

Life Style Care plc

# Princess Lodge Care Centre

## 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

We inspected this service on 30 and 31 January 2018. Princess Lodge Care Centre is a residential setting which means people receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service comprises of three floors, this includes a recently introduced designated end of life unit and a unit for people living with a dementia. Princess Lodge Care Centre is registered for up to 85 people. On the day of our inspection 61 people were living at the service.

At the last inspection in January 2016 the service was rated requires improvement in safe domain and rated Good overall.

At this inspection we found the service improved, was Good in all areas and rated as Good overall.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

During our last inspection we found concerns around medicines stock control and that some of the topical medicines, cream, had no opening date recorded which meant it was not always clear whether these topical medications were still safe for use. At this inspection we found the provider addressed these concerns and the medicines were managed, stored and administered safely.

People remained safe at the service. Staff knew how to recognise safeguarding concerns and what to do if they suspected any abuse. The provider had relevant safeguarding policies and systems in place and the staff were familiar with the local authority's safeguarding procedures.

Risk assessments were carried out to promote people's well-being and recognise people's individual abilities. The environment was clean and well maintained and staff adhered to infection control guidelines.

There were enough staff to keep people safe and people were assisted promptly and without unnecessary delay. The provider followed safe recruitment procedures. Staff were knowledgeable, skilled and had the relevant skills and experience. Records confirmed staff received regular supervision sessions and they told us they were well supported.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. 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's rights to

make their own decisions were respected.

People were supported to access health professionals when needed and staff worked closely with various external professionals to ensure people's health needs were met. The service remained responsive to people's needs and ensured people's changing needs were recognised and appropriate changes to support were implemented promptly. People knew how to complain but told us they never needed to as any small concerns were being addressed promptly.

The service continued to support people in a caring way. People were treated with kindness and as individuals. People were involved in decisions about their care needs and the support they received. People's dignity, privacy and confidentiality were respected, and they received person centred care that included access to information that met their needs.

The service was well-led by an experienced and motivated registered manager who ensured staff put people at the forefront of the service delivery. There was an open and positive culture that valued and engaged people, relatives and staff. The registered manager had good systems to monitor the quality of the service provided and ensured new ideas were explored to sustain high standards. The service worked well with various external professionals who were very positive about how the service was run.

## 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 improved to Good.

There were systems in place to ensure safe medicines management.

Risks to people's well-being and safety were assessed and management plans were in place to ensure people's well-being was maintained.

Staff knew how to recognise signs of potential abuse.

There were sufficient staffing levels to keep people safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Princess Lodge Care Centre

## 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 and to look at the overall quality of the service.

This comprehensive inspection took place on 30 and 31 January 2018. The first day was unannounced and the inspection team consisted of three inspectors 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. One inspector visited on 31 January 2018 to complete the inspection.

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

Throughout our inspection we spent time observing care at the service. We spoke to 16 people and 13 relatives. We also spoke with the registered manager, the nominated individual, the deputy manager, the clinical services manager, one nurse, one senior care assistant, one care assistant, the maintenance man, two activity coordinators and the chef.

We looked at records, which included, six people's care and medication administration records (MAR). We checked recruitment, training and supervision records for five staff. We also looked at a range of records about how the service was managed. Following the inspection we contacted a number of external health and social care professionals and commissioners to obtain their views about the service.

## Is the service safe?

### Our findings

At our last inspection in January 2016 we found concerns around medicines stock control and that some of the topical medicines (creams) had no opening date recorded. This meant it was not always clear whether these were still safe for use.

At this inspection we found the provider had addressed these concerns. The registered manager had introduced additional checks and audits to ensure stocks were correct. Creams and bottled liquid medicines had opening dates recorded. People received their medicines as prescribed and when required. Where people had their medicine prescribed 'as required' or given covertly (hidden in food or drink) the correct procedures were followed. There were appropriate arrangements in place for the safe storage of medicines. Daily temperatures were recorded to ensure medicines were stored within recommended temperatures. Staff had been trained in the administration of medicines and they had a good understanding of people's individual needs. We observed the medicines rounds were carried out in a way that met people's needs. People told us they had medicines where needed. One person said, "The nurses bring round my medication and they bring them to me and give me some water so that I can take them".

