

Care Provision Healthcare Limited

# Philia Lodge Rest Home

## Inspection report

Philia Lodge  
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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 ●

# Summary of findings

## Overall summary

### About the service

Philia Lodge is a residential care home providing personal care to 18 people aged 65 and over at the time of the inspection. The service can support up to 20 people.

Philia Lodge provides accommodation over two floors. The building has communal areas which include a conservatory, lounge/diners and a garden for people and visitors to use.

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

People were safe living at Philia Lodge. Staff were recruited safely, and safeguarding processes were in place to help protect people from harm. Risks had been assessed and guidance was in place for staff to follow to minimise the risks identified. Care plans were detailed, person centred and evidenced that people and their relatives were consulted about their care preferences.

People were supported to take their medicines as prescribed and risks to their health and wellbeing were managed safely. The provider had robust systems to manage safeguarding concerns, accidents, infection control and environmental safety.

People benefitted from suitably trained, competent and skilled staff. Peoples healthcare and nutritional needs were met. External professionals were complimentary about how the service worked in partnership with them.

Philia Lodge provided a person-centred service. Staff were caring and kind and had developed positive and meaningful relationships with people. People were respected and included in decisions about their care and welfare. Their privacy and independence promoted. The care provided was sensitive to people's diverse needs.

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.

The provider's quality assurance systems were effective. The registered manager was well supported by a team of staff with clearly defined roles and responsibilities. There was an open, transparent and positive culture at the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 15 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Philia Lodge Rest Home

## 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 Care Act 2014.

#### Inspection team

One inspector undertook this unannounced inspection

#### Service and service type

Philia Lodge is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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 used the information the provider sent us in the provider information return which we received in October 2019. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided and one relative. We spoke with four members of staff including the registered manager and three care staff. We also

spoke with a visiting healthcare professional.

We reviewed a range of records. This included two people's care record and medication records. We looked at a variety of records relating to the management of the service. This included audits, accident and incidents records, meeting minutes, and complaints.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from abuse and avoidable harm.
- Staff understood their responsibility and the process to safeguard people from poor care and harm. A staff member said, "I would always report any concerns straight away. That could be to the (registered) manager, local authority or CQC. I am here to make sure people are kept safe."
- Information on how to raise any concerns were on display throughout the service for people and their visitors to refer to.

Assessing risk, safety monitoring and management

- Staff completed assessments of any potential risks to people as part of the care planning process. These included people at risk of falling, risks that related to eating, drinking and weight loss. Guidance was in place for staff so that risks were minimised.
- Regular checks of all equipment and systems in the service were in place, to make sure people, staff and visitors to the service would be safe. Staff had completed a personal emergency evacuation plan for each person so that emergency services would know how to support them in the event of a fire.
- The staff team ensured that all visitors to the service, were aware of safety protocols as soon as they arrived.

Staffing and recruitment

- There were enough staff to support people's care needs in a timely manner. A person said, "There is always staff around. I'm never left waiting long if I call for help."
- The PIR told us that staffing levels were determined following care plan evaluations, the use of a dependency tool and multi-disciplinary team meetings.
- Staff were able to describe their recruitment process and that they had a criminal record check and references sought before they commenced work at the service.

Using medicines safely

- People received their medication as prescribed. One person said, "Staff give me my tablets on time and I always get a drink with them."
- Medication administration charts were all up to date and there were no omissions or gaps. Medication was safely and securely stored.
- Staff involved in the administration of medication had received training and competency checks had been completed in order to safely support people with their medications.

### Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible.
- Staff told us they had training in food hygiene and infection control to prevent the risk of spreading infections. Observations showed that staff used the appropriate Personal Protective Equipment such as disposable aprons and gloves, when necessary.

