

Interhaze Limited

# The Hunters Lodge Care Centre

## Inspection report

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24 January 2020

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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

The Hunters lodge Care Centre is a care home providing personal and nursing care for up to 90 people. There were 67 people living at the home at the time of our inspection. The service consists of three separately operated units located on the same site each providing support to people who have physical disabilities, mental health conditions or are living with dementia and may require nursing care. Terrace Unit provides support to people living with dementia, Kitwood Unit provides care for people living with dementia who also have nursing needs, and Pavilion Unit specialises in care for people living with mental health conditions.

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

People were kept safe by staff that knew how to minimise risks to people and understood the signs of any potential abuse. There was enough staff to keep people safe and staffing levels were regularly reviewed.

People were supported by staff who had received an induction and ongoing training to enable them to support people safely.

People were supported to have choice and control of their lives and staff understood how to support them in the least restrictive way possible; the policies and systems in the service supported this practice. People's care plans reflected people's needs and preferences and staff were knowledgeable about what support people needed.

People had access to enough food and drink to support a healthy diet, and specialist diets were catered for when needed.

People were supported by kind and caring staff who respected their privacy, dignity and independence.

People and their relatives knew how to complain, and where concerns had been received these were managed in line with the providers policy.

Quality monitoring systems were in place which included audits covering all areas of the service to monitor the quality of the service.

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

### Rating at last inspection

The last rating for this service was requires improvement (report published 14/02/2019)

### Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to a coroner's regulation 28 report to prevent further deaths. As a result, this inspection did not examine the circumstances of the incident, however improvements made following the incident were examined as part of the inspection.

#### 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 ●

# The Hunters 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 Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors and a specialist advisor. A specialist advisor is a person who has particular professional knowledge and expertise relevant to this type of service.

#### Service and service type

The Hunters Lodge Care Centre is a care home. People in care homes receive accommodation and nursing or 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.

The service did not have a manager registered with the Care Quality Commission. However, at the time of the inspection the three unit managers were in the process of registering with the CQC.

#### Notice of inspection

This inspection was unannounced on the first day and announced on the second. Inspection activity took place on 23 and 24 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and a health professional and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with 15 members of staff including the unit managers, area managers, clinical lead, one nurse, two senior care officers, five care workers, the cook and a visiting social care professional.

We reviewed a range of records. This included 12 people's care plans and medication records. We looked at six staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service, including policies and procedures and quality assurance audits conducted by the managers.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and other evidence provided by the managers to support the inspection.

# 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 requires improvement as safe recruitment policies had not been consistently adhered to. At this inspection we found the provider had made improvements and this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People told us there were enough staff available to support them when they needed it. One person told us, "You only have to call and the carers come and help you straight away, you never have to wait." A relative told us, "There always appears to be enough staff to manage people's behaviours and meet their needs."
- Staff told us there was enough staff. One staff member said, "I'm not saying we don't get busy but I do think there's enough of us, as we get everything done and still have time to stop and talk with people."
- Staff had been recruited safely. We checked staff files on all three units and found that all pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks to ensure staff were suitable to work with vulnerable people.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. Staff were able to tell us the signs that someone might be being abused and what they would do if they suspected someone was at risk of harm.
- Where there had been concerns for a person's safety the managers had reported these incidents to the local authority safeguarding team and had submitted notifications to CQC which they are required to do by law.

### Assessing risk, safety monitoring and management

- People told us they felt safe. One person told us, "I feel very safe here, I know everyone and everyone knows me."
- Relatives also told us they felt their family members were safe. One relative told us, "I've never had any concerns about the safety here, everyone looks well looked after."
- Peoples' known risks were assessed prior to them moving into the home. Staff were knowledgeable about these risks and what actions they needed to take to mitigate them.
- An electronic care plan system was in use and we saw that some people's plans did not contain the most up to date information about that person. The unit managers had already identified this and had introduced a new system to address this issue to ensure all care plans were updated and reviewed monthly and this process was ongoing.

### Using medicines safely

- People told us they got their medicines when they needed them. One person told us staff, "They always give me my tablets when I need them."

- Staff we spoke with told us they had received training in administering medicines and were knowledgeable about the reasons people needed these medications.
- Where people were prescribed 'as required' medicines protocols were in place and staff were knowledgeable as to when people may need these. However, we saw that the protocols for medicines required for behaviour management were not detailed. This was highlighted to the unit manager who made corrections to these immediately.

#### Preventing and controlling infection

- All units looked clean and tidy throughout the inspection and cleaning schedules were in place.
- Staff were seen using disposable gloves and aprons when required and told us they had received infection prevention training, and records confirmed this.
- The home had recently been awarded a five-star food hygiene rating by the Food Standards Agency.

