St Ives Lodge Care Ltd

St Ives Lodge Residential Care Home

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

Overall summary

We inspected St Ives Lodge Residential Care Home on 17 and 19 November 2015. This was an unannounced inspection.

St Ives Lodge Residential Care Home provides accommodation for up to 35 older people who have dementia care needs. There were 34 people living at the home when we visited. There was a registered manager at the service at the time of our inspection. 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.

The experiences of people who lived at the home were positive. People told us they felt safe living at the home,

Summary of findings

staff were kind and compassionate and the care they received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults.

People's needs were assessed and their preferences identified as much as possible across all aspects of their care. Risks were identified and plans in place to monitor and reduce risks. People had access to relevant health professionals when they needed them. Medicines were stored and administered safely.

Staff undertook training and received regular supervision to help support them to provide effective care. The registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. People told us they liked the food provided and we saw people were able to choose what they ate and drank. People had access to health care professionals as appropriate.

People's needs were met in a personalised manner. We found that care plans were in place which included information about how to meet a person's individual and assessed needs. The service had a complaints procedure in place.

The service had a registered manager in place and a management structure with clear lines of accountability. Staff told us the service had an open and inclusive atmosphere and senior staff were approachable and accessible. The service had various quality assurance and monitoring mechanisms in place. These included surveys, audits and staff and resident meetings.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced.

Medicines were stored and administered safely.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective. Staff undertook regular training and had one to one supervision meetings.

The service carried out assessments of people's mental capacity and best interest decisions were taken as required. The service was aware of its responsibility with regard to Deprivation of Liberty Safeguards (DoLS) and was applying for DoLS authorisations for people that were potentially at risk.

People had choice over what they ate and drank and the service sought support from relevant health care professionals where people were at risk of dehydration and malnutrition.

People had access to health care professionals as appropriate.

Is the service caring?

Good

The service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people to provide individual personal care.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans to meet their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

People had opportunities to engage in a range of social events and activities.

People knew how to make a complaint if they were unhappy about the home and felt confident their concerns would be dealt with appropriately.

Is the service well-led?

Good

The service was well-led. The service had a registered manager in place and a clear management structure. Staff told us they found the manager to be approachable and there was an open and inclusive atmosphere at the service.

Summary of findings

The service had various quality assurance and monitoring systems in place. These included seeking the views of people that used the service.

St Ives Lodge Residential 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.

Before we visited the home we checked the information that we held about the service and the service provider. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning team that had placements at the home, the local Healthwatch and the local borough safeguarding team.

The inspection team consisted of two inspectors, a specialist advisor with a background in nursing and dementia care and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. During our inspection we observed how the staff interacted with people who used the service and also looked at people's bedrooms and bathrooms with their permission. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with eight people who lived in the service and three relatives during the inspection. We spoke with the registered manager, the unit manager, two senior care workers, three care workers, the chef, a kitchen assistant and the maintenance person. We also spoke to a visiting health professional during the inspection. We looked at 11 care files, staff duty rosters, six staff files, a range of audits, minutes for various meetings, medicines records, finances records, accidents and incidents, training information, safeguarding information, health and safety folder, and policies and procedures for the service.

Good

Is the service safe?

Our findings

People and their relatives told us felt safe living at the home. No one that we spoke with raised any concerns about their safety. One relative told us, "We know [relative] is safe, secure, clean and well fed."

The service had safeguarding policies and procedures in place to guide practice. Staff told us they had received training in safeguarding adults and records confirmed this. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One staff member told us, "I would report to the manager. If they did nothing I would go above her head. There is a whistleblowing procedure in the main office." Another staff member said, "I would go straight to the manager or senior straight away." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing.

The registered manager told us and we saw records that showed there had been one safeguarding incident since the last inspection. The registered manager was able to describe the actions they had taken when the incident had occurred which included reporting to the Care Quality Commission (CQC) and the local authority. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

Care files each contained a set of risk assessments, which were up to date, detailed and reviewed regularly. These assessments identified the risks that people faced and the support they needed to prevent or appropriately manage these risks. Risk assessments included personal care, moving and handling, falls, medicines and feeding. For example, one person had been assessed at risk during personal care as they disliked getting cold. The risk assessment gave staff guidance such as "[person] doesn't like having a bath mainly due to her dislike of getting cold. Carer to prepare before speaking to [person] about bathing and show her how she will be staying warm." We saw people had consented to and participated in these risk assessments wherever possible.

