Princess Lodge Limited

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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?	Requires Improvement

Summary of findings

Overall summary

Princess Lodge Limited is registered to provide accommodation for 32 people who require nursing or personal care. People who live there have health issues related to old age and/or dementia. At the time of our inspection 31 people were using the service.

Our inspection was unannounced and took place on the 1 December 2016. At our last inspection in January 2016 the provider was meeting all the regulations but we identified that some areas in the key questions of effective, responsive and well-led required improvement. We found on this our most recent inspection the provider had made the necessary improvements.

The service had a 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.

People were safely supported by staff in all aspects of daily living. Staff understood their role and responsibilities in relation to protecting people from abuse and avoidable harm. Records in relation to risks were reviewed and updated regularly. Staffing levels were adequate and people's needs were met in a timely manner. Staff recruitment procedures that were operated by the provider were effective. Sufficient quantities of people's medicines were available and these were stored, disposed of and administered effectively.

Staff accessed training in a variety of subject areas that were specific to the needs of people using the service. The provider ensured that all new staff were provided with an induction before fully commencing in their role. Staff had regular supervision and opportunities to discuss their performance and development needs. People's human rights were respected by staff who worked within the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to access a good variety of food and frequency of access to drinks. Staff supported people to maintain their physical and mental wellbeing.

Staff knew how best to interact and communicate with each person and this enabled them to readily offer people the appropriate reassurance or emotional support they needed. Staff took the time to verbally explain any questions people had about their stay, care and/or treatment. Staff communicated with people in a respectful manner and supported them in a dignified and discreet way. People were supported to maintain relationships with their families and able to have visitors at any time, without restriction.

People were involved in planning their care and received it how they would like it to be. People's preferences, likes and wishes were well known by staff. The provider employed a dedicated activities coordinator who had tailored their interactions and interventions with people in a way that met their individual preferences. Family and friends who visited were made welcome. People were being supported to

maintain their religious observances. The provider acknowledged, investigated and responded to complaints in a timely manner and in accordance with their own policy.

The provider had not been completely open and inclusive or properly sought the consent of people in their decision to use video surveillance at the home. The provider was keen to actively involve people to express their views about the service provided. The registered manager understood their responsibilities for reporting incidents and events to us and other external agencies that had occurred and had affected people who used the service. People knew the registered manager and staff approached the management team without hesitation. The registered manager and provider undertook regular checks and audits to monitor the safety and effectiveness of all aspects of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Care was delivered in a way that ensured people were protected and their welfare and safety was considered.

Medicines management systems within the service were effective.

The provider operated safe recruitment practices and ensured sufficient numbers of staff were available to meet people's needs.

Is the service effective?

Good

The service was effective.

The provider trained and supported staff in all aspects of their role.

People's human rights were respected by staff who worked within the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff supported people to maintain their physical and mental wellbeing.

Is the service caring?

Good

The service was caring.

People were complimentary about the care and kindness shown to them by staff.

People were involved in their care and relatives were satisfied with the communication they received about their family member.

People's care was delivered in a way that maintained their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People were encouraged to participate in activities of their choosing to stimulate them and reduce any feelings of social isolation.

People were being supported to maintain their religious observances.

The provider demonstrated that they had fully responded to complaints in line with their own policy.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had not been wholly open and inclusive or properly sought the consent of people in their decision to use video surveillance at the home.

The provider regularly monitored the safety and quality of the service.

People and staff spoke positively about the leadership within the service.

Princess Lodge 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.

The inspection of Princess Lodge Limited took place on 1 December 2016 and was unannounced. The inspection team consisted of one inspector, an inspection manager and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about their service, what the service does well and what improvements they plan to make.

We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We spoke with four people who used the service, seven relatives, three members of staff, the deputy manager, the activities coordinator, a cook, the registered manager and the director. We observed the care and support provided to people in communal areas. 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 reviewed a range of records about people's care and how the service was managed. These included reviewing four people's care records, three staff recruitment records and four medication records. We also

reviewed a range of records used in the day to day management and monitoring of the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe when being supported by staff. They told us, "Oh yes they [staff] make me feel safe, they are good with me here" and "Yes I do feel safe". Relatives we spoke with all felt their relative was safe in the care of the staff and were kept informed when issues did arise. Staff were clear about how to keep people safe describing the importance of sufficient staff to safely support people to mobilise. They told us that when sensor mats were in place they checked them to ensure they were in good working order to alert them to people's movements and in turn reduce their risk of falling.