#### Learning lessons when things go wrong

- We saw that where things had gone wrong processes were in place to learn from these.
- Where incidents had occurred or people had fallen, we saw that staff understood how to report these types of incidents and they had been fully investigated by the unit managers to try to mitigate future risk.
- Following any unwitnessed fall a new system had been introduced whereby more frequent observation of the person was now in place. All staff had received supervision regarding falls protocols and had completed falls training.

# 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 requires improvement as people's rights under the Mental Capacity Act 2005 were not being fully promoted. At this inspection we found the provider had made improvements and this key question has now improved to good.

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

- Assessments of people's support needs and preferences were completed prior to them moving into the home to ensure their needs could be met. This included people's life histories and any religious or cultural needs along with any protected characteristics.
- People and their relatives told us they had been involved in assessments. One relative told us, "Yes, we were asked at the start about [Name] likes and dislikes and also about what their job used to be and family information which is nice and that was included in the plan so the carers knew a bit about them."
- Staff told us they had the information they needed help them support people in their preferred way. One staff member told us, "It's important we have information about people as when they first move in, we don't know anything about them so having details in the care plans helps us get to know them and start conversations about things they enjoy talking about."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Systems were in place to ensure people's capacity was assessed, where needed decision specific information was included in each person's care plans and staff were knowledgeable about what decisions people were able to make.
- Staff were observed supporting people to make choices about where to spend their time, food they wanted to eat and activities they wanted to take part in.
- The unit managers understood their responsibilities in relation to DoLS and we saw that applications had

been submitted to the local authority. Staff were able to tell us about people restricted by a DoLS authorisation and what actions they would take if someone wanted to leave the home unsupervised.

Staff support: induction, training, skills and experience

- Staff received an induction prior to working with people and ongoing and training was provided to help them to support people. One staff member told us, "I got to do shadowing of an experienced staff member when I started to help me learn and get to know people, then since then I have done all the mandatory training and we have to re-do this every year for most things. We also get other training if someone moves in with a condition or need that we're not familiar with to make sure we support them properly."
- Staff told us and records confirmed that supervisions were scheduled in regularly. One staff member said, "I get supervisions with my team leader and we have them quite regularly. We talk about my role and if I'm struggling with anything or need any more training and also if there is anything to feedback about my work."

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

- People told us they enjoyed the food and drink provided. One person told us, "The food is lovely, we get a choice and it's always hot."
- People had choices for meals and were able to change their minds and have an alternative. We saw where people had special diets these were catered for.
- Staff provided support to people where needed during meal times. We saw staff encouraging people to eat and drink and offering extra portions and drinks throughout.
- Records showed that people's weights were monitored, and where needed referrals had been made to speech and language therapists for advice where people had problems eating or drinking.

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

- Staff told us and records showed that they worked with other health and social care professionals where required to make sure people's needs were met. Records of professional visits were kept and any outcomes from these were transferred to the electronic care planning system.
- A visiting social care professional told us staff were good at keeping them informed. They told us, "The staff here are really quite good at letting me know of any changes to do with the people I am responsible for, they will quite often ring to let me know any outcomes of health appointments or assessments and this helps me to know that they are having their needs met. I also get invited to review meetings."

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

- All three units were bright and airy and provided people with an environment that met their needs. For example, we saw there were hand rails around the buildings, people's bedrooms and bathrooms were specially adapted, people had their own pictures relevant to them on their doors to aide their memories and communal areas were spacious.

# 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 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 received care from staff that were kind and caring. One person told us, "Of course I'd rather be in my own home, but it's the next best thing. All the carers are nice and they really do look after me." And "Oh yes, all the carers are very kind and the care is spot on."
- Staff were able to tell us people's interests and life histories and what was important to them. This meant staff were able to support people according to their needs and preferences.
- Staff had a good understanding of people's diverse needs. For example, staff told us about a person that follows a certain religion but doesn't want actively to practice this or want to attend a place of worship.
- There were dignity champions in place and these staff members were responsible for making sure staff respected people's privacy and dignity at all times and to raise any issues around this with the management team.

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

- People were involved in decisions around their care. One person told us, "I can do what I like, I get to choose what I do. Sometimes I like to stay in bed late or I might want to have my lunch in my room and I can, I'm always asked."
- Relatives told us they felt that staff supported their family members to make decisions. One relative told us, "Even though the carers know [Name] well they still ask where they would like to sit, or what they want to do and if they struggle a bit they remind them of the usual things they like."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. We saw staff discreetly asking people if they needed to use the bathroom, and where another staff member was needed, they quietly requested their help to support the person.
- Staff told us how they supported people to maintain their independence. One staff member said, "Some people need full support from us, but others can sometimes manage certain things themselves, like if we hand them a flannel they will wash themselves a little bit, or as long as you put toothpaste on the brush they can manage to clean their own teeth and even though that doesn't sound much it still means they are doing that little bit for themselves."

