

Friars Lodge Limited

Friars Lodge

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

Friars Lodge is a residential home that provides personal care for up to 20 people with a range of care needs, including dementia. The service provides accommodation over two floors. This consists of communal areas and individual bedrooms. At the time of the inspection, 15 people were living at the service.

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

People said they received good care, and they were supported well by staff to meet their needs. People said staff were kind, caring, friendly, and they provided care in a respectful manner. People said the service was good and they were happy living there. They said staff and the registered manager were approachable and helpful. Staff said the service was a good place to work in and for people to live in. One staff member described it as a 'home from home'.

People received safe care and they were protected from harm. Staff knew how to identify and report concerns. Potential risks to people's health and wellbeing were managed well. Staff were recruited safely and there were enough staff to provide safe care. People were supported to take their medicines safely. Lessons were learnt from incidents to prevent recurrence. Staff had the right equipment and skills to prevent the spread of infections.

Staff were trained well to meet people's needs. Their competence to support people well was regularly assessed. People were supported to have enough to eat and drink. Staff supported people to access healthcare services when required. This helped people to maintain their health and well-being.

Staff were respectful in how they interacted with people and supported them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People received personalised care to meet their needs. Care plans contained enough information about people's needs and this guided staff on how to support people well. Complaints were followed up and improvements made when required. Staff had records of people's wishes about how they wanted to be supported at the end of their lives.

The provider had systems to assess and monitor the quality of the service. The registered manager and staff were motivated to provide the best service they could for people and their relatives. They were keen to learn and take steps to further improve the service.

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

Rating at last inspection

The last rating for this service was good (published 14 November 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 re-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?

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 ●

Friars 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by an inspector and an inspection manager.

Service and service type

Friars Lodge is a care home. People in care homes receive accommodation and nursing or 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 previous inspection. This included information sent to us by the provider or shared with us by the local authority. We used the information the provider sent us in the provider information return. 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 three people and five staff including three care staff, the head of care, and the registered manager. We observed how staff supported people in communal areas of the service.

We reviewed a range of records. This included care records for three people and multiple medicines records. We looked at two staff files to review the provider's recruitment, training and staff supervision processes. We also looked at a variety of records relating to the management of the service, including some policies and procedures, audits and quality assurance records.

After the inspection

We reviewed further evidence sent to us by the provider. We received feedback from a representative of the local authority that worked closely with the service.

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

- People told us they were safe, and they had no concerns about abuse. One person said, "It's alright here. [Staff] are very nice people."
- Staff knew what to do to keep people safe. They said they would report any concerns to the registered manager, and they were confident these would be dealt with appropriately. Staff had received safeguarding training. Their knowledge and competency were assessed regularly to ensure they knew what to do when they had concerns about people's safety. Records showed staff had good knowledge of the local reporting procedures.
- The registered manager acted appropriately to deal with concerns about a staff member's practice that put people at risk of harm. They worked closely with relevant agencies to ensure a protection plan was put in place quickly. They also followed the provider's disciplinary procedure. This protected people.
- The provider used the 'Hebert protocol'. This is a scheme in partnership with the police. This guides staff to put together a record of important information which could be useful if a vulnerable person goes missing.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were assessed. People had risk assessments for staff to know how to reduce risks in specific areas of their care. These included the support they needed with mobility, skin care, medicines, food and drinks, and specific health conditions. These were reviewed regularly or when people's needs changed.
- Staff carried out regular health and safety checks to ensure the premises were safe for people to live in. Equipment used to support people with their care such as hoists and wheelchairs were also checked so that any required repairs were carried out quickly.
- The provider had also put systems in place to ensure the risk of a fire was reduced. People's personal evacuation plans had information on what support they needed to leave the building safely in case of an emergency.

Staffing and recruitment

- Staff were recruited safely to ensure they were suitable to work at the service.
- There were enough staff to support people safely. People told us they were always supported well, by a consistent staff team who had got to know them well.
- Staff told us staffing numbers were good. One staff member said, "Staffing is enough for the current residents."
- The provider had an ongoing recruitment programme so that they covered vacancies as quickly as possible. They rarely used agency staff to cover staff's leave or absence. As much as possible, they ensured

they had agency staff who had previously worked at the service. This was so that they could provide safe and effective care to people.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff were trained to manage medicines safely.
- People were happy with how they were supported with their medicines. Trained staff gave people their medicines. Medicines given by injection, such as for diabetes, were administered by community nurses.
- Medicines records we looked at were clear and easy for staff to use. Records showed that staff consistently signed when people had been given their medicines. The electronic medicines system allowed staff to carry out regular audits of medicine records. This made it easy to identify errors and deal with these quickly.
- A pharmacist from a local clinical commissioning group reviewed some of the people's medicines and made recommendations about changes to some of the medicines. The registered manager had discussed this with people's GPs and where required, changes had been made to ensure people were on the most effective treatment.

