

Regal Healthcare Properties Limited

Spring 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

Spring Lodge provides a residential care service for up to 46 older people. Some people using the service were living with dementia. At the time of this unannounced inspection of 27 September 2017 there were forty people who used the service.

At the last inspection of 26 November 2014 the service was rated Good. At this inspection we found the service remained Good.

A registered manager was not in post. 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. An acting manager had recently been appointed at the service and their application to register with CQC had been submitted.

The service continued to provide a safe service to people. This included systems in place intended to minimise the risks to people, including from abuse, falls and with their medicines. Staff understood their roles and responsibilities in keeping people safe. They were available when people needed assistance and had been recruited safely.

People were complimentary about the care they received and the approach of the manager and staff. They told us that they felt safe and well cared for. Staff had developed good relationships with people. People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on. Staff consistently protected people's privacy and dignity.

People were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services. Systems were in place to receive, record, store and administer medicines safely. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

People were involved in making decisions about their care and support and were supported to participate in meaningful activities. They received care and support which was planned and delivered to meet their specific needs.

People were supported by staff who were trained and supported to meet their needs. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Both the manager and the staff understood their obligations under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager knew how to make a referral if required. People were supported to have maximum choice and control of their lives and staff supported them in the least

restrictive way possible; the policies and systems in the service supported this practice.

People received care that was personalised and responsive to their needs. The service listened to people's experiences, concerns and complaints and took action where needed.

People, relatives and staff told us the manager was accessible, supportive and had good leadership skills. The service had a quality assurance system and shortfalls were identified and addressed. As a result the quality of the service continued to improve.

Further information is in the detailed findings below

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

Spring Lodge

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 checked 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 unannounced comprehensive inspection on 27 September 2017 was carried out by one inspector 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with thirteen people who used the service, five relatives and one visitor. We observed the interactions between staff and people. We spoke with the provider's regional operations manager, the acting manager, twelve members of staff including care, domestic and activities. We also spoke with two visiting healthcare professionals and received feedback from five health and social care professionals.

To help us assess how people's care needs were being met, we reviewed five people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

At this inspection we found the same level of protection from harm and risks as at our previous inspection, staffing numbers remained consistent to meet people's needs and the rating continued to be good

People told us that they felt safe living at the service. One person told us, "I feel safe, the building is kept locked, we all have keys to our rooms." Another person said, "I feel safe and secure here. They (staff) pop their head round (bedroom) door and check you're all right, if you need anything." A relative commented, "I'm happy because I know (person is) safe, we know if (person) rings a bell they (staff) will be there."

Staff knew how to keep people safe and protect them from harm; they were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. They were aware of the provider's safeguarding and 'whistle-blowing' (reporting of bad practice) policies. When concerns were raised the management team notified the local safeguarding authority in line with their policies and procedures and these were fully investigated. One member of staff said, "If there was anything I was concerned about, abuse, neglect then I would have no problem whistle blowing."

We saw that people were safe in the service and comfortable with the staff who supported them. Staff assisted people, where required, to maintain their safety. This included helping them to mobilise safely using appropriate equipment and ensuring they had access to their walking frames to reduce the risks of falls. One person said, "I need my frame to help me get about."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff, including the management team, were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, medicines, falls and skin integrity. People who were vulnerable as a result of specific medical conditions such as diabetes, types of cancer and dementia had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This also included examples of where healthcare professionals had been involved in the development and review of care arrangements. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently.

Risks to people were minimised because electrical, fire safety and the water system were regularly checked to ensure they were safe.

The manager and staff told us that the staffing arrangements continued to be appropriate to ensure that there were enough staff to meet people's needs safely. The manager used a dependency tool based on people's needs to determine the staffing level and deployment arrangements for each shift. One member of staff said, "We usually have enough staff to cover and the manager will help out if we are busy or there is an emergency." One person told us, "If I need something they (staff) always come but I try not to bother them too much." Another person commented, "It depends on the time of the day, if I rang now (11am) they (staff) would be here in two – three minutes, it depends on what they have got on. They do pop in and say we will

be with shortly if they are held up." We saw that staff were available when people needed them and they responded to people's requests for assistance promptly.

The service continued to maintain robust recruitment procedures to check that prospective care workers were of good character and suitable to work in the service. Staff employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people and had completed a thorough induction programme once in post. This included working alongside experienced colleagues, reading information about people living in the service, including how identified risks were safely managed. Records we looked at confirmed this.

Medicines were safely managed. Staff had undergone regular training with their competencies checked. Storage was secure and stock balances were well managed. Records were comprehensive and well-kept using an electronic system that staff advised was easier to use and had reduced the number of errors. One member of staff said, "I wasn't sure at first if I would get on with this system; am not the most confident with new technology, but I have been really impressed. It's very clear what you have to do and the number of errors has reduced as you can't move onto the next person without completing each bit and entering it onto (hand held device). It (device) flashes up if something hasn't been done and will send an alert to the manager so it all gets followed up." Staff were observed administering medicines appropriately and told us they were confident that people received medicines as they were intended.