All people and their relatives we spoke with told us people remained safe. One person said, "If I had any worries about my safety, I'd talk to the manager". People were protected from the risks of abuse and staff received training in safeguarding adults. Staff knew what action they needed to take if they had any safeguarding concerns. The registered manager worked closely with the local safeguarding team to ensure people's safety was maintained.

People were protected from risks associated with their health and well-being. Staff had assessed risks and care records included measures to reduce potential harm to individuals. These included risks associated with poor mobility, falling, poor nutrition or tissue viability. For example, one person was admitted to the service with a pressure area. We saw the person had a comprehensive wound care plan that incorporated advice from the tissue viability nurse. The person was being assisted to move into different positions to reduce the pressure on the area. Records were kept when their position was changed. Photographs were taken regularly to monitor progress with healing.

People were protected from risks in case of emergency such as an evacuation. There was a comprehensive emergency planning document in place. All people had personalised personal emergency evacuation plans (PEEP). PEEP arrangements were innovative and included a colour coded plastic wristbands that were to be put on people in case of evacuation. This aimed at being able to identify a person easier and also to flag up any risks or health alerts or concerns such as allergies.

There were enough staff to keep people safe. People told us they were assisted promptly. Comments from people and relatives included, "I have my buzzer with me so that if I need anything at all, or I feel unwell, I just have to press the buzzer and someone will come and help me with whatever I need" and "As far as I'm concerned, whenever I'm here, there always appears to be plenty of staff to see". The provider followed safe recruitment processes to ensure staff were suitable to work with vulnerable people.

People were protected from risk of infections and the environment was well maintained and clean. People told us how staff adhered to infection control guidelines. One person said, "Everyone wears disposable gloves and aprons when they are here doing something for me and they always have their uniforms or tabards on".

People were protected from environmental risks, as the provider had systems in place to complete checks. The records showed equipment checks, such as fire alarm testing and the water temperatures were carried out regularly. The provider had systems to record accidents and appropriate action had been taken where necessary. We saw evidence the incidents were fully investigated so the measures to prevent reoccurrences could be put in place.

The registered manager ensured that where a concern had been identified this was used as a reflection and learning opportunity. For example, a recent miscommunication with the transport resulted in a delay of a discharge and a complaint made by the person's relatives. The registered manager took appropriate action to ensure better communication around the transport arrangements was maintained to prevent reoccurrence.

## Is the service effective?

### Our findings

The service remained effective. People's needs, including physical and emotional needs had been assessed before they came to live at Princess Lodge Care Centre to ensure staff had sufficient information to meet these. People were assessed by a member of the senior team and where relevant, the copies of social or health services assessments were obtained and the information used for care planning purpose. We observed that technology and various pieces of equipment such as an alert mat was used appropriately to ensure people's safety and to meet their needs.

People benefitted from a suitable, purpose built environment filled with natural daylight. There was an enclosed secure garden accessible to people and a good choice of communal areas to enjoy. People were able to personalise their bedrooms with their own furniture, belongings and items important to them. One external professional told us, "The recent refurbishment has enhanced the care environment and I can see the impact this has had on the care of people with dementia".

People praised the staff, their skills and how effectively they worked to meet people's needs. One person said, "I like the fact that everyone is very helpful and they never say that it's not their job".

Staff told us and records confirmed that staff received relevant support through regular one to one meetings with their line manager and training. We observed from staff training records that the registered manager ensured compliance with training requirements was maintained. Training included areas such as fire awareness, infection control, safeguarding vulnerable adults, moving and handling, nutrition and others. Nurses completed training in management of IV fluids or blood taking. New staff completed an induction to ensure they had appropriate skills and were confident in their roles and staff also had further training opportunities to develop in a certain areas. For example, with the implementation of the new designated end of life unit staff received additional training. This included training in clinical aspect of palliative care as well as 'Courageous Conversation' training that included support for people and their relatives around bereavement.

People told us their rights to make their own decisions were respected. One person said, "Nobody's ever rushed me and if I'm not ready to get up when they come in, I can say and they'll come back a bit later". Another person said, "I always decide what I want to wear, what I'm going to do each day and what I fancy to eat".

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The



procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications to the local authority when people were assessed as being deprived of their liberty. For example, where people were unable to understand why they lived at the service their capacity in relation to this decision had been assessed and an application had been made appropriately.