Preventing and controlling infection

- The service was clean and offered a pleasant environment for people to live in. Staff cleaned all areas of the service daily. People said the service was always clean.
- The provider had systems to reduce the risk of the spread of infection. This included staff being trained to follow infection control measures. Staff were also provided with personal protective equipment (PPE), such as disposable gloves and aprons. They used these when supporting people with personal care.

Learning lessons when things go wrong

- Incidents and accidents were recorded and investigated. The registered manager used this information to put systems in place to reduce the risk of recurrence. For example, the provider monitored the number of people falling at the service. This identified whether people needed to be seen by health professionals to treat any conditions that might put them at a higher risk of falling. The recent audit showed that there was a reduction in falls.
- Staff told us they talked about incidents at team meetings or individual staff supervision. They said this helped them to learn from these so that they could improve their practice, and in turn, improve people's safety.

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

- People's needs were assessed in line with good practice guidance. They had care plans that detailed what support they needed to meet their needs. Staff told us this provided the information they needed to support people well. Staff used an electronic care planning system which meant people's care plans could be reviewed and updated quickly.
- People told us they were happy with how staff supported people with their care needs. They said their needs were met.
- The premises were suitable to meet people's needs safely and effectively. People could move around communal areas easily and there was a lift they could use to access their bedrooms. There was an accessible garden which people mostly used during warmer months.
- Communal areas had been redecorated, including repainting walls, new wallpaper and a new carpet. People and staff said this made it a nicer place for people to live in. One staff member said, "They have done redecoration lately, which is nice."
- There was signage to ensure people could easily find facilities they needed, such as toilets and bathrooms.

Staff support: induction, training, skills and experience

- People said staff knew how to support them with their needs. One person said, "I'm happy with the care here."
- Staff were trained so that they had the right skills and knowledge to support people well. Staff said training was good, and they were also supported to gain nationally recognised qualifications in health and social care. One staff member said, "I've mainly done online training, but we do face to face training too."
- Staff told us, and records showed they received regular supervision. Staff said this helped them to reflect on their work and skills. They also said the registered manager and other senior staff supported them well to do their work. One staff member said, "Supervision is good and useful. Any comments I make get actioned."

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

- People told us they had enough to eat and drink, and they enjoyed the food. One person said, "Food is very nice. You can take whatever you want to drink."
- Most people could eat their food without support. Where support was required, we observed that staff supported people to eat in a respectful and caring manner.
- People's weight was monitored to identify and act on concerns they might not be eating enough. Staff worked closely with health professionals to ensure people ate well to maintain their health and wellbeing.

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

- People told us and records showed they had access to various health services when required. Local GPs visited the service when needed to see people. Community nurses, dietitians, a chiropodist and dentists also supported with their health needs when required.
- Staff told us they worked well with other agencies to provide effective care to people.
- Staff told us they supported people to clean their teeth daily, and they cleaned dentures for people who had these. People had oral health care plans, and the registered manager told us everyone was registered with a local dental service. Training for staff had been booked to support them to learn more about the importance of good oral health.

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. We found these were met.

- Where required, DoLS applications were made to the relevant local authorities. Some people had valid DoLS authorisations to ensure that any restrictions to their freedom were legal.
- Mental capacity assessments showed that some people had variable mental capacity. This meant they were not always able to make decisions about some aspects of their care and support. Where this was the case, people's relatives or professionals had been consulted to help decide how to best support the person. This ensured the care and support provided by staff was in people's best interest.
- Staff told us they always asked people for their consent before they provided care and support. They understood their responsibility to promote people's rights to accept or refuse support. Following advice from the local authority in February 2020, the provider improved their forms so that it was clear when people had signed to consent to their care and support.

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

- People told us staff were kind and caring, and they treated them with respect. One person said, "Staff have been very nice. I'm quite happy here."
- People said staff were always friendly, and we observed respectful interactions between people and staff. People said they got on well with everyone, including other people who lived at the service. One person told us, "All the people seem really nice, and I've got on well with all of them." Another person said, "It's nice here, I like the company of most of them."
- One person told us they particularly enjoyed chats with staff. They said, "The best thing I do is talk to those ladies there (pointing at the staff)."
- We heard staff making caring and kind comments about people. They showed care and concern for people. Staff were good at assuring people who were a bit confused about whether they were staying at the service or visiting for a short time. They chose their responses carefully to avoid people becoming distressed.

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

- People told us they made decisions and choices about how they lived their lives at the service. They told us they chose when they got up and went to bed, what they wore, and how they spent their day.
- Staff recognised that some people's health conditions meant they could not always make choices or express their views in relation to their care. Staff said those people benefitted from being given limited options to choose from to help them to make decisions.
- People living with dementia received more support to make choices. Where required, relatives were asked to help people with this. There was also information about an independent advocacy service that could help people to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff always promoted their privacy and dignity, particularly when providing personal care. Staff said it was always important that they supported people discreetly in communal areas and they provided personal care in private. We observed that staff preserved people's dignity when supporting them to move using a hoist by ensuring their clothing remained intact.
- Staff helped people to remain as independent as possible. They told us they helped people do as much as they could for themselves, and they only provided support when required. Most people needed staff support to meet some aspects of their daily care needs, and staff were happy to provide this support.

