

Instant Care Solutions Limited

Great West Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Great West Lodge is one of two care homes owned by Instant Care Solutions that supports people with mental health needs. At the time of our inspection there were 9 people using the service.

People's experience of using this service and what we found

During the inspection we identified the provider required more robust audits for medicines administration records. The provider took immediate action and after the inspection they provided evidence to demonstrate they had made improvements to their auditing system.

The provider had effective systems in place to help safeguard people from risk. Staff were recruited safely and supported to develop their skills through supervision and training to help them deliver appropriate care to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, their relatives and other professionals were satisfied with the level of care people received.

The provider had quality assurance systems in place to monitor and manage the quality of service delivery.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 21 May 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Great West Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by 2 inspectors.

Service and service type

Great West Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Great West Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people. We spoke with 3 members of staff including the registered manager. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included 4 people's care records and various medicines records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. After the inspection we continued to seek clarification from the provider to validate evidence found. We spoke with a further 2 staff and 3 relatives to obtain feedback on their experience of the service.



Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were generally managed safely. However, during the inspection we identified the temperature in medicines cabinets was not recorded which meant the effectiveness of the medicines may have been affected. After the inspection the provider sent us evidence to demonstrate what action they had taken to resolve this.
- Medicines administration records (MARs) we reviewed were completed accurately and were up to date.
- People's care records included a list of their prescribed medicines, details of why they had been prescribed and the potential side effects.
- Staff had appropriate training and medicines competency testing to help ensure they were administering medicines safely.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help manage the risk of harm to people. This included up to date policies and procedures for safeguarding and whistleblowing.
- People felt the service was safe. One person told us, "I feel very safe here. The manager is always available, and staff day and night". Another person told us, "Staff are approachable and friendly."
- Staff had relevant training, demonstrated a good understanding of how to recognise abuse and were clear on how to report concerns under safeguarding and whistleblowing procedures. A staff member told us, "We would report any safeguarding issues to the manager, local borough and CQC. Investigate and work on findings."
- The provider had systems for reporting and investigating suspected abuse. They knew how to raise safeguarding concerns with CQC and the local authority to help protect people from further harm. However, they had not had any safeguarding incidents since the last inspection.

Assessing risk, safety monitoring and management

- The provider had systems and processes in place, including risk assessments and risk management plans, to help keep people safe. These adopted control measures to help ensure the risk was as low as possible and were reviewed regularly.

- Personal emergency and evacuation plans (PEEPS) were in place. These provided guidelines for how each person should be evacuated and the assistance which was required to help ensure people could evacuate safely in an emergency.
- Managers carried out a regular premises audit to help ensure the home was safe and any potential risks to people's health and safety were identified and addressed. This included fire equipment, gas and water systems checks.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA .
- At the time of the inspection, everyone using the service could consent to their own care.

Staffing and recruitment

- The provider followed safe recruitment practices to help ensure only suitable staff were employed to care for people using the service. Records showed appropriate checks had been completed, these included checking for any criminal background using a Disclosure and Barring Service (DBS) check. This provides information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Other checks included obtaining references from previous employers and a full employment history.
- After being recruited, staff undertook an induction and training, so they had the required knowledge to care for people. The provider had enough staff and did not use agency staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider followed current government guidance around visiting.

Learning lessons when things go wrong

- The provider had a system in place with an action plan for recording accidents and incidents. However there had not been any since the last inspection.



Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The provider completed a medicines audit, but it did not evidence medicines administration records were being audited weekly to help ensure medicines were administered as prescribed. We discussed this with the registered manager, who took immediate action to make improvements to the auditing system. They were responsive to our feedback and told us their priority was to ensure people's wellbeing and safety. After the inspection they sent us evidence to demonstrate they had reviewed their working practice and made changes to how they audited medicines.
- The provider completed a range of other audits including care plans, fire safety, infection control and maintenance. Audits included action plans as required.
- People using the service and other stakeholders were asked their views to help develop and improve service delivery.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was person centred and open. People consistently told us they were satisfied with the care provided. One person told us, "It's very good. I love it. I really, really enjoy being here. It's the atmosphere. Good, friendly banter. Staff are always there when you need them 24 hours a day."
- A health care professional told us people were supported to achieve good outcomes by staff. They said, "[The service] have staff to pair people with who understand them" and gave examples of people's different needs such as drug and alcohol use or going to the gym. They further noted, "Having a routine and regime is good for the patients."
- The registered manager said they operated an open door policy for people using the service and staff. They told us when people or staff ask for support or a word, they always make time for them. They were particularly sensitive that some people using the service could become frustrated if they were unable to be heard and that could impact on them or others around them. They promoted people texting them as they

felt that helped people to feel safe and secure.

- Staff said the service was a "good place to work, peaceful, good environment. Relationships are good between staff and [people using the service]."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility around the duty of candour and knew when they needed to share information with other agencies including the local authority and CQC. The registered manager told us, "If something happens it needs to be flagged and recorded correctly and not concealed. We have to be open and transparent."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had suitable qualifications and experience. They understood their role, responsibilities and legal requirements.
- Staff felt supported and there was good communication within the staff team through handovers and team meetings.
- The provider had processes to monitor the quality of services provided and make improvements as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Stakeholders were engaged in how the service was run. Care plans were regularly reviewed and family and other professionals the person wished to be involved were. The registered manager said, "It's their care plan, not a contract. They can come to me tomorrow and say they want to change it. It's not set in stone."
- People and relatives confirmed the registered manager was approachable and listened to them. One person said, "[The registered manager] is excellent and that is no understatement. The way he manages his team. He is a really nice person. If he wants to put his foot down in an appropriate way, he'll do it. He's so professional" and a relative commented, "If I needed to complain I know I can go to [registered manager]."
- The registered manager told us they treated each person as an individual and tried to promote what people chose to do and how they wanted to be supported with their care. For example, asking for care plans to be translated into a person's first language and supporting people to attend cultural and religious activities that were important to them.
- A social care professional told us, "Work with clients is open and honest and with consideration that they are responsible for their actions."
- People using the service had one to one key worker meetings with staff, where they had the opportunity to discuss how things were going for them.
- Staff contributed to team meetings to share information and raise any concerns.

Working in partnership with others

- Records indicated the provider worked with other professionals to maintain people's well being. The provider worked with several local authorities, GPs, pharmacist, district and tissue viability nurses.
- Where appropriate they shared information with other relevant agencies and worked in partnership. A healthcare professional told us, "Their communication with [health provider] is good. They will ask if they need anything. They are very proactive. They are quick in responding to texts or phone calls". A social care professional said, "Communication with the group manager is open, honest and responsive. Residents appear well supported."