

Premierbell Limited

Homer Lodge Care Centre

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?

Good ●

Summary of findings

Overall summary

About the service

Homer Lodge Care Centre is a residential care home providing personal care to up to 47 people. The service provides support to people aged 65 and over. At the time of our inspection there were 32 people using the service.

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

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.

Staff were kind and caring. They supported people's independence and respected people's choices. There were enough staff to meet people's needs and they had received the training and support needed to provide safe care. Staff were knowledgeable about how to keep people safe from harm and were confident to raise any concerns they had.

People received an initial and ongoing assessment of their needs and care plans reflected their individual needs. Risks to people were identified and care was planned to keep them safe. Where needed equipment was in place to support safe care. People's wishes at the end of their lives were recorded and care was in place to keep people pain free as they neared the end of their lives.

The home was clean and staff worked to minimise the risk of cross infection. Medicines were safely managed and available to people when needed.

People were complimentary about the quality of food provided. Their abilities to eat safely and maintain a healthy weight were assessed and where needed people were referred to healthcare professionals.

The provider was updating the environment and considered people's needs in the improvements being made.

The provider had systems in place to monitor the quality of care provided. This consistently identified issues and action was taken to improve the care people received. Safeguarding, incidents and complaints were investigated, and action taken to keep people safe.

The registered manager was approachable and well-liked by people living at the home, relatives and staff. Staff felt able to approach the registered manager with any issues.

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 requires improvement (20 October 2022) and there were breaches of regulation. We issued warning notices for regulation 12 safe care and treatment and regulation 17 good governance. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Homer Lodge Care Centre

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 team consisted of 1 inspector.

Service and service type

Homer Lodge Care Centre 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. Homer Lodge Care Centre is a care home with 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 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 5 people living at the home and 2 relatives. We spoke with 2 area managers, a senior care worker, a care worker and a housekeeper.

We reviewed a range of records. This included 7 people's care records and multiple medication records. We also looked at a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection people's care records did not evidence potential risks linked to people's health and welfare had been assessed. Assessments of risks had improved to promote people's health and wellbeing. For example, people who had an increased risk of developing pressure were identified.
- Potential risks to people were assessed and kept under review to promote their safety. People's care records provided guidance for staff on how to reduce risks. This included the equipment needed to keep people safe and care needs such as monitoring or regular repositioning.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from abuse, which included safeguarding referrals being made to the appropriate organisations. The registered manager had worked with the local authority to investigate any allegations of abuse to keep people safe.
- Staff had received training in the different types of abuse, how to recognise the signs a person may be at risk and what action to take to keep them safe. Staff were confident about raising concerns with the registered manager.

Staffing and recruitment

- People told us they were happy with the staffing levels in the home. One person told us, "There are enough staff, they come as soon as they can."
- The registered manager completed a dependency tool based on people's needs to determine the staffing levels required. Rotas showed there were enough staff to meet people's identified needs.
- The provider and registered manager had ensured staff recruitment processes checked people had the necessary skills and experience to support the people living at the home.
- Safe recruitment practices were followed ensuring references were checked and a Disclosure and Barring Service (DBS) check was completed on staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People told us they received their medicines in a timely fashion and as prescribed by the Doctor. One person told us, "I get my medicines on time." The member of staff supporting people with medicines was kind and caring and offered people their medicines in the way they preferred to take them.
- Medicines were managed safely. Systems were in place to ensure medicines were ordered in a timely fashion, so they were available to people where needed. Clear records were kept of medicines that were no longer needed and they were disposed of safely.
- Records accurately recorded the medicines people took. Where people had medicines prescribed to be taken as required, for example, medicines for pain relief, protocols were in place to support staff to administer these medicines consistently to people based on their individual needs.
- Medicines to support people to manage their emotions were used as a last resort. Staff's knowledge of people supported this. One member of staff told us, "Sometimes if you go and sing to [Name] and talk to them, they will calm down."

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.

Visiting in care homes

- People were supported to maintain contact with their family and friends. There were no visiting restrictions and staff welcomed visitors to the service at any time.