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 has 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 they received personalised care to meet their needs. They said they were supported quickly with their care, and they were helped to maintain good health and wellbeing.
- People said staff considered their views and preferences when planning their care. We saw that people had annual care reviews which they and their relatives were involved in.
- Staff told us the registered manager and the provider promoted a culture where everyone's individuality was valued. We saw evidence of this in the way staff interacted with people.
- Staff said an electronic care planning system meant they could update people's care plans quickly so that the information was always up to date. People also had a quick reference care plan. This was a one-page profile that was particularly useful to agency staff who might not have time to read people's full care plans. This gave a brief account of what support people needed with priority care needs such as personal care, moving and handling, food and drinks, and activities. Staff found these useful.

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.

- People's communication needs were assessed when they moved to the service. Some people could communicate verbally, and they understood information given to them.
- Other people needed more support and staff said they spoke slowly and gave fewer options to make it easier for people to understand the information given to them.
- The registered manager told us they could make information available in other formats, such as large print or easy read if required.

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

- People told us they had opportunities to take part in activities they enjoyed. Staff supported people to take part in a variety of activities including bingo, word games, board games, and art and crafts.
- Staff said people could have more opportunities to pursue their hobbies and interests if they had the support of an activity coordinator. The registered manager said they would discuss this with the provider.
- Staff told us some people preferred individual activities and would normally refuse to take part in group activities. This was supported by one person when they said, "I sometimes do whatever they are doing, but I

like reading newspapers and magazines." Another person proudly showed us the prize they had won at bingo that afternoon.

- There were photographs that showed different group activities people took part in. These included a trip to a local park and museum, chair yoga, and colouring activities.
- Other activities included an interactive table which was shared with the other care homes owned by the provider. This was available in each service on a rotational basis. It was available on the day of the inspection and we observed three people and staff happily engaged in this for most of the morning. They appeared to enjoy this, particularly, the music game.

Improving care quality in response to complaints or concerns

- There was a system to manage people's concerns and complaints. Records showed the registered manager dealt appropriately with complaints they received. Issues raised by people were used to help staff to improve their practice.
- People told us they were happy with their care and they had no reason to complain. They said they would speak with staff or the registered manager if they had concerns. One person said, "I have no grumbles about anything."

End of life care and support

- The service supported people at the end of their lives when this support was required.
- People's care plans did not always contain detailed information about how they wished to be supported at the end of their lives. However, the registered manager explained that they kept paper records of these for everyone. Staff knew where these records were kept so that they could use them when required to support people.

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

- People told us the service was good. They said the registered manager and staff were good at providing person-centred care that met their needs.
- Records showed that people and relatives were involved in discussions about people's needs so that staff provided effective care and in the way people wanted. They could also make suggestions about how the service was run. For example, people had been involved in choosing the paint colours, wallpaper and carpets when the service was being redecorated.
- People said staff were respectful in how they supported them. Staff said they knew people's needs well and this ensured they supported people with their care needs. Staff told us information about people's needs was clear in the care plans, and this was appropriately shared during team meetings, handovers, and using a communication book.
- There were meetings with people to discuss different aspects of the service including food and activities. Relatives could attend the monthly drop-in sessions if they wanted to speak with the registered. They could also speak with them when they visited the service or by telephone.
- People and relatives could also complete feedback forms. In addition to this, the provider completed an annual survey with forms given to people, relatives, staff, and external professionals. Results were collated and used to improve the service.
- The provider also received compliments about the quality of care provided to people.
- Staff told us, and records showed that they had regular team meetings where they discussed various issues relevant to their roles. Staff said the meetings supported good information sharing and learning.

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 knew the standards of care required by the local authority and the regulations that registered care services are required to be compliant with. They ensured they provided care in line with these. Where necessary, they asked the local authority or the Care Quality Commission (CQC) for advice so that they continued to operate in line with regulations.
- The registered manager knew about their responsibility to be open and honest when things went wrong. They reported relevant issues to CQC and the local authority, and they investigated these when asked to do so. They spoke with people about their care and where appropriate, they also shared information about people's care with relatives and other health and social care professionals. This ensured action could be

taken to improve the service and protect people from harm.

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

- People and staff said the service was well managed, and the registered manager was always approachable and helpful.
- Staff said they understood their roles and responsibilities, and the expectation that they provided good quality care to people. They said the registered manager provided guidance and effective support for them to do their jobs well.
- The provider had systems to assess and monitor all aspects of the service. The registered manager and senior staff carried out various audits to ensure risks to people's health, safety and wellbeing were effectively managed, and that staff provided good care.
- The provider also regularly assessed the service. Records showed actions were taken to deal with any shortfalls found during audits. They used any learning from this to continually improve the service.

Working in partnership with others

- The registered manager told us they worked closely with the local authority that commissioned the service. We also saw evidence that they worked with other health and social care professionals so that people consistently received the support they required and expected.
- The service was monitored regularly by the local authority, and they had been assessed in February 2020. A representative from the local authority told us they had no concerns about the quality of care provided by staff.