People received their medicines in accordance with the prescriber's instructions. Medicine administration records for medicines people received daily were clear and handwritten entries were countersigned. Bottles and boxes were dated when opening and there were regular audits completed. However, we noted the home did not have a protocol for medicines that were prescribed on an as needed basis. While we note that staff knew people well, guidance in relation to why and when a person might need their medicines was needed and this was an area that required improvement. This meant we were not sure if some medicines had been administered because we found several gaps. However, we were shown a new protocol form which was developed to address this gap on the second day of our inspection and this had already been implemented.

People's medicines were managed safely. We observed a morning medicines round with a senior care worker as they administered medicines to people. The staff member wore a tabard to indicate that they were administering medicines and should not be disturbed. People were given their medicines and provided with a drink to help swallow tablets. The staff member waited with people to ensure they took their medicines as needed. Stocks of medicines were stored in a secure room dedicated for the purpose. Controlled drugs were stored in a separate locked cupboard in line with current legislation. Controlled drugs are drugs which are liable to abuse and misuse and are controlled by the Misuse of Drugs Act 1971 and associated legislation. We checked the stocks of controlled drugs and other medicines and stock levels tallied with written records.

The service had a robust staff recruitment system. We saw that appropriate checks were carried out before staff began work. References were obtained and criminal records checks were carried out to check that staff did not have any criminal convictions. One staff member told us, "I had to wait for all my checks before I started. It took two weeks." This assured the provider that employees were of good character and had the qualifications, skills and experience to support people living at the service.

There were sufficient staff on duty to provide care and support to people to meet their needs. The registered manager told us staffing levels were based on people's needs. We observed that call bells were answered promptly and care staff were not hurried in their duties. We looked at the staff duty roster and saw that planned staffing levels

Good

Is the service safe?

were maintained. One staff member told us, “Always enough staff. If someone off they would ring someone to cover the shift.” Another staff member said, “I’m happy with the level of staff.”

The service had contracts in place for the regular servicing and maintenance of equipment. We saw records of maintenance and regular health and safety checks for the equipment used in the home to support this. We also saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT) checks of electrical equipment, emergency lighting, fire equipment, call bells and hoists.

Good

Is the service effective?

Our findings

People and their relatives told us the staff were very good and supported them well. One person said, "I think they [staff] are very good." Another person told us, "They're quite good. They ask questions like if you're alright and if you slept well." One relative commented, "They're lovely. [Relative] much happier here and better looked after. They're very, very friendly."

Staff files showed what training had been completed for each member of staff. The registered manager showed us future dates for training to be completed. The training included health and safety, manual handling, safeguarding adults, person centred care, infection control, food hygiene, pressure care, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), challenging behaviour, fire safety, basic first aid and dementia. The staff files showed that all of the staff had completed the induction programme, which showed they had received training and support before starting work in the service. One staff member told us, "We get loads of training. It's continuous." Another staff member said, "The training here is very good."

Staff received regular formal supervision and we saw records to confirm this. One staff member said, "Supervision is very positive. Helps me improve my skills. I get supervision every couple of months." Another staff member said, "Supervision is very often. We get told about our good points and where we need brushing up." Records showed and the registered manager told us that 10 out of 26 staff had not completed an annual appraisal for this year. However the registered manager was able to show us a plan showing the dates the appraisals would be completed by the end of this year.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice. People had been assessed in their capacity to make decisions by a member of staff who was knowledgeable and skilled in this area. Capacity assessments had been undertaken following a discussion with the person, if they were able, and their relatives. Following this, applications had been made to the local authority under the Deprivation of Liberty Safeguards (DoLS) legislation. Parts of the home, including the front door, were only accessible through coded keypads. Where people had been assessed as lacking capacity to make a particular decision, then a best interest meeting was held. This is where people's families, professionals and staff get together to make a decision on the person's behalf.

Record showed people's needs were assessed in order to identify their support needs regarding nutrition. Details of people's dietary needs, food preferences and likes/dislikes were recorded in their care plan. Daily food and fluid intake was monitored for people who were at risk of malnutrition. Records showed people's weight was monitored regularly. If there were significant changes they would advise the GP.

