

Ideal Carehomes (Number One) Limited

Herald 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

Herald Lodge care home provide support to older people and older people living with dementia. The home comprises two floors. The service accommodates a maximum of 42 people. The time of the inspection there were 38 people living at the home.

People were happy and felt safe living at the home. Staff understood how to keep people safe. Systems and training ensured concerns were raised and escalated where appropriate. People were supported by sufficient staff in a prompt and unrushed manner. Staff understood the equipment needed to support people and the risks people lived with. Systems were in place to check the background of potential staff to ensure their suitability to work in the home. People received support with their medicines. The home was clean and odour free.

People felt confident around staff who had received training to support them and who knew their needs. People were offered choices in the food and drinks provided to them. Additional support from medical professionals was sought and provided where appropriate. 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 and their families thought staff were caring. Staff were encouraged to make people feel welcome and part of an inclusive environment. Staff understood the importance of supporting people to maintain their dignity and to promote independence. People's individual choices and lifestyles were celebrated.

People and their families reviewed and updated their care needs as appropriate. Staff worked with people to identify interests and help promote them. People felt assured that any complaints they had would be responded to.

People and staff felt the atmosphere at the home was welcoming and open. People and their families felt assured they could speak to management team and have any queries resolved. Care delivered at the home was monitored to ensure it met the registered providers expectations.

The last rating for this service was Good (30 August 2017).

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

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 ●

Herald 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 Care Act 2014.

Inspection team

There were two inspectors in the inspection team.

Service and service type

Herald Lodge Care Home 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. At the time of the inspection the registered manager was absent from the home due to illness. A care manager was in charge and regional manager available for support to the care manager to run the home.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the regional manager, manager, assistant

manager, senior care workers, care workers and the activities co-ordinator. We also spoke with two visiting healthcare professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 felt safe living in home. One relative told us the family member was "Safe and well cared for" at the home. Other relatives we spoke with also felt their family member was safe living at the home. Systems were in place to record concerns and report them as necessary. Staff had received training on keeping people safe and felt assured the manager will take the appropriate action needed to keep people safe.

Assessing risk, safety monitoring and management

- Staff understood the risks people lived with and how these could be managed safely. Care plans detailed guidance for staff to refer to. Staff also confirmed any queries about people's care could be raised during daily handover meetings and the information required shared.

Staffing and recruitment

- People told us they had access to staff when they needed. We saw people supported by staff in a timely manner. Staff told us they were able to take their time with people and that there were enough staff to meet people's needs. The manager explained dependency levels for people were updated every day and a display board illustrated the number of staff on duty people and their families should expect to see. The manager explained this was to reassure people and their families of the number of staff available to support them.
- New staff confirmed they had undertaken and completed background checks before commencing work at the home.

Using medicines safely

- People were supported with the medicines. Staff had received training to support people safely and systems were in place to check people received the correct support. Staff confirmed their training was reviewed annually in line with best practice. Systems were in place to store and correctly dispose of medicines.

Preventing and controlling infection

- The home was clean and odour free. Staff told us they had access to protective clothing such as aprons and gloves to help minimise the spread of infection. Throughout the inspection we saw staff practice techniques aimed at minimising the spread of infection.

Learning lessons when things go wrong

- The manager told us they worked closely with the regional manager. The regional manager undertook

regular checks and identified where things could be improved. The regional manager worked with the manager to improve people's experience of care. For example, the care manager was working to improve the content of care plans to better reflect people's experience of care.

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 now 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

- People and their families described outlining their needs and wishes before commencing placement at the home. The manager told us the assessment process allowed them to ensure they had enough staff and the appropriate equipment in place for the person prior to moving to the home.

Staff support: induction, training, skills and experience

- All the staff we spoke with confirmed they had received training and had access to supervision. Staff told us the training was very good and that they could request additional training if they needed it. Staff told us they were given regular reminders when training was due. Training was also monitored by the manager to ensure staff had attended training.

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

- People were offered choices in the food and drinks offered to them. People were shown plates of food to help them decide from the options available. Where people's nutritional intake was a concern, people's food intake and weight was monitored to help support them to keep healthy.

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

- One relative we spoke to told us their family member had seen the doctor that day and were confident help was sought when needed.
- Staff work closely with healthcare professionals to ensure people receive the care they need. Two healthcare professionals who we spoke with told us they felt assured that people were receiving the care they needed and that guidance left for staff was followed. They also felt help and guidance was sought appropriately.

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

- People lived in a purpose-built building. However, the manager explained they had recently undertaken a thorough review of the home and were hoping to improve the décor further.

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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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.

- The manager had a system in place for reviewing people's ability to make decisions where appropriate had a DoL was in place. Staff understood the decisions people were able to make to ensure they were not deprived of their liberty unnecessarily. Staff were seen to obtain people's consent before supporting them. Staff told us they understood the importance of a person consenting to their care.

