, was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medication at the home was ordered, stored and recorded safely. Medication audits were being completed, with any anomalies identified and acted upon immediately. However, staff who administered medication had not all completed their annual medication training update. Fourteen members of staff were responsible for administrating medication, and five of those staff members had not received their annual medication update; some having had their last update as far back as 2013. This was brought to the attention of the unit manager who took action to stop those who had not received their medication training updates from administering medication, while training dates were arranged.

During our inspection staff demonstrated a good understanding of how to recognise signs of potential abuse and how to protect people from abuse and avoidable harm. The provider supported staff with safeguarding training. However, not all staff were up-to-date with their annual safeguarding update. Staff felt that they could report any safeguarding issues to the unit manager, and their concerns would be investigated thoroughly, without delay.

Staff knew about the provider's whistleblowing policy, and were aware of the relevant external agencies to report concerns to if they didn't feel matters were being addressed correctly by the unit manager.

The registered manager and unit manager had sent notifications to the Care Quality Commission which had alerted us to any safeguarding concerns within the home. Risks associated with people's care needs had been assessed and plans made to mitigate any risk factors to ensure the safety and wellbeing of people.

There were sufficient numbers of staff available to keep people safe and staff rotas showed a consistent number of care staff available each day to meet the needs of people.

Personal evacuation plans were up to date and were available for staff to review as and when necessary. We saw that these plans contained clear information on how people could be evacuated safely from the building in the event of an emergency. Fire drills were held to ensure that all staff knew their responsibilities during emergency evacuation situations. The unit manager ensured that drills were held at different times and days so that all staff employed by the service could evidence that they had participated in a fire drill.

The provider followed safe recruitment practices. We looked at seven staff recruitment files and saw that appropriate steps had been taken to ensure staff were suitable to work with people. Disclosure and Barring Service checks (DBS), professional references, and photographic identification checks had been made for all seven staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Requires Improvement

Is the service effective?

Our findings

People and their relatives felt that staff had the necessary skills and experience to look after people at the home effectively, and that the choice and quality of food available was good. One relative said, "I've been visiting here for the past few months, and I feel staff have the right skills and experience." Another visitor said, "My [relative] has a very good appetite and enjoys the food here."

During induction, there was evidence that staff received mandatory training on important elements which enabled them to care for people effectively. Skills covered included, moving and handling, safeguarding, food hygiene, health and safety, dementia awareness and infection control.

Mandatory training updates were held annually for staff, to refresh their knowledge which would enable them to maintain their skills to continue to meet the needs of people living at the home. However, upon review of the staff files, all seven had at least one out of date mandatory training element and were overdue for updates by at least a year.

Staff records revealed that not all staff had been receiving regular supervision sessions, with some staff not having received supervision within the last year. This was confirmed during staff interviews. A lack of supervision meant that staff had limited opportunities to discuss any training and development needs to enable them to carry out their role effectively, or to receive feedback on their performance.

Annual appraisals had not been completed for all staff, two members of staff told us that they'd had an appraisal, the date was recorded in their staff file, but records relating to the appraisal and its outcomes were not available to view and staff had not received copies.The other eight members of staff we spoke to told us that they hadn't had an appraisal. The lack of an annual appraisal fails to offer staff the opportunity to review their performance with their line manager and to look at any development needs for the year ahead.

The failure by the registered person to ensure that persons employed by the service provider, received such appropriate training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform, was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 provides a legal framework for making particular decisions of 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 are helped to do so when needed. When they lack capacity to make particular decisions, any made on their behalf must be in their best interests and the least restrictive as possible.

Records showed that best interest decisions had been made in accordance with the Mental Capacity Act 2005 to support people who lived at the home and did not always have capacity to make decisions about their care. Nearly all people living at Hilsea Lodge were subject to Deprivation of Liberty Safeguards, the applications had been completed well and a robust system was in place to review these. Staff had a good

understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff sought consent when caring and supporting people who might lack capacity to make decisions.

People were supported to maintain a healthy diet with varied food choices. Meals were served to people in the four dining areas and looked appetising and well presented. There were daily menus available in the lounge areas, both in pictorial and written form, so that people were able to choose which foods they wanted. If a person didn't want what was on the menu, the kitchen staff would offer and prepare an alternative. For example; a sandwich, jacket potato or omelette.

Where people required a more specific diet, perhaps if they had diabetes or required a soft or pureed meal, the kitchen staff would also accommodate these requirements. Vegetarian meal options were also available. Drinks were offered to people throughout the day and bowls of fresh fruit were available in each unit kitchen area for people to take as and when they wanted. One person said, "Doesn't the lunch smell delicious!"

People were supported to access external healthcare professionals were necessary. There was evidence of GP, community nurses, chiropodists and opticians visiting the home when required. The dementia care nurse visited the home daily. Evidence of people accessing healthcare was seen in their care plan folders.

Good

Is the service caring?

Our findings

People and their relatives said they were treated kindly by caring staff. One person said, "He's a nice lad, he talks to me. I feel comfortable with him". Another person said, "[my carer] is very bubbly and friendly, she took me under her wing when I came here".

Staff knew people well and addressed people warmly. We observed compassionate, caring interactions between staff and people living at the home. Staff took time to sit with people both individually and in small groups to chat or engage in activities. We observed one person with wet clothing, a staff member immediately went up to the person and in a discreet manner quietly encouraged the person to return to their room with the care worker to change into dry clothing. Another care worker was observed respectfully asking a person if they needed assistance to the toilet, whilst ensuring that it was not obvious to other people sitting in the lounge area. At all times, staff were observed being respectful of people's privacy and dignity. Staff gave good examples of ensuring that people's privacy and dignity was promoted whilst providing personal care, by ensuring practical measures such as staff closing bathroom and bedroom doors, drawing curtains and covering people while assisting with personal care.

