High Lodge Care Services Limited

High Lodge Care Home

Inspection report

Off Roman Road
Iverley
Stourbridge
West Midlands
DY7 6PP

Tel: 01384390561
Website: www.ableview.co.uk

Date of inspection visit:
20 February 2018

Date of publication:
16 March 2018

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

High Lodge is a care home. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. High Lodge is registered to accommodate 29 people in one building. At the time of our inspection 21 people were using the service. High Lodge accommodates people in one building and support is provided on two floors. There are two communal lounges, a dining area and a garden that people can access. Some of the people living here have dementia.

At our last inspection on 26 January 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There is a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People continued to receive safe care. People remained safe and risks to people were considered and reviewed when needed. Staff understood safeguarding and when needed referrals were made to the relevant people. Learning logs were completed by the provider so that when things went wrong lessons could be learnt. There were enough staff available and medicines were managed in a safe way. Infection control procedures were followed.

People continued to receive effective care. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. People enjoyed the food available and were offered a choice. Staff were supported and trained to ensure that they had the skills to support people effectively. When needed people received support from health professionals. The home was adapted and decorated to meet people needs and had decoration and signage to support people living with dementia.

People continued to be supported in a caring way. People's privacy and dignity was maintained. People were encouraged to be independent and supported in a kind and caring way by staff they were happy with.

People continued to receive responsive care. People received their care that was responsive to their needs and their preferences were considered. Compliant procedures were in place and followed when needed. People had the opportunity to participate in activities they enjoyed. When people were in need of end of life care they received the support in line with their wishes.

The service remained well led. People, relatives and staff were asked for their feedback on the quality of the service. Quality assurance systems were in place to identify where improvements could be made and when

needed these changes were made. There was a registered manager in place who notified us of significant events that occurred within the home.

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 remains good.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well led.	**Good**

High Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on the 20 February 2018 and was unannounced. The inspection visit was carried out by one inspector and an expert by experience. The expert by experience had knowledge of care services including this type of service. We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service. We used this to formulate our inspection plan. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We spoke with four people who used the service and three relatives. We also spoke with two members of care staff, the deputy manager and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for five people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Good

Is the service safe?

Our findings

People remained safe. One person said, "It is nice being here, I feel safe as they are all very nice". A relative told us, "They are safe here, my relation is safe and looked after". We saw when people needed equipment to reduce risks it was provided for them and used in the correct way. For example, when people were at risk of developing sore skin we saw they were sat on pressure relieving equipment. This was transferred with the person when they changed position. When people needed equipment to mobilise such as hoists we saw staff using this equipment safely and in line with people's care plans and risk assessments. The equipment had been maintained and tested to ensure it was safe to use. This showed us that people were supported safely.

Staff knew what constituted abuse and what to do if they suspected someone was being abused. A member of staff said, "It's making sure people are well looked after and no kind of abuse has taken place". Another staff member said, "If I was concerned I would report to the senior or manager and if I wasn't happy with their response I would go higher". We saw procedures for reporting safeguarding concerns were displayed around the home. Procedures were in place to ensure any concerns about people's safety were reported appropriately. We saw when needed these procedures were followed to ensure people's safety.

People received their medicines as required. One person said, "They are better here than when you are in the hospital, they know their stuff". We saw staff administering medicines to people. The staff spent time with people explaining what the medicine was for. When people had medicines that were on an 'as required' basis we saw there was guidance known as PRN protocols available for staff to ensure people had these medicines when needed. There were effective systems in place to store administer and record medicines to ensure people were safe from the risks associated to them.

There were enough staff available to meet people's needs. One person said, "Definitely there is staff about when I need them". We saw people were supported whenever they requested assistance and staff were always available within communal areas to offer support. Staff we spoke with and the registered manager confirmed there were enough staff available for people. The registered manager told us how they would adjust staffing levels within the home when needed. We looked at three recruitment files and saw pre-employment checks were completed before staff could start working in the home. This demonstrated the provider completed checks to ensure the staff were suitable to work with people.