Learning lessons when things go wrong

- Processes were in place for the reporting and following up of accidents or incidents, which included informing external organisations, such as the Care Quality Commission and the local authority.
- Incidents were kept under review by the provider and action taken so as similar incidents were not repeated.

Is the service effective?

Our findings

Our findings - Is the service effective? = Good

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received sufficient training and support to meet people's needs safely. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Following the last inspection, the provider had reviewed the training they provided to staff. They were working with a new training provider and had implemented monitoring. This meant they were aware of what training each member of staff was required to undertake and what they had completed. Staff were reminded when their training needed to be completed. One member of staff told us, "We get told what (training) is needed... you get a message which tells you which courses you need to do next."
- Staff were monitored while performing care tasks to ensure they had understood their training and were competent to provide safe care. In addition, staff received ongoing support from the registered manager through supervision meetings.

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

- People's needs were assessed before they moved into the service. This allowed the registered manager to assess risks to people and if staff were able to support people in a safe manner or required further training.
- Systems to assess people's risks were based on best practice guidance. For example, Waterlow assessments were used to see if people were at risk of developing pressure areas.

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

- People were offered a choice of food and were able to request anything they liked from the kitchen. One person told us, "The food is lovely."
- People's ability to maintain a healthy weight was monitored and where people were consistently losing weight, they were referred to the GP. People were offered calorie rich food to help them maintain their weight. A member of staff told us how they would put cream and sugar in porridge and offer snacks through the day to people. Where needed people were supported with prescribed supplements to increase their

calorie intake.

- People's ability to eat and drink safely was monitored. Where needed, advice from healthcare professionals was sought and modified diets such as soft meals and thickened fluids were provided.

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

- The provider had systems in place to ensure the home was safe for people and a pleasant place to spend time. There were several different communal spaces for people to spend time in. There was access to outside space from several of the communal lounges and the provider was developing this space so that it was safe and comfortable for people.
- The provider was in the process of making improvements in the home this consisted of redecoration in communal areas and new dining room furniture.
- People's needs and how to improve safety for people was considered as part of the refurbishment process. For example, ceiling lights were being changed so they were brighter to reduce the risk of people falling. Bathrooms are being made into wet rooms, so they are easier to access.

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

- People were supported to access healthcare advice and support as needed to maintain their health. Records showed that people had been able to access GP advice and support when needed and had been supported to attend hospital appointments.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people might have lacked the ability to choose to live at the home, DoLS applications were made to ensure people's rights were protected. No one living at the home had any conditions on their DoLS.
- People's ability to make decisions about their care was assessed whenever their care changed. Where restrictions were needed such as bed rails, a mental capacity assessment was completed to see if the person was able to make the decision or if a best interest decision was needed. Family, healthcare professionals and staff were involved in making decisions in people's best interest.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 knowledgeable about people's needs and knew their preferences. People told us the staff were kind and caring. One person said, "Staff are absolutely lovely, really kind."
- People told us all the staff interacted with them. One person said, "Everyone says hello when going past, I'm not lonely."
- The provider ensured all staff had the skills to engage with people. A housekeeper told us, "I have a little chat while I'm cleaning. I like hearing what people have done with their lives. I have done some dementia training, it's not relevant to housekeeping but as you are going in people's rooms you need to be aware of how to interact with them."

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

- People were supported to make choices about their everyday lives and staff presented information to them to increase their ability to make decisions. For example, by showing people options instead of telling them about the choice. For example, by offering a choice of clothing when getting dressed.
- People were supported to get up and go to bed when they wished. One person told us, "The staff are good. If you tell them you want to go to bed they will take you to bed, nothing is too much trouble."
- Staff understood and respected people's choices, when people were unable to tell staff. One member of staff told us, "We did try to bring [Name] to the lounge but they were more distressed and settled better in their bedroom."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected by staff. Staff told us how they would knock on doors before entering a room and ensure people remained as covered as possible while receiving personal care and were encouraged to do as much as possible for themselves.
- The provider was making improvements to the home to increase people's independence. Dementia friendly signage and memory boxes were to be put in place to assist people to move around the home independently. Dementia friendly signage is in colours easy to see and includes pictures to support people's understanding. Memory boxes are outside people's bedrooms for them to fill with items to help them identify their own bedroom.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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's care plans reflected a person-centred approach to care. They considered people's physical, mental, emotional and social needs. Staff told us the care plan had been reviewed and the information was now easier to access. One member of staff said, "I get time to read care plans. I feel they reflect people's needs. We have made them less complicated and shorter." This enabled staff to provide the support and care people needed.