### Learning lessons when things go wrong

- Staff recorded any incidents and accidents and the registered manager regularly met with the quality and compliance manager to discuss any accidents or incidents to look for trends or patterns. This information then informed any action needed to be taken to reduce the risk of recurrence.
- Staff meetings and handovers gave staff the opportunity to discuss any safety issues and to learn from them and to change their practice if needed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments were undertaken before a person was offered a place at the service. This helped make sure staff had the skills and knowledge to meet the persons care and support needs.
- Staff used up to date guidance and best practice to support people. people's well-being. They also ensured the service provided equipment to enhance people's care and promote independence.

Staff support: induction, training, skills and experience

- The provider had processes in place which ensured that staff received all the training they needed to do their job well. The PIR stated, 'The organisation provides 'a rigorous two-day induction, and staff must fulfil the organisations requirement of a probationary period and competency practice-based observations.'
- Staff training included safeguarding, Mental Capacity Act, dementia awareness, fire safety and moving and handling. One member of staff said, "We get plenty of training and can always ask for more if we feel we need it."
- Staff felt very well supported by the management team and all their colleagues. All staff received regular supervision and were encouraged to attend staff meetings. They knew they could speak with any of the management team at any time for support. One staff member said, "Supervision is really useful, we get the opportunity to ask questions and get feedback on how well we are doing."
- Staff were supported to develop their skills one member of staff had since the last inspection achieved a regional learner of the year award through the local college.

Supporting people to eat and drink enough to maintain a balanced diet

- People had enough to eat and drink and told us they liked the food. Staff supported people to choose the meals they liked and assisted those who needed help to eat. Alternative choices were provided if people did not want the meals on the menu.
- Staff were fully aware of people who were at risk of not eating or drinking enough. Records were kept for those that required careful monitoring.
- We observed people having lunch in the dining room. Staff showed people the menu choices and supported them to eat and drink where required. They went at the persons pace, offered encouragement and explained what the meal consisted of.
- People spoke highly of the food. One person said, "I love my food, we get choices if we don't like what's on the menu."
- Referrals had been made to external health professionals such as the dietician and speech and language team (SALT) when there were concerns about weight loss or choking. Their guidance continued to be followed.

Staff worked with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff had a good understanding of people's health needs. One person had recently lost weight by attending a nutrition and wellbeing class at the local college. Relatives were complimentary about how people's health had improved since moving into the service.
- Staff worked with a range of community professionals to maintain and promote people's health, and supported people to attend appointments where required. A visiting health professional was complimentary of the care and support provided, saying "[manager's name] and the staff are great. They know people well and have a good understanding of their needs. Staff contact us appropriately and follows our guidance."
- People were supported to attend routine medical, dental, eye checks and other important appointments where required.

Adapting service, design, decoration to meet people's needs

- People were encouraged to bring in their own possessions when they moved into the service. This was reflected in rooms which had a personal, homely feel, with family photographs and memorabilia.
- The premises had sufficient amenities such as bathrooms and communal areas which ensured people were supported well.
- Technology and equipment were used effectively to meet people's care and support needs. Such as call bells and sensor mats.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people had been assessed to lack the mental capacity to make decisions, applications had been made to the local authority supervisory body. A staff member said, "We always assume somebody has capacity to make a decision. We may need to make a best interest decision for them."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and patient towards the people they supported. One person said, "The staff here are really helpful. We can have a joke with them and I like that."
- Staff communicated with people in a way the person understood best. This included staff speaking to people at their eye level and speaking clearly. Staff understood the importance of treating people equally and without discrimination.
- Positive interactions between people and staff, showed they clearly enjoyed each other's company and treated each other as equals.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported and enabled people to be involved in decisions about their care and to express their views about how the service was managed. Staff knew people well and knew how to support each person in the way they preferred.
- A relative told us they were always made to feel very welcome and kept fully informed about their family member's progress.
- An external professional told us, "Staff are helpful in dealing with any enquiries from residents as a quickly as possible rather than being told to wait."
- Staff signposted people and their relatives to sources of advice and support or advocacy support.