The provider told us in their PIR that all staff were trained to recognise the signs and symptoms of abuse and neglect and they were able to explain the policy and procedures laid out by the local authority and the provider. Staff told us they had completed training about how to safeguard people and those we spoke with understood their role and responsibilities in relation to protecting people from abuse and avoidable harm. They discussed the ways in which they protected people, for example ensuring the building was secure and making sure people were not neglected by ensuring they had access to health professionals. We found that accidents and incidents were recorded appropriately and with sufficient detail. The registered manager regularly reviewed and monitored all incidents that occurred at the service, to ensure the correct measures had been put in place to minimise any further risks to people using the service.

People told us, "I'm in bed all the time now and they [staff] come in regularly to turn [reposition] me" and "They [staff] hoist me to keep me safe and they always ask me throughout if I am ok". A staff member told us, "We make sure people are repositioned regularly to prevent pressure areas and regularly check their skin for any signs of break down". Staff we spoke with were clear about how to manage potential risks to people. For example, we observed staff using the equipment appropriately to support safe practice and reduce risks for people. Additionally in care records we reviewed we saw example photos were also available for staff to refer to about how people should be positioned in the hoist sling for safety. We saw any potential risks to people had been assessed and any change in risk had been appropriately responded to in order to minimise the impact in the person's well-being. For example, sensor mats were in place for several people in order to alert staff to their movements because they had been assessed as being at high risk of falls. We saw that the call bells were located within people's reach and they had the equipment they needed to assist them to move alongside them. Records in relation to risks were reviewed and updated regularly, for example the risks to the person in relation to malnutrition.

People told us that there were enough staff available to meet their needs effectively. They said, "By and large there are enough staff. I have a buzzer but have never used it as there is always somebody around but I imagine they [staff] would come quick" and "I think there are enough staff and they do come quickly". A relative said, "I don't see any difference in the amount of staff at the weekend than there are in the week, there are enough". The registered manager advised us that they had no staff vacancies, as they had recently recruited to their last vacant post. Staff told us they thought the staffing levels were adequate. They said, "Staffing has been much better recently" and "When we do have to have agency which is rare these days, we use the same worker so they do know the people and what their needs are". We observed people being responded to in a timely manner.

Staff recruitment procedures that were operated by the provider were effective. A structured interview, criminal records checks, references from former employers, checks on professional registration and a fully documented employment history were all undertaken before staff commenced work. This ensured that staff recruited had the right skills, experience and qualities to support the people who used the service.

People were satisfied with how they were supported with their medicines. They told us, "I used to do my tablets myself but now they [staff] do them. I know what my tablets are for but I know I could ask if in doubt" and "I am happy with how they [staff] give me my medication". We observed staff supporting people to take their medicines; they were patient and ensured they were taken with plenty of water. We found that sufficient quantities of people's medicines were available and these were stored, disposed of and administered effectively. Medicine audits were regularly undertaken by nurses and the registered manager and arrangements were in place to check medicine stock levels and staff competency in relation to their safe administration.

When people were prescribed a medicine to be given 'when required', for example, for pain, we found that clear guidance was available to support staff to make a decision as to when to give the medicine. However, we found that guidance around the order of administration of medicines being administered directly into the stomach was not available. The registered manager confirmed this guidance was not available for staff but agreed to seek guidance from the dispensing pharmacist in relation to this.

Good

Is the service effective?

Our findings

People were complimentary about the skills of the staff supporting them. They told us, "I think they [staff] know what they are doing and they know what I need, they seem well trained" and "The ones [staff] I see are skilled at what they do". Relatives we spoke with told us they were happy with the ability of staff to care for their family member. A relative told us, "The staff seem skilled". Staff told us they were able to access training in a variety of subject areas that were specific to the needs of people using the service, for example catheter care. They described the provider as supportive in terms of training opportunities and some staff told us they were completing nationally recognised accredited training to further develop their knowledge. A staff member told us, "The level of training we get is good".

The provider told us in their PIR that they observed and assessed the competency of staff to ensure care was delivered efficiently and in a person centred way. Staff we spoke with and records confirmed this. The provider ensured that all new staff were provided with an induction before fully commencing in their role. A staff member said, "The induction here is really good and you have to shadow other staff on shift for a few days as part of it". We saw that staff induction included guidance and training that covered the key elements of care provision. The provider's induction was adequate but the implementation of the care certificate was absent. The Care Certificate is the new minimum standards that should be covered as part of induction training of new care workers. The registered manager said that they were intending to begin to incorporate this in the coming months. Staff received regular supervision. Staff told us they had regular opportunities to discuss their performance and development needs. They also said that where they had identified a particular area of interest that would benefit people, additional training in this area had been made accessible to them. They said, "I get the support I need" and "We have regular supervision".