Medicines continued to be administered safely. We observed one staff member give a person their medicine at lunch time, this was done safely and with the person's consent. The person said, "I get my tablets on time every day and with a glass of water that I like to taken them with." Another person told us the arrangements in place to help them manage their diabetes they said, "They (staff) bring my medication round twice a day and twice a day the district nurses come and (administer insulin)."

Records showed that medicines were given to people when they needed them and kept safely in the service. An electronic system had been implemented and alongside regular audits allowed the staff to quickly pick up any issues and take action to address them.

Is the service effective?

Our findings

The service continued to provide staff with the training, support and the opportunity to obtain qualifications in care to meet people's needs effectively. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

Staff told us that they were happy with the training and support received. This included training associated with people's specific and diverse needs such as Parkinson's, pressure area care, nutrition and hydration and diabetes awareness.

Records and discussions with staff showed that staff continued to receive supervision, competency observations and appraisal meetings. These provided staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

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 and hospitals are 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 were being met.

People's care records identified their capacity to make decisions. Staff had been trained in the MCA and DoLS and continued to demonstrate they understood MCA and how this applied to the people they supported. One person said, "I always choose what I want to do and they (staff) listen to me." Another person told us how the staff had recognised their right to make their own decision about taking their medicines they said, "I told them (staff) I didn't need it and [this was respected]."

People were supported to maintain a balanced diet and told us they were happy with the food they were served. One person told us, "The food is all right, quite acceptable, mostly lunch and tea there is a choice." Another person said, "Food is fairly good. I normally have my lunch in here (conservatory). They (staff) bring it down. They generally come and ask you before what you would like." A third person commented, "The lunchtime meal yesterday was good, lovely and laid out very nicely."

Our observations and records showed that appropriate action had been taken by the service in response to specialist feedback given to them in regard to people's dietary needs. For example, by introducing food that was fortified with cream and extra calories to enable people identified as at risk of malnutrition to maintain a healthy weight.

People were supported to maintain good health. Records demonstrated that the staff were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing. One person told us that, "The doctor is coming to see me today as I am feeling under the weather. I told the staff I didn't feel quite like myself and they said they would get somebody in to see me." A relative told us, "They (staff) are really good at pushing fluids to reduce [risks of] dehydration and UTI's (urinary tract infections). Under their (staff) vigilance the number of UTI's (for person) has reduced." Two visiting professionals confirmed that appropriate referrals were made and the advice acted on by staff.

Is the service caring?

Our findings

At this inspection people told us they were satisfied and happy living at the service, they continued to be complimentary of the staff approach and felt cared for. The rating continues to be good.

People told us the staff treated them with respect and kindness and promoted their independence. One person said about the staff, "Brilliant staff, they are lovely and nothing is too much trouble. They get me washed and dressed. I wash at the sink, sometimes I have a shower. I've got an electric razor so I'll do that later, they would rather you do what you can. The staff are all caring and efficient." Another person said, "I do like the place, staff are very good; spot on, they know how to look after you." A third person described their positive experience saying, "I love it, some of the carers are very very good people." A fourth person commented, "It's a hard job they (staff) do; everyone here is different and individual they try and cater for everyone. Staff are very caring you can talk to any one of them and they will listen to you."

Relatives shared with us their positive experiences of how people were cared for in the service. One relative said, "On the whole the staff here have been very helpful, they will pass the time of day with you. (Person) is well looked after." Another relative told us, "It's nice, the staff are the home, I come here every day (person) always looks clean, well dressed like (they) would have at home. I've never heard the staff get stroppy with anybody."

There was a friendly atmosphere in the service. People were relaxed in the presence of staff and the management team. Staff were caring and respectful in their interactions and we saw people laughing and smiling with them. Staff used effective communication skills to offer people choices. This included consideration to the language used and the amount of information given to enable people to understand and process information. One person told us that they had lived in the service, "For a very long time and wouldn't be anywhere else." They explained how they knew the staff well and the staff knew them, "I love them all (staff) as if they were my own family they know me inside out and I am incredibly happy here." Another person told us, "I am happy. I have a lovely room. I've been blessed. I look out on a beautiful tree that reminds me of my Christmas tree with the cones."

People's right to privacy and dignity was respected and promoted. Staff continued to speak about and to people in a compassionate manner. They understood why it was important to respect people's dignity, independence, privacy and choices. One person told us, "I appreciate the way they (staff) keep me covered when I'm getting dressed and look away when I need my privacy. (Personal care) is done professionally, sensitively and with consideration to preserving my pride."

Is the service responsive?