We saw there were learning logs in place. These were case studies of real events that had occurred within services or nationally. These incidents were investigated and actions put in place to ensure learning could be considered when things went wrong. This meant when incidents had occurred the provider had systems in place so that improvements could be made and lessons learnt.

There were infection control procedures in place within the home. We saw an audit had been completed by the provider in this area. Staff told us and we saw protective equipment including aprons and gloves were used within the home. We also saw the provider had been rated as five stars by the food standards agency; this is the highest rating awarded. Staff confirmed to us they had received the relevant training needed to

work within the kitchen environment. The food standards agency is responsible for protecting public health in relation to food.

Good

Is the service effective?

Our findings

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 or 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see if the principles of MCA were followed. We saw when needed capacity assessments were in place and decisions made in people's best interests. Capacity assessments were individual and specific to the decisions being made. There was clear documentation showing how the decision had been reached. When people had restrictions placed upon them DoLS had been considered. There were three people who had DoLS authorisations in place and other applications had been made. Staff we spoke with had an understanding of these, who had them in place and how to offer support to people.

Staff received training to support people. One staff member said, "The training is very good I am up to date with all my mandatory training". Staff were supported to develop their skills and knowledge. They received regular supervision to review how they worked and this also identified their skills and where they needed support. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely. The registered manager told us how they had implemented the Care Certificate for all new starters as part of their induction and for all current staff who did not hold a qualification. The Care Certificate has been introduced nationally to help new care staff develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

We saw when needed, care plans and risk assessments were written and delivered in line with current legislation For example; when people had a specific medical diagnosis we saw people had care plans in place for this. Alongside this the provider had printed the most up to date information and guidance from relevant bodies including The Mary Stevens Hospice to offer support and guidance with end of life care.

People enjoyed the food and there was a choice available. One person said, "I eat everything, goes down well, nice variety". We saw that people were offered a choice at lunch time and people had different meals. Throughout the day people were offered a choice of hot and cold drinks and snacks. Records we looked at included an assessment of people's nutritional risks. We saw when people needed specialist diets this was provided for them in line with recommendations made from health professionals.

Records confirmed people attended health appointments and when referrals were needed to health professionals we saw these were complete. We saw referrals to speech and language therapists and recommendations were in place following this. This demonstrated when a person needed access to health professionals it was provided for them. The deputy manager told us how they worked closely with the GP to

ensure people's needs were reviewed and considered.

The home was decorated in accordance with people's individual needs. People had their own belongings in their bedrooms and within communal areas there were photographs of people and people of importance. The home had been adapted to support people living with dementia including visual prompts. We saw corridors had been adapted into specific designs such as 'coronation street' and 'spitfires' to help people be aware of their surroundings. People had photographs of themselves on their doors and the home had signage throughout indicating where the bathroom and the lounge areas were. The registered manager told us the home was due to be refurbished and people were involved with this through residents meetings.

Good

Is the service caring?

Our findings

People and relatives told us they were happy with the staff. One person said, "Very lucky here, I get on with everybody, very kind and caring, I am very well looked after here". The atmosphere was relaxed and friendly. We saw staff laughing and joking with people. When people needed support it was provided for them. For example, the sun was coming through the windows and getting into people's eyes. We saw staff move people's positions accordingly and close the curtains. This showed us that people were treated with kindness.

People's privacy and dignity was promoted. Staff gave examples of how they promoted people's privacy and dignity and treated people with respect. One staff member said, "We would make sure we did anything that was personal in people's rooms or in private. We never shout across the room to people". A person told us, "Staff usually give us a knock before coming in so we are never embarrassed". There was a dignity tree in the entrance to the home and people had added quotes to this. One quote said, "I wish to be happy". This demonstrated people's privacy and dignity was promoted.