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS].

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. One person told us, "They [staff] always ask my permission and no, they never do things I don't want". We found that mental capacity assessments had been undertaken and decisions recorded to be made in people's best interests. The provider had submitted DoLS applications for consideration to the supervisory body and a number of applications had been authorised whilst others were awaiting assessment. Staff we spoke with were clear about which of the people using the service had an authorised DoLS and what this meant in relation to how they supported them. Staff told us they had received training and demonstrated they had a good understanding of DoLS; we observed them gaining people's consent before supporting them. Records were available for all staff which clearly highlighted the progress of each individual DoLS application that staff could refer to.

People were satisfied with the quality and variety of the food and drinks offered to them. They told us, "The food is hot and there is plenty of it, you get a choice, they [staff] ask us at the table", "The food is good and I'm a funny eater, there's a choice and they [staff] always ask if I have had enough" and "The staff come round asking if I want a drink". Relatives were complimentary about the food and drinks available. They told us, "They [staff] are always popping in to give [relative's name] drinks" and "The food is okay and [relative's name] has gained weight, which she needed too". We saw that at mealtimes people could sit where they liked, they were appropriately supported by staff to make a choice of meal and the food smelt nice and looked appetising. There was good interaction between staff and people making lunch a warm, friendly and relaxed experience. Throughout the inspection we saw that staff ensured everyone had a drink within their reach and they actively encouraged people to frequently take these.

People were weighed regularly and their dietary needs were well understood by staff. Staff told us that if people were losing weight they would be placed on a food and fluid chart to monitor their intake and would be weighed more frequently. We spoke to one of the cooks, who told us that the information they held in the kitchen about peoples individual dietary needs was not up-to-date, although they were able to demonstrate to us they knew these. They went on to explain that at present there were a number of improvements being made within the kitchen and as a consequence these records had fallen behind. They told us they were able to access up to date information should they need it in peoples care plans. The registered manager agreed to ensure this was rectified straight away, as they acknowledged that kitchen staff did not need to unnecessarily access peoples care records which contained confidential information.

Discussions with people and staff confirmed that people's health needs were identified and met appropriately. People told us, "The doctor visits me and staff get them in when you need them", "If I need a doctor or dentist they would take me, oh and the optician too, I don't know where I would be without my glasses" and "The doctor visits me here". Relative spoke positively about how their family member was supported to stay well, saying, "They [staff] took [relatives name] to have his ears syringed", "They [staff] let me know if they have to get the doctor in" and "They [staff] keep a really close eye on [relative], I see that when I visit and I can see from the notes".

Staff we spoke with had a good understanding of how to effectively support people to maintain good health and were informed of any changes to their wellbeing, for example in daily handover meetings. A healthcare professional told us that their experience of the service was that staff and management communicated well and worked alongside them in a professional manner to provide best service for people. We saw that care plans provided guidance for staff about how to support people to maintain their physical and mental wellbeing. Records showed people were supported to access a range of visits from healthcare professionals including doctors and opticians as necessary. We saw examples in records of staff accessing more urgent reviews by a doctor in response to people's changing health needs.

Good

Is the service caring?

Our findings

People described the staff as 'very good' and 'friendly' towards them. A person told us, "The staff are kind and polite". We observed many friendly interactions between staff and people, for example we saw a staff member ask several people if they were 'comfortable' and/or 'needed anything'. Relatives said, "The care is good, nobody is rude here, they [staff] are all very nice" and "They [staff] are definitely caring". Staff demonstrated they knew how best to interact and communicate with each individual and we saw this supported them to readily offer people appropriate reassurance when they became fearful and/or anxious. We observed staff supporting people to move or transfer and reassuring them by giving clear instructions throughout the process and telling them what they were doing.

People told us they were consulted about decisions regarding their care and had been given the necessary verbal or written information they needed. One person said, "They [staff] discuss all my care with me". Relatives told us they were always informed of any changes and were consulted about their loved ones care needs. They said, "I am kept informed, they ring me at home" and "When [relative] went into hospital we were kept up to date and felt well informed about it. If there are any issues they [staff] keep us informed".