People were supported to maintain good health and access external services. Various health professionals were involved in people's care and treatment. Any advice and outcomes of visits by healthcare professionals were documented and reflected in people's care plans. People told us how their healthcare needs were met. One person said, "The GP is here a couple of times each week if I need to see him and we have an optician, dentist, and chiroprapist who visit when we need them to".

People were supported to meet their nutritional needs and were complimentary about the food provided. They also told us they could choose an alternate option to what was on offer. One person said, "If you want it, you have it". People could choose to either eat in dining rooms or their own bedrooms. We observed the dining room tables were set with mats, condiments and menus on each table. People were offered a choice of fresh juices and meals and those who needed support were appropriately supported. The kitchen staff were aware of people's individual dietary needs and a list of people's likes, dislikes and allergies was available. People's care plans gave details of people's dietary preferences. For example, one person's care plan said person 'Does not like hot food, allow to cool'. The registered manager informed us the team were now able to make direct referrals to the dieticians' service. They commented this allowed for a prompt action that allowed the staff to act on people's weight loss concerns and action immediately rather than via a referral request from the doctors.

## Is the service caring?

### Our findings

The service remained caring. The registered manager promoted this by ensuring staff were encouraged to practice the "6 Cs: Compassion, Communication, Courage, Commitment, Competency and Care". On the day of our inspection we observed the senior staff ensured smooth running of the shift and there was calm and positive atmosphere. The management team remained stable and they led the staff by example which contributed to the caring culture at the home.

People and their relatives were very positive about the caring nature of the team. One person said, "This is a big home, but it feels much smaller and homely because everyone, from the manager through to the cleaners and the chef know the residents as if they were their own family". One relative told us, "The service as a whole demonstrates their caring values. [Person] had only been here a few days when it was her birthday, but they baked a beautiful chocolate cake and everyone sang happy birthday to her, which was just lovely".

People told us how their dignity was maintained. One person told us, "Staff always knock on my door before coming in, particularly first thing in the morning, and they always ask me if I'm ready to get up". Another person said, "I like the fact that I have an en-suite wet room with a shower, because where I've lived before, I've had to be wheeled down the corridors half-dressed to get to a shower room. Nothing like that ever happens here". One relative told us, "If I come in the morning and [person's] room door is shut with a 'do not disturb' sign on it, I know they're still in the process of getting him up and I wait for him in one of the lounges".

People were involved in decisions about their support and they told us staff respected these. One person told us, "I am totally involved in any decisions about me, my care or anything else to do with me living here". Staff took time to get to know people to ensure their individual needs were met. One relative told us, "We have been impressed with how quickly everyone came to know both [person] and us (family) and we are always greeted warmly when we arrive each day".

People's independence was promoted and people were supported to do as much for themselves as possible. One person told us, "Although my fingers don't work very well, I can still manage to feed myself once my food is put on the table for me".

People's individual needs including needs around diversity and equality were protected. The staff received equality and diversity training and knew how to ensure people's rights were respected. Staff told us how they ensured not all lounges had a Christmas tree so people who were of a different religion did not feel included. The provider promoted equal opportunities when employing staff.

People's confidentiality was respected. People's care records were kept secure and all staff had their own log-in to the electronic records. The registered manager was aware of the Accessible Information Standard and we saw people's needs around receiving information in a format accessible to them were met. One relative told us, "Considering [person] only really speaks [foreign language] we have been really pleased with

the amount of time all the staff have spent thinking about how to best communicate with [person]".

## Is the service responsive?

### Our findings

The provider had introduced an electronic system to record people's care in a person centred way. The care records were easily accessible by all the staff. People had detailed care plans that gave guidance on how to meet their individual needs. People's care records included information about people's wishes and preferred routines. There were monthly evaluations to make sure they were kept up to date. People and their relatives were involved in care planning as much as possible. One person told us, "I talked with the staff about a normal day and was also asked about my likes and dislikes and this was all put together into my care plan. We sit down quite often to go through it and check whether any changes are needed. I told them that I preferred having a bath at least once a week and they arrange this for me regularly without me having to remind them".

People told us they received good care that was responsive to their needs. One person told us, "The activities co-ordinator was in my room giving me a drink and she noticed that I was struggling and she went and found a nurse to organise my inhaler for me". One relative said, "We have been very impressed with how everyone here finds the time to get to know people and all of the family. With mum's dementia as it is, she is forgetting more and more, but they (staff) are very patient, reminding her about what they know about her and asking her questions to ensure she retains what little she still has, for as long as possible".