Mealtimes were unhurried and sociable, with small groups of people sitting in each dining area accompanied by members of staff to support them where necessary. Staff were observed calmly encouraging people to eat and drink, while chatting and laughing with people throughout the meal. A care worker was observed discussing meal choices with a person who had refused their meal. The staff member crouched down so they could discuss the person's decision with them face to face and spoke in a calm, pleasant way. The person was offered choices and agreed to try an alternative meal.

Domestic and kitchen staff, who may not have had direct caring responsibilities, were observed stopping and chatting to people as they worked around the home, it was obvious that all staff at the home had developed a warm rapport with people that lived there.

People had been involved in the planning and review of their care which was recorded in individual care plans. People felt actively involved in making decisions about their care. Relatives told us they could speak with staff members at any time and their concerns would be listened to. Staff demonstrated that they had worked with people and their representatives to ensure their care reflected their preferences and needs.

Good

Is the service responsive?

Our findings

People felt able to express their wishes regarding their care and that they would be listened to. Staff took people's individual preferences into account when supporting them or providing care. People told us they were able to discuss any concerns with the care staff or with the unit manager and that matters would be addressed, leading to a satisfactory outcome. One person told us, "I had to tell the manager that I wasn't happy once, they sorted it out straight away."

Care plans were based on the preadmission assessment and included the necessary information required for staff to provide care and support according to people's needs and preferences. For example, one care plan stated what foods a person liked to eat and another reflected what clothing someone liked to wear. Care plans contained information about people's history and interests, for example, one care plan said how a person liked to wear their jewellery and have lipstick applied. Another said what occupation a person used to do and where they had lived in their lifetime. Care plans contained pictures of people with their family and friends. They were regularly reviewed and amended to reflect people's changing needs and wishes. However, information throughout the care plan was not always consistent. Out of date information was not always extracted following review and this could lead to confusion for care staff when accessing care plans and providing care for people.

People's bedrooms were clean and individualised. People had pictures on the walls, photographs of family members and ornaments in their rooms. Many people had their own bed linen and cushions to make their rooms personal to them. Each bedroom had a picture of its occupant on the door to help orientate people to their own rooms.

In the lounge areas around the home there were board games and reminiscence books available for people to use. People were knitting in groups and on the notice board there were photographs of a person's recent birthday party. People told us that on their birthday they had a birthday cake and a celebration party in one of the four lounges. Upon our arrival at the home, we observed
people had gathered in the main communal lounge. There was music playing and people and staff were observed singing and dancing together. Other people were observed chatting and laughing with staff in small groups. Once a month, a representative from a local church came to the home to provide religious services for those people who wished to attend.

There was a complaints procedure in place. We observed that two concerns had been raised within the previous six months. These had been dealt with appropriately and within a timely manner. In the entrance hall there was a complaints and compliments book. All recorded comments were positive, and most mentioned how 'kind and caring' staff were and how they looked after relatives as well as people living at the home.

Requires Improvement

Is the service well-led?

Our findings

People spoke highly of the unit manager. One person told us, "[name] is lovely, so kind. She comes out for a chat with us all". Staff told us that the unit manager was supportive, approachable and organised. They felt they could go to her with any problems, having confidence that the matter would be effectively resolved within a timely manner. One member of staff said, "she [unit manager] is really taking the service forward, she's very switched on. I love working here".

The unit manager felt well supported by the provider in preparing to become the registered manager of the home, and felt able to discuss matters relating to the running of the home with the provider. The unit manager was supported in her role by regular supervision sessions and appraisal.

Residents and relatives meetings had been sporadic and were generally poorly attended, with the last minutes of these meetings dating back to 2014. Some staff meetings had been held, but not all staff groups were invited to attend and the meetings were not inclusive. Staff told us that they felt the meetings were not productive. Assistant managers had attended some meetings with the registered manager in 2015.

Feedback had not been sought by people living at the home or their relatives in relation to how the service was managed. As a result, people had no formal way of telling the registered manager and provider what was working well and what could be improved. A questionnaire had been sent out to staff to establish their views about the service a few weeks prior to our inspection, and therefore the results were yet to be analysed. The unit manager had plans in place for the future to send out questionnaires to people living at the home and to relatives, copies of these questionnaires were seen during inspection.

There was a lack of quality auditing systems and management processes in place to assess, monitor and improve the quality and safety of the service provided. Whilst there was some evidence of audits having taken place, they appeared to be adhoc, with no evidence of how practice had been changed as a result and no plan for continued evaluation. For example; some infection control audits had been completed, but once areas for improvement were identified, there was no clear action plan in place for matters to be resolved or for future audit to embed improvement.

The failure by the registered person to seek and act on feedback from people about the service provided to continually evaluate and improve services, and the failure to establish systems or processes to assess, monitor and improve the quality and safety of the service, was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff described a supportive team and positive working environment where things were changing for the better. One member of staff said, "Morale is really high at the moment, I love coming to work". Other staff members told us about the unit manager having an open door policy, in which staff felt able to go and speak to her informally regarding any concerns or day to day issues, and that they would be listened to. The open door culture was promoted by the unit manager who encouraged a culture of transparency and openness.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The failure by the registered person to ensure that the premises used by the service provider was properly maintained and free from odours, was a breach of Regulation 15(1)(a)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure by the registered person to seek and act on feedback from people about the service provided to continually evaluate and improve services, and the failure to establish systems or processes to assess, monitor and improve the quality and safety of the service, was a breach of Regulation 17(2)(a)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The failure by the registered person to ensure that persons employed by the service provider, received such appropriate training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform, was a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.