People told us that staff always took the time to verbally explain any questions they had about their stay, care and treatment. We observed staff supporting people to make decisions about all aspects of their care, for example, where they sat or what activities they wanted to do. Relatives told us how they appreciated how their family member was communicated with when receiving care. They told us, "Staff speak to [relatives name] if they are going to help her move so she knows what's happening" and " When [relative] is being hoisted they talk to her and involve her".
The provider had links with the local advocacy services which they provided people with information about. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

In their PIR the provider outlined how they ensured their service was caring. They told us all the staff received training on dementia care, which covered dignity and privacy issues, which they said helped the staff to understand how people are to be treated, with kindness and compassion at all times. People told us that staff respected their privacy and dignity. Relatives said, "They [staff] are very gentle with [relative], when they have to turn her, I leave the room, they do this so it's private", "We asked them [provider] to make the windows more private and they did it" and "They [staff] are really respectful to [relative] and we can see she is happy, they know how to deliver dignified care".

We saw that people wore clothing that reflected their individuality. Some people told us how staff gave them a manicure and that they had their hair done by the hairdresser when they wanted. Staff gave examples of how they ensured people's privacy and dignity was maintained. One staff member said, "I knock before entering a person's room, always explain what I want to do and ask for their permission first". We observed staff communicating with people in a respectful manner and supporting them in a dignified and discreet way, for example staff supported one person by hoisting them into a chair; throughout the process we heard them explain what was happening and they adjusted their clothing to protect their dignity.

People told us staff encouraged and assisted them to try to do as much for themselves as possible. Staff told us they helped people retain their independence wherever they were able, for example by encouraging them to walk short distances and only assisting them to eat and drink when they needed help. People and their relatives told us they were able to visit or have visitors at any time and without restriction. One person told us of their relative's experience of visiting the home saying, "He feels very welcome when he visits and the staff are always very happy and friendly towards him".

Good

Is the service responsive?

Our findings

People told us that were involved in planning their care and received it how they would like it to be. A person told us, "Yes I have a care plan; they [staff] always ask me about what I want". A relative said, "I have been invited in to go over [relative's name] care file". We saw that assessments were completed prior to the person moving to the home, to ensure that the service was appropriate to meet their individual needs. Staff told us and records showed that where possible people or their representatives had been involved in the planning of their care. Care plans were regularly reviewed and were reflective of the person's current needs.

People's preferences, likes and wishes were outlined in their care records. Staff we spoke with were aware of people's preferences and told us how they adhered to these, for example they told us how one person liked to be particularly warm and cosy and another liked to have their curtains left open at night. A healthcare professional we contacted told us they found staff to be helpful and understanding and aware of people's individual requirements. Relatives told us how staff made efforts to get information from them when the person was no longer able to communicate so well. A relative said, "The activities lady came to see us, asked us about [relative] and also asked if we could bring in some old photos. We bought some in and they were put in a book to look through with her, to help her remember different times of her life".

People told us they were encouraged by staff to interact and socialise. They told us, "I was taken Christmas shopping using the wheelchair, it was enjoyable" and "The activity lady comes into my room and talks to me". The provider employed a dedicated activities coordinator who since our last inspection had made considerable advances in tailoring their interactions with people in a way that met their individual preferences in line with their history. We saw that activities were arranged according to people's likes and dislikes. Posters were displayed listing weekly activities and a newsletter was available advertising entertainment and events such as a carol service and an open invitation to family and friends to a Christmas meal. This meant that the provider encouraged people to be meaningfully occupied, with activities that suited their abilities and interests.

We observed family and friends who were visiting were made welcome and we saw staff chatting to them about their loved one's well-being. People's rooms had been personalised and displayed items that were of sentimental value or of interest to them. We observed that people who spent much of their time in their rooms and in particular those people unable to utilise their call bells, were checked on a regular basis by staff.

The provider told us in their PIR how they had successfully secured support from two churches to address peoples religious and spiritual needs who attended several times a month. One person told us, "I am a Christian and can join in the service when they come if I want to". Staff we spoke with understood how to support people's diverse needs. At the time of our inspection no one using the service had any particular cultural needs, but some people were being supported to maintain their religious observances.

People felt able to raise any concerns they had and knew how to make a complaint if they were unhappy. They said, "I'd have no problem complaining raising any issues, but have never had to complain" and "I

made a complaint, they [management] sorted it out and it's no longer an issue". Relatives were equally comfortable with raising concerns and/or complaints and told us they felt confident these would be dealt with appropriately by the registered manager. Their comments included, "If I needed to complain I would go to the manager or social services, but have not had a need" and "Any faults or issues and I would be able to raise this with the manager". The provider's complaints procedure was clearly displayed for people and staff to refer to. We found that the provider acknowledged, investigated and responded to complaints in a timely manner and in accordance with their own policy. Staff demonstrated that they knew how they would support people to make a complaint. During our inspection a person's relatives told us they were unhappy about a number of issues relating to their loved ones care and treatment. We approached the registered manager with their concerns and in response they agreed to meet with them after our inspection. The relatives involved told us they were satisfied with this and were happy to raise their issues more formally at this future meeting.