People had access to activities. There was an activity calendar in place which was overseen by two activities coordinators. There was a wide range of activities organised throughout the week. On the day of our inspection we saw a knitting group – people were making squares for a big blanket and those that couldn't knit were making pom-poms. The activities coordinators ensured they spent time talking to people who liked to stay in their bedroom so they were not isolated. People complimented the choice of activities provided. Comments included, "I like to just sit here in my room, but the staff do try and encourage me to take part in some activities and last week, I mentioned that I liked jam tarts, so they changed one of the planned activities and we went into the kitchen and made jam tarts which we then ate for tea" and "Sometimes I go to other units to join activities. I baked Christmas cake, danced".

People and their relatives knew how to make a complaint. Comments included, "If I had any problems at all, I'd go and talk with manager not that I've had anything that's worried or concerned me" and "As a family, we love the fact that we can always talk to manager at any time about anything. Because of her openness, small issues don't escalate".

At the time of our inspection, no one was receiving end of life care. People's advanced wishes were recorded in their care plans. The registered manager told us they worked well with the local hospice and were able to refer directly. The hospice provided a care home liaison team that the staff were working closely with when required. One relative said, "The kind and compassionate care they afforded [person] in the last five weeks of her life, along with the support manager and all the staff provided to me and my family more than exceeded anything I could have expected". One external professional told us, "Most of my input at Princess Lodge has been connected to end of life unit, where the staff show kindness, skill and empathy. The patients and their families have expressed their appreciation of the care received in sometimes challenging

circumstances".

## Is the service well-led?

### Our findings

The service remained well-led and people and their relatives were very complimentary about how it was run. One relative said, "When we were looking for a home for [person] we had a long chat with manager and she explained that their ethos is about making sure that everything that can be, is organised for the benefit of the resident". Another relative said, "The most important factor which influences the high level of care is that the manager runs a very tight and cohesive organisation, and this filters down through the managers, clinical leads and care and domestic staff".

People and their relatives were involved in running of the service. There were regular opportunities to provide feedback and the registered manager ensured any action needed following up was completed. The registered manager carried out surveys around a specific area such as the most recent one surrounding activities provision. One relative said, "We get sent a regular survey to fill in, but there are other ways that we are involved in the running of the home, manager writes a monthly newsletter, we're personally invited to special events and meetings just for relatives. Unfortunately, I was the only person who attended the last one. It's such a shame, because manager goes out of her way to involve us. Perhaps it's because everything is excellent here that people don't get involved". The registered manager told us they were looking at alternate formats which would allow a more interactive session like inviting guest speakers.

Staff were encouraged to attend staff meetings. We saw that various meetings took place, this included nurses meeting, night staff and other meetings. Staff told us their views mattered and they could raise any ideas, concerns and they would be listened to. The team promoted an open and transparent culture. One of the external professionals told us, "They are very transparent in their dealings and it is rare to have a concern raised about the home from an outside source".

The registered manager had good systems to monitor the quality of the service provided. The audits covered care planning, health and safety, infection control, monitoring of accidents and incidents and other areas. Additional audits were carried out by the head office staff and externally sources auditors by the provider. The service was also visited by the local pharmacists and commissioners to ensure they were delivering safe and effective care and support to people.

The team also worked in partnership with other organisations including local social and health professionals. For example, the staff supported the local hospital in their bed management during the winter pressures by reducing hospital admissions. The team participated in National Stop the Pressure campaign to promote skin care, Sepsis campaign when nurses were trained to recognise the early signs of Sepsis and Limited Use of Anti-psychotics medicines in residents who live with dementia. The feedback received from external professionals was very positive and included comments such as, "The staff and manager are always available to discuss patients and facilitate assessments. Staff are knowledgeable and recognise their limitations, staff work collaboratively with our service" and "I have always found the manager to be approachable and professional and has clearly worked very hard to transform the home".

The registered manager ensured they developed the team and looked for innovative ways of working. They

planned to work on increasing the skills of the carers to include the taking and interpretation of vital signs for earlier detection of deterioration. They were also considering a new system for medicine management and we saw they had samples of the new system ready for discussion with the nurses.

The registered manager ensured they met their legal statutory requirements to inform the relevant authorities including Care Quality Commission of notifiable incidents. They also understood and complied with their responsibilities under duty of candour.