Respecting and promoting people's privacy, dignity and independence

- Staff continued to respect and promote people's privacy and dignity. Staff knocked on people's doors before entering. Staff showed respect by not discussing people's support and care needs in front of other people. One person told us, "When they shower me they make sure that my dignity is protected."
- Staff supported people to remain as independent as possible. One person confirmed, "I'm very independent and I like to do things for myself and the staff allow me to do that."
- Staff supported people to maintain relationships with relatives and friends. Staff welcomed people's visitors to the service.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us their needs were met in a personalised way. One visitor said, "The staff are very caring, they know [name] really well. Staff couldn't be more helpful."
- Care plans had been developed for each person with involvement from the person, their friends and family, and were reviewed regularly. They provided information on how care should be provided to meet the person's needs. Although we did identify that where people showed periods of inappropriate behaviour, guidelines did not provide full information. The registered manager told us they would ensure the information in the plan is updated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans provided information about people's sensory or hearing impairment. For example, whether the person needed a hearing aid improve their communication or glasses to improve their vision.
- People were given information in a format they could understand, staff supported people with any questions they might have.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff took time to find out about each person from the person themselves and or from families, which included for example, their likes and preferences so that they could introduce them to other people who they might like to spend time with who have similar interests.
- Staff continued to ensure people were able to enjoy hobbies and interest. A wide range of opportunities for people to do and to get involved in was organised by staff in the service. From group games and walks to the local shops and individual activities, people told us there was always something they could join in if they wanted to. One professional told us that people were involved in meaningful activities both inside and outside of the service.
- People had their cultural and spiritual needs met with support from staff and external visitors spaces.

Improving care quality in response to complaints or concerns

- People continued to know how to raise a concern or suggestion should they need to. One person told us, "I would speak to any of the girls (staff) and they would sort it all out."

- Compliments had been received by the service praising staff for the care and support given. A relative told us "Can't fault this place. Everyone is so friendly and if I have a concern the staff would deal with it."

#### End of life care and support

- The provider had a policy in place for supporting people with end of life care.
- People were supported to make decisions about their preferences for end of life care. This included Do Not Attempt Resuscitation (DNAR) orders. A DNAR form is a document issued and signed by a doctor or medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR). Professionals were involved as appropriate. One member of staff told us, "We would always try and support people here in the home at the end of their life. I would like to stay at home if I could."
- The registered manager confirmed they would work in partnership with healthcare professionals which ensured people had a comfortable death, as possible.
- Trained staff enabled people to engage with their religious beliefs and preferences at the end of their life.

# Is the service well-led?

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

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

- People continued to be happy living at Philia Lodge. One person said, "I love it here we are well looked after."
- Staff were very happy to work at the service and several of the staff had worked at Philia Lodge for many years. One member of staff said, "It's a lovely home." Another person told us, "I can't see me working anywhere else. I am here to stay."
- An external professional said, "The team is really supportive and kind. I haven't seen anyone not having patience [with people]. I am always made to feel welcome and there is always somebody around to help."

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 provider and registered manager had fulfilled their legal obligations by notifying the CQC of important events. Notifications of these incidents showed that people and their relatives were informed in line with the duty of candour.
- The provider and registered manager had displayed their inspection rating clearly in the entrance to the service for people and their visitors to refer to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- The provider and registered manager encouraged staff to develop their skills and knowledge and progress through their careers should they wish to.
- Staff told us that they attended regular team meetings and handovers where information about the service was shared quickly with them.
- The management team at the service and representatives from the providers management team continued to undertake audits to monitor the quality of the service provided as part of the providers governance systems. Any improvements found were either completed or on-going.

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

- Staff said the registered manager was approachable and their door was always open. One staff member said, "I would have no hesitation and I am comfortable reporting concerns if it is to make the residents life better. We are their advocates if they are unable to do this for themselves"

- Meetings and surveys for people and staff were carried out. The service also produced a bi-annual newsletter to inform people of the activities that have taken place and any upcoming events and plans.

#### Working in partnership with others

- The management team worked in partnership with external organisations such as the local authority, GP's and district nurses. This helped make sure people received joined up care and support.