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 liked the staff supporting them. Many of the staff had worked there for some time and had therefore developed a bond with people they were supporting. One person described staff as having "The patience of an angel" when supporting people. Staff knew people well and were able to describe their individual needs and preferences.
- People were supported by a diverse team who knew and valued the importance of celebrating people's individual lives. Staff included a LGBT champion who was available to both staff and people. They told us they want to promote an open environment in which people were encouraged to share as much or as little information about their lifestyle choices as they wanted.

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

- People were encouraged to make decisions about their day-to-day care. Staff explained to people choices they were being offered. We saw people choose where they wanted to sit and whether or not they wanted to participate in activities.

Respecting and promoting people's privacy, dignity and independence

- People felt respected by staff supporting them. People were encouraged by staff in ways appropriate to them to maintain their dignity. For example, we saw some people relied on photographs from their youth to help them recognise their own bedrooms. This was also to minimise any distress to the person who may not be able to identify themselves as they present today.
- We saw staff promote people's dignity and independence. For example, where people required reassurance whilst walking, staff stayed within close proximity to offer the person reassurance whilst also allowing them independence.
- Staff told us they had received training to understand and empathise with people living with dementia and this gave some insight into people's lives. One staff member also told us this helped staff understand the barriers people faced and how to support them appropriately.

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 and their relatives met with staff to discuss and review their needs. Each person had a member of staff paired with them. This member of staff then took the lead in monitoring that person's care. The member of staff was selected based on mutual interests. Relatives we spoke with confirmed they were invited to review meetings where they could reflect on and suggest improvements to people's experience of care. Care plans we reviewed demonstrated they had been updated regularly in line with people's changing needs.

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.

- Staff understood each person's individual communication needs and how best to communicate with them. For example, where people required visual prompts, we saw staff do this. Where people had sensory needs, staff understood how best to support them.

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

- Families told us they were encouraged and supported to attend as often as they needed. People's individual needs and lives were celebrated. For example, preparations were in place to help celebrate a significant milestone birthday for one of the people living in the home. Relatives also told us about how their family members took part in activities within the local community and attended local areas of interest. Religious gatherings were also arranged where people expressed an interest in attending these. Cultural events were also celebrated. For example, staff told us about the arrangements in place for Saint Patrick's Day.

Improving care quality in response to complaints or concerns

- People felt confident they could complain if they needed to. A complaints process was in place and any complaints were shared with the registered provider so they could monitor any trends or patterns with a clear audit trail. People felt able to speak informally to care staff if they did not wish to complain. People felt confident that having either spoken to staff or making an official complaint that the issues would be resolved.

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

- Both people and staff were very positive about the culture within the home. We saw people engage in positive manner with staff. Staff also felt the home was a good place to work with the management team being supportive of them. One staff member told us they "loved" their work and working at the home.
- Regular meetings took place at the home for both people living there and for staff. Meetings were an opportunity to raise questions as well as learn about developments at the home. People and their families felt assured they could contact speak to a member of the management team if they needed to.

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 provider understood their responsibilities. Systems were in place to investigate and respond to concerns identified. Complaints and Safeguarding concerns were monitored and where appropriate notifications submitted to the CQC in a timely manner.

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

- The regional manager met regularly with the management team to understand how the home was performing against the registered providers other homes. The manager's systems for reviewing care were checked to ensure people received the care that they needed and to the quality the registered provider expected. Regular feedback was provided to the management team and incorporated within a development plan, so that it was clear improvements where needed where areas for progress had been identified. The care manager felt supported by the regional manager and other staff within the home to ensure people's needs were regularly reviewed and met.
- The home's ratings from the last inspection were clearly displayed.

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

- Staff spoke proudly about how they had taken the initiative and felt supported by the management of the home in order to provide an inclusive environment. Positive images of different relationships, including LGBT relationships were displayed throughout the home to promote inclusivity for both people and staff. The staff team were from diverse backgrounds and told us this helped to promote empathy with people and form a connection with people from similar backgrounds.

- The manager described a number of ways in which they had encouraged family members to feedback their thoughts about the home and people's experience of the care received. For example, a cheese and wine evening had been arranged with the details circulated to people's relatives. Similarly, other themed events have been arranged in order to promote accessibility of the manager.

Continuous learning and improving care

- The care manager and regional manager worked on a development plan specifically for the home. The regional manager monitored progress and provided feedback on areas where further improvements could be made. Weekly targets and monitoring information was provided by the care manager so that the regional manager had a good understanding of care being delivered at the home.

Working in partnership with others

- The registered manager worked in partnership with the local nursery to promote intergenerational understanding through visits and activities in which the two groups worked together.