People were encouraged to be independent. One person said, "Staff let me do what I can for myself, I don't need a lot done really". Staff gave examples of how they encouraged people to remain independent. One staff member said, "We give people time, offer them choices. Just encourage people to do things for themselves as much as they can". We saw the care plans in place reflected the levels of support people required.

Relatives and visitors told us they could visit anytime. One relative said, "I'm made welcome and offered a drink. There are no restrictions on visiting times". People told us they were supported by staff to visit their relative in the community and at home. This meant people were encouraged to maintain relationships that were important to them.

Good

Is the service responsive?

Our findings

Staff knew about people's needs and preferences. When asked, one person said, "When I get up the first thing I want is a cigarette so staff get me up and dressed and take me out with a cup of tea, they don't make me wait". Staff told us they were able to read people's care plans to find out information and new information was also shared with staff. One staff member said, "We are a close team we are constantly communicating with each other to make sure we have the right information. If something changes it's shared and the manager makes sure we all have the new information. The paperwork in people's files is regularly updated so we can get the information from there if needed". We saw people's cultural needs had been considered as part of the assessment process. At this inspection no one was being supported with any specific needs in relation to this. Information was available in different formats and some people used pictures or photographs to help them to understand information. There was a notice board on display that related to accessible information standards. This had information for people, staff and visitors about all the different formats communication was available in and gave prompts for staff to consider.

People were given the opportunity to participate in activities they enjoyed. One person said, "My family visit and I have got a crossword puzzle I'm happy". We saw records and people confirmed they participated in activities they enjoyed. Displayed around the home were pictures of activities people had participated in. There was an activity planner in place for the next month which gave details about what was going on in the home for people to participate in. This meant people had the opportunity to participate in activities they enjoyed.

The provider had a policy and a system in place to manage complaints. No complaints had been made since our last inspection, the feedback the home received from people and their relatives were positive. The registered manager explained to us how they would respond to complaints in line with their procedures if any were made.

When people were end of life care there were advanced decisions in place for people in relation to their final wishes and some people had anticipatory medicines in place should they need them. There were detailed care plans in relation to the care they received. The provider also had palliative care champions in place who had received training from the local hospice. The registered manager had introduced 'comfort packs' for relatives to use if they stayed over at the home to support relatives.

Good

Is the service well-led?

Our findings

There was a registered manager in place. People, relatives and staff knew who the registered manager was. One relative said, "The manager is approachable, their door is open and they always have a minute". A staff member said, "They are very approachable and will always try and help us out if they can". Staff told us they had meetings where they had the opportunity to raise any concerns. Staff felt they were listened to and if changes were needed then the registered manager would take action. Staff we spoke with were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "I Know what this is and would be happy to raise concerns if needed. I am sure the manager would support me with something as serious as this". We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be dealt with. The registered manager understood their responsibility around registration with us and notified us of important events that occurred at the service. This meant we could check the provider had taken appropriate action. We saw that the rating from the last inspection was displayed within the home in line with our requirements. There is currently not a website available for this home.

The provider sought the opinions from people who used the service, relatives, staff and health professionals. We saw that annual satisfaction surveys were completed, these focused on the key lines of enquiries that the CQC inspect against. The information was collated and used to bring about changes. We saw the information from the last survey was displayed on the notice board within the home and the information was presented in graphs for people. We saw that when action was needed this had been completed by the registered manager.

We saw that the home worked closely with other partnership agencies and there were many positive comments around the home from these health professions. One comment said, "Of all the care homes I go to this is the best one".

Quality checks were completed by the registered manager and the provider. These included checks of medicines management, infection control and care planning. Where concerns with quality had been identified we saw that an action plan had been put in place. This information was used to bring about improvements. For example, when staff had made medicines errors, we saw supervision had taken place and measures put in place to reduce the risk of this reoccurring. This showed us when improvements were needed action was taken to improve the quality of the service.