Our findings

At this inspection we found staff continued to be responsive to people's needs and concerns as they were during the previous inspection. The rating remains good.

One person described their experience of living in the service, "It's a nice and pleasant home, the people are friendly, the staff are lovely, the food is good. I am happy; I like living here." People told us their choices were respected and acted on in line with their wishes. One person said, "This morning somebody came about 6am and I said I am not ready to get up and I turned over and went back to sleep, they came back later, There are no rules or restrictions in that way. You can go to bed when you want."

People's care records were accurate, reflected their needs, and were regularly reviewed and updated. They were held secure on an electronic care system that staff could access and input information via a hand held device or computer in the office. A member of staff said, "The new system means you can add in information straight away like what (person) has eaten, any incidents, visits from GP, district nurses, medication. It's really easy to use." They added, "It prompts you if a person's medication is due, if they need to be weighed, if you need to push fluids. We do this anyway but the records are more up to date, reflect a truer picture of a person's day. Alerts go to the seniors if something is outstanding." The manager advised that once the implementation of the new system had finished, plans were in place to support staff to provide more personalised information including reflections on mood and well-being. They explained how a hard copy of people's care records was available in the office as a contingency measure should the electronic systems go offline.

People's records were comprehensive enough to give staff a good understanding of people's preferences and life experiences. This helped staff to support people to engage in meaningful activities that they enjoyed. People told us they enjoyed the activities provided. One person said, "I liked the sing song but it's nice to sit in here (conservatory) and be quiet. I'll walk around the gardens if the weather is nice. I have done some gardening." Another person commented, "It was quite a show this morning. We also have bingo, a few sing alongs. I go and have my hair done. They (hair dresser comes) wash it, cut it, perm it if you like."

People's wish to not participate in group activities was also respected with one person telling us, "I'm happy staying up here in my room." Another person said, "I stay in my room because I am that sort of person. I like my own company. I've got one or two of them (people who use the service) that I talk to. Staff pop in and ask if I am all right, bring me a cup of tea. I walk up to the notice board to find out what's going on and if I am interested I'll go." A third person described how they were able to pursue individual interests and hobbies they enjoyed telling us, "I like reading and knitting. I have to have something to do, crosswords, puzzles; something to occupy my mind."

People's views were routinely listened to improve the quality of the service provided. One person said, "I believe they do have meetings for residents and a newsletter." Another person said, "I go to the meetings and we have a chat about how things are, what we like what we would like done differently. Not many problems now as the new manager is really good. We talk a lot about trips, activities and food."

A complaints process was in place that was accessible and all complaints were dealt with effectively. People told us that they had not needed to complain, but that they were confident that if they did it would be handled quickly and a dealt with properly. One person told us, "There is nothing to complain about here, bed is made, room is kept clean." A relative said, "I have no issues here. It's marvellous. If I did I would speak to (manager they) are very approachable, door is always open. Not always been the case with other managers. This one has time for people and listens."

Is the service well-led?

Our findings

At the time of this inspection the manager had been in post for 12 weeks and had submitted their registration application to CQC. In the short time they had been in post they had made a significant impact on the service dealing with historical issues relating to the recording of people's food and fluid, wound care management, staff morale and communication within the service. We found that improvements had been made and were ongoing in these areas. Feedback from people, relatives, staff and professional stakeholders was extremely positive about the influence of the manager and the changes they were making within the service. The manager was supported by the provider's regional operations manager. We found the management team were proactive and took action when errors or improvements were identified. They were able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved. Therefore the rating continues to be good.

People and relatives were complimentary about the approach of the manager. One person said, "The manager is always popping by to see how we are getting on." A relative commented, "I think the manager has turned things around. The staff seem happier, less stressed, have more time for people. If you want a word with the manager it is never a problem."

The manager promoted an open culture where staff told us they felt valued, listened to and supported. A member of staff said, "The manager is brilliant, down to earth, straight as a dye. What you see is what you get. You know where you stand. They are very supportive and hands on, not afraid to help out even with the smallest of tasks. This approach benefits the whole team we work together for the residents. (Manager) is very visible doesn't hide behind a desk." Another member of staff said, "This manager is fantastic, lovely, (they are) very supportive and very hands on. If you have any personal issues (they) are very easy to talk to."

Where comments from people were received the service took action to address them. This included changes to activities, planned events and the menu.

Feedback from professionals cited the positive influence of the manager in building effective working relationships. One professional told us, "Communication has greatly improved. Effective handover in place regarding wound care arrangements. Instructions are followed and information is shared."

The management team continued to carry out a regular programme of audits to assess the quality of the service and identify issues. These included audits on medicines records, incidents and accidents and care records. We saw that these audits and checks supported the manager in identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon, and action plans were in place.

Systems were in place which showed that the service continued to improve. This included the current implementation of the electronic care planning system. Staff had been trained and supported in using the hand held devices and implementation was well underway.