People spoke positively of the care and support they received. A person told us,

- Systems were in place to ensure staff were updated when people's needs changed. At the end of each shift a handover was given to ensure the staff coming on duty had all the information needed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service identified people's information and communication needs through assessment. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with other health and social care professionals.

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

- Activities were provided to support people's physical and mental health. We saw a number of people chose to sit with the activities coordinator doing jigsaws and chatting. The activities co-ordinator also visited people in their room to provide companionship and to see if there were any activities they wanted to do.

Improving care quality in response to complaints or concerns

- People and visiting relatives told us they were confident to share any complaints or concerns they had. However, no one had felt the need to complain. One person told us, "I never think about complaining, I have nothing to complain about. They are ever so good to us."

- Concerns and complaints were recorded and responded to consistent with the provider's policy. Complaints were investigated with records kept, including the outcome which was shared with the complainant.

End of life care and support

- The registered manager and staff worked collaboratively with other healthcare professionals to ensure that people's needs at the end of their life were identified and respected. They followed best practice guidelines for people at the end of their lives and anticipatory medicines were arranged to keep people pain-free at the end of their lives.
- Care plans provided information about any specific wishes a person had about their end-of-life care, including information as to their preferred location.

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

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

At our last inspection the provider had failed to develop and sustain systems to monitor and mitigate the risks relating to the of people. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager and the management team demonstrated they had improved the oversight and monitoring of the service to promote good quality and safe care. Audits were in place which consistently highlighted areas for improvements and actions were monitored to ensure improvements were made.
- Systems and processes to manage risk had improved. Potential risks to people's health, safety and welfare were assessed and regularly reviewed which had led to good outcomes for people. The oversight of staff training and supervision had also improved to ensure staff had the skills needed to provide safe care.
- The provider and registered manager had taken action to comply with the regulatory requirements. They had ensured that the rating under the previous provider was displayed in the home. The registered manager had notified us about events which happened in the home.

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

- People told us the management of the home were available. One person said, "The [registered] manager comes to say hello." A relative told us, "The [registered] manager made a point of saying hello, they are very present. They and the deputy manager are around a lot. The area manager has also said hello."
- Staff told us the manager lead by example and was aware of what was happening in the home. One member of staff said, "This [registered] manager is more hands on and will come upstairs and point things out that I have missed. They will come and have a chat with the residents." Another member of staff said, "[Registered manager] is lovely, they like to join handover meeting to see how residents are and how staff are getting on."
- Staff were confident in the registered manager and found them approachable. One member of staff told us, "The registered manager's door is always open, and you can come and talk to them at any time."

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 had been open and honest with people and relatives about incidents which happened in the home. They had ensured that relatives were kept up to date with any concerns about their family members' care needs.

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

- The views of people using service had been gathered. People had been asked to complete a questionnaire on their experiences at the home. The information collected had been used to identify areas for improvement.
- Staff were kept up to date on changes in the home. They told us they had regular team meetings and one to one meetings with their line manager. One member of staff said, "We have regular team meetings."

Continuous learning and improving care; Working in partnership with others

- The registered manager had investigated accidents and incidents and had identified areas where improvements could be made. They ensured that this learning was shared with staff and used to improve the quality of care provided.
- The registered manager worked collaboratively with health and social care professionals to ensure that people received care which met their needs.
- The registered manager was supportive of staff developing their skills and career. One member of staff spoke about how the registered manager was supportive of them getting their nursing registration.