# 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 all told us that staff knew them well and care plans contained personalised information to enable staff to support people in line with their preferences.
- Staff were able to tell us about people's individual preferences, likes and dislikes and records confirmed these.

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.

- The provider had Information about the service available to people in various formats, for example larger print or different languages to assist people with communication.
- We observed staff taking their time explaining things to people to ensure people understood what they were saying. Staff told us that some people spoke different languages and even though these people could speak English they had learnt some common phrases in that person's language.
- We saw that people's communication methods and preferences had been assessed prior to them moving in and reviewed to check for any deterioration. We saw some people used communication 'flash' cards to help them choose.

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 were able to access a variety of activities. Details of interests and things people enjoyed were in their care plans and staff followed these to ensure people were able to partake in activities they enjoyed. Over the two days of inspection we saw seated exercise, one person seeking comfort from a companion cat - this is a toy that mimics a real cat that can bring comfort to the elderly. We also saw a sing a long session where everyone was joining in and members of staff were dancing with people, baking sessions, arts and crafts and people going shopping.
- Relatives told us staff supported their family members to maintain relationships. One relative told us, "The carers are always welcoming, we can visit whenever we like and often ask us to join in any activities, or we can just spend time alone with [Name] and they will bring us drinks and leave us alone for a while which is nice."

### Improving care quality in response to complaints or concerns

- People told us they knew how to raise concerns with the staff or managers. One person told us, "I have no complaints, but if I thought something wasn't quite right, I'd just ask the carers and they'd sort it or they'd go and ask the manager and it would get done; I'm certain of it."
- The provider's complaints policy was accessible to people and visitors. However, people and their relatives told us they'd just go and speak to staff or the manager and were confident any problems would be resolved.
- Systems were in place to manage and respond to complaints and actions were taken if needed. All unit managers were able to talk through any complaints they had received and what actions were taken as a result of their investigations.

# 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 requires improvement as quality assurance improvements were needed around recruitment and training of staff. At this inspection we found the provider had made improvements and this key question has now improved 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

- There were now more robust recruitment practices in place for the recruitment of staff. Records we viewed contained suitable pre-employment checks and staff confirmed they had been asked to supply references from previous employers. This was to ensure all staff were suitable to work with vulnerable people.
- Staff training was provided prior to them working with people and scheduled in advance of the expiry date and recorded on a training matrix. The matrix was audited regularly and any member of staff that had lapsed with their training was given a supervision session to discuss completing this in a timely manner.
- Quality assurance checks were in place which included the environment, care plans, medicines, challenging behaviour, staff files and training. These were scheduled in over the year and overseen by the area managers.
- All unit managers had a good understanding of legal requirements as they notified CQC of specific events as required by the law. The previous CQC inspection rating was displayed at the home and on the provider's website.

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

- People and their relatives told us they thought the service was well-led. A relative told us, "I've never had any problems here, everything is always as it should be and all the staff know what they are doing and [Name] always seems content when I visit." And "The managers and senior staff are always around when I visit and it never feels chaotic here even during busy times. "

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour. We spoke with all the unit managers and they were proactive in being open and honest when things had gone wrong. One of the unit managers said, "We try our best to get things right, but of course things go wrong, and when they do there isn't any point hiding it. We try and be as honest and open as we can and use it as learning so hopefully it doesn't happen again."

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

- People and their relatives told us they were asked to give feedback about the service and about any ideas for improvements. One person told us, "I am the resident representative, I talk to the other residents and we discuss any issues or any ideas we want putting forward to the managers and I feed these ideas back to them. It's quite a new thing we're trying but I think it's a good idea."
- The provider also used surveys to gain feedback from people, relatives, staff and professionals. The results from the last survey had been analysed and were on display for people or visitors to see. There was also a feedback and suggestion box in the reception area to feedback in confidence if they wanted to.
- Staff told us they were asked to give feedback or make suggestions during supervisions and staff meetings. All the staff we spoke with told us they felt able to do this and felt it gave them input into the way the service was run.

Continuous learning and improving care; Working in partnership with others

- The provider had developed a new way to check care plans were up to date by engaging peoples keyworkers to complete a 'resident of the day' check. This would ensure everyone's care plans were regularly reviewed and updated so the most up to date information was available.
- Records showed that partnership working was taking place. For example, we saw entries in care plans of visits from occupational therapists, speech and language therapists, GP's and social care professionals. One visiting social care professional told us, "The staff here are very proactive in getting help and support for the residents here, they will call and get advice if there are any changes in a residents health or wellbeing."
- The unit managers told us that they felt well supported by the two area managers and that despite their units being run separately they worked together and shared any knowledge or learning across all three units to improve the overall outcomes for people. For example, one manager shared with us a pressure prevention tool they had developed to help staff monitor people at risk of pressure areas. This had been shared with the other units.