Requires Improvement

Is the service well-led?

Our findings

The provider had installed video surveillance that allowed them to monitor communal areas within the home since our last inspection. The registered manager told us the system was installed to better support the analysis of incidents/accidents that occurred, for example falls. We asked the provider for evidence of the consultation process that had been undertaken with the people who used the service and/or their relatives/representatives to share the reasons for its use, gain their consent and ensure they were happy to be filmed. The installation of the cameras was announced in a meeting for people and their relatives in October 2016, however this was poorly attended and although minuted, this does not constitute effective consultation and/or establish peoples consent. This meant that the provider had not involved people in their decision to install and operate video surveillance and they had failed to seek proper consent, in an open and inclusive manner. The registered manager and the provider assured us that would carry out a consultation process and have all the information available as evidence to show people had consented to this before the system was used further.

The provider had displayed their rating at the home that was given to them by the Care Quality Commission (CQC), but the version displayed was the not the correct format, as is required by law. The registered manager took action straight away to rectify this. The provider had also failed to display their most recent rating and copy of our report on their website. The version available was out of date. The director made contact with the person responsible for updating the site to ensure this was corrected.

People's experiences of using the service were positive. They told us, "It's a good arrangement here" and "I like living here". Similarly relatives were complimentary about the service their loved one received. They said, "It's great here, we can't fault it. It has a lovely cosy atmosphere when you walk in, it's fantastic and we couldn't be happier" and "I think [relative's name] is happy here".

People were actively encouraged to provide their thoughts and opinions about the service. One person told us, "In the past I have filled out a survey", "There's a meeting every month and there's also a notice about drop in sessions you can pop in to" and "There are meetings organised we can go too". Feedback from surveys was analysed and overall was positive. The provider was keen to actively involve people to express their views about the service provided. For example by making weekly drop in sessions available where people and/or relatives could meet with the registered manager and in regular meetings they organised to share information and listen to people's views.

People spoke about how well the service was led and managed. They told us, "I know the manager and I'd say she's approachable" and "I know the manager and recognise her but [deputy manager's name] is also really approachable". Relatives said, "We have met the manager she is always around" and "[Registered manager's name] is very helpful and you can always go to her with anything, she is very obliging". The registered manager understood their responsibilities for reporting certain incidents and events to us and to other external agencies that had occurred at the home or affected people who used the service. Staff spoke of the open and inclusive culture within the service that was encouraged by the registered manager and the provider. A staff member said, "If we feel passionately about something, we tell them [management] and

they always listen to us".

Staff were clear about the leadership structure within the service and spoke positively about the approachable nature of the registered manager. They said, "[Registered manager's name] is supportive and very approachable" and "We see [directors name] quite a lot, we identified a need and he dealt with it, he's good like that". Our observations on the day were that people knew the registered manager and staff approached the management team without hesitation. Staff told us they were benefitting from regular supervision, recently increased staffing levels and they felt involved in the services development. A staff member stated, "We are kept in the loop and well supported by [registered and deputy manager's names], we have a really good team here". This meant that the management of the service provided staff with the support required for them to deliver effective care.

The registered manager and provider undertook regular checks and audits to monitor the safety and effectiveness of all aspects of the service. In their PIR the provider told us that each month the registered manager and the director had a meeting to discuss the home and review the audits which have been carried out, actions required were discussed and then during the next month the actions were completed. Records we reviewed confirmed effective action was taken as required. We observed some good examples of how the safety of the service provided was monitored, for example through the reporting, recording and analysis of incidents in detail that occurred and action taken to minimise any future recurrence being clearly outlined. Staff we spoke with told us that learning or changes to practice following incidents was cascaded down to them in a timely manner, for example at the daily handover meeting. The provider visited the service regularly and undertook additional monitoring checks. Daily checks of the environment were conducted by senior staff with people's on-going safety in mind, including observations in relation to how staff supported people.

Staff gave a good account of what they would do if they learnt of or witnessed bad practice. The provider had a whistle blowing policy which staff were aware of. This detailed how staff could report any concerns about the service including the external agencies they may wish to report any concerns to.

The provider completed and returned a provider Information Return (PIR) we requested within the timescales given. We used the information provided in the PIR to form part of our planning and where the provider had informed us of their plans for improving the delivery of the service, we found evidence of this.