People were supported to have a balanced diet that promoted healthy living. The service had a 12 weekly rotating menu. We looked at the menu and found that choices of food and drink were varied and nutritionally balanced including fruits and vegetables. People had access to snacks and drinks throughout the day and fresh fruits were available for them. People confirmed they could choose alternative meals not on the menu. The kitchen staff were aware of people who were on specialised diets and explained the meal preferences for these people which was reflected in the documentation we looked at. One person said, "The chef knows I don't like fish." Another person told us, "It's quite good. You do get a variety." A relative said, "The actual quality of the food is excellent." Systems were also in place to meet peoples' religious and cultural needs, for example arrangements had been made to supply food that reflected people's culture.

As part of our visit, we carried out an observation over the lunch time period. Food menus were displayed on each table with condiments. The lunchtime was relaxed and we saw people could eat in the dining room, lounge area or their own bedroom. We saw people were offered wine with

Good

Is the service effective?

their meal. We saw where people needed support to eat this was done in a relaxed but attentive manner by staff, going at the pace that suited the person and remaining with them until they finished their meal.

People were supported to maintain good health and to access healthcare services when required. Care records showed people received visits from a range of healthcare professionals such as GPs, district nurses, podiatrists, dentists, opticians and dieticians. One person told us, "I can always get a doctor." Another person said, "I always see the optician." A relative said, "They did offer a chiropodist the first day we were here." On the day of our inspection we saw a district nurse and community matron visit the home.

Good

Is the service caring?

Our findings

People told us that they were well treated and the staff were caring and compassionate. One person told us, "If you want to talk, they [staff] listen to you. They laugh with you. They're caring." Another person said, "I have a joke and a laugh with the staff here." A relative told us, "I find them [staff] sitting beside [relative of the person], talking to him and massaging his hand." A visiting health professional told us they were confident that the care delivered was of high quality and expressed no concerns.

Staff were observed to treat people with kindness were respectful and patient when providing support to people. Staff members knew the people using the service well and had a good understanding of their personal preferences and backgrounds. We observed staff interacting with people in a caring and considerate manner. People were relaxed around the staff and having conversations with them. For example, we overheard a staff member saying to a person, "Shall I sit you in the comfortable chair? Mind your hands. There you go my love." Another example, on the first day of our inspection a person living at the home was at end of life and passed away later that day. We could see the registered manager and staff were visibly upset about this person dying. The registered manager told us this person had lived at the home for 11 years and staff including herself had grown close to this person.

Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's care plans. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was an important part of their role. One staff member commented, "If I give someone a wash I close the door for privacy. They have dementia but they are still adults and deserve respect." Another staff member said, "I love coming here everyday. I love the residents and seeing them happy." One person said, "'They'll knock on the door and I say come in. They always knock. They're very discrete when they're talking to me." Records were held securely to ensure they were not accessible to those not permitted to have access.

Our use of the Short Observational Framework for Inspection (SOFI) tool found interactions between staff and people were positive with no negative interactions. We found staff asked people their choice around daily living, such as if they wanted to go sit in the lounge area, dining area or their bedroom. Our observations indicated that staff knew people's likes and dislikes. For example, one staff member told us, "I know that one lady here prefers coffee instead of tea and I know she takes one sugar but I will always ask her." This demonstrated the staff member had an understanding of people's preferences but did not use this to remove choice.

People were supported to express their views and were actively involved in making decisions about their care and treatment as much as they were able. One person confirmed this and said, "You have to sign a care plan and often fill in forms". Relatives confirmed that they were involved in making decisions about their family member's care. One relative said, "Before [relative of the person] came in here, I came and saw the place here and we discussed his needs."

Good

Is the service responsive?

Our findings

People and their relatives told us they received personalised care that was responsive to their needs. One person told us, "The staff know me well and my needs." Another person said, "If you have a problem they [staff] attend to it. They don't stall."

People had their needs assessed by the registered manager or a senior member of staff before they moved into the service to establish if their individual needs could be met. Relatives told us they were also asked to contribute information when necessary so that an understanding of the people's needs was developed and recorded.

Care plans were person centred and provided staff with clear guidance about how to meet people's needs. People's spiritual, cultural and diverse needs, likes, dislikes, wishes and preferences were recorded. Some of the areas that were considered included communication, mental health, mobility, medicines, personal hygiene, skin care, dressing, nutrition, cultural and religious needs, family involvement, toileting, night care, moving and handling, and leisure and social care. The service responded to people's changing needs. For example, one person had lost weight over a period of time. The speech and language team (SALT) had been requested to do a review. Records showed the SALT team had recommended dietary changes and the care plan was updated to reflect these changes.

Records showed care plans had been reviewed regularly or as the person's needs changed. The plans had been updated to reflect these changes to ensure continuity of their care and support. Care plans were reviewed monthly and there was information and assessments on all aspects of daily living. Daily records were completed by staff and provided detailed information on people and how they had spent their day and what kind of mood they were in. These daily records were referred to as staff handed over to other staff between shifts.

People had access to planned activities and local community outings. There was a weekly calendar of activities on display which included board games, armchair aerobics, card games, afternoon tea, darts, computer sessions, hand massages and manicures. The home employed an activities co-ordinator. One person told us, "We go to different places where there's music. We have people come in to do things with us. We have people come to sing. To entertain us. I go to that." Another person said, "I've got so much to do it's not possible." One relative said, "They [staff] take an active part in communicating and entertaining [relative of the person]." On the first day of our inspection a group of people had gone to the pub for lunch. During our inspection we saw staff sitting with people playing games, reminiscence sessions and providing beauty treatments. We observed other people listening to the radio, watching television and reading the newspaper. One staff member told us, "The activities co-ordinator does different activities for different units. In the dementia unit we do lots of sensory touch exercises."

Residents meetings were held on a regular basis to provide and seek feedback on the service. We saw from minutes of meetings topics had included activities, food menu, health and safety, laundry and staff. People were asked if they had any complaints about the service. Feedback from the minutes were positive about the service. One person commented in the minutes, "They [staff] work hard and that they are always busy and always have a smile on their face." One person told us they were asked in the meeting, "Are you happy here?" People confirmed they attend the meetings and found them useful.

People we spoke with told us they knew how to make a complaint. They told us they would talk to the registered manager. One person told us, "If I weren't happy, I'd ask to see the people in charge." Another person said, "I would speak to the manager. I'm certain she would help me." The service had a complaints procedure on display in the communal areas. The complaints procedure contained details of who people could complain to if they were not satisfied with the response from the service and timescales for complaints to be dealt with. The registered manager told us the service had received no complaints since registering.

Good

Is the service well-led?

Our findings

People who used the service and their family members told us they thought the service was well managed and they spoke positively about the registered manager. One person said, "I think it's run quite well really. Everything seems to be run so smoothly. You've only got to ask to see the management and you can see them." Another person said, "She [registered manager] knows her job." A relative told us, "I think she [registered manager] has been very efficient and very approachable and very nice."

There was a registered manager in post and a clear management structure. Staff told us the registered manager was open, accessible and approachable. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "[Registered manager] is very good, approachable, and very easy to talk too." Another staff member said, "If I have a problem I can just go to her."

Staff told us that the service had regular staff meetings where they were able to raise issues of importance to them. We saw the minutes from these meetings which included topics on health and safety, Deprivation of Liberty Safeguards (DoLS), safeguarding, infection control, accidents and incidents, duty of candour, and fire safety. One staff member told us, "They are very positive because they us ask us for feedback on what we could do better." Another staff member said, "Staff meetings are every two months. We discuss new regulations, specific issues and any concerns."

Satisfaction surveys were undertaken annually for people who used the service and relatives. The last survey for people using the service was conducted August 2015. The survey covered environment of the home, staff being friendly, staff being kind and caring, staff aware of people's needs, activities, food menu and any other concerns. Overall the results were positive. Feedback comments on the survey included, "It gives a great feeling of security and homeliness", "The staff always been very helpful", "I am amazed how loving and caring they [staff] are" and "[Relative of the person] needs are changing frequently and staff are always on top of it".

Systems were in place to monitor and improve the quality of the service. Records showed that the registered manager carried out regular audits to assess whether the home was running as it should be. The audits looked at the medicines, supervisions and appraisals, care plan reviews, health and safety and complaints. These audits were evaluated and, where required, action plans were in place to drive improvements. One staff member told us, "The manager will check people are going on appointments. They do spot checks on everything like if people are being toileted, eating and people are clean and tidy."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.