

Mr Anthony Billingham & Mrs Pamela Billingham Lapal House and Lodge

Inspection report

Lapal Lane South
Halesowen
West Midlands
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Date of inspection visit:
25 February 2019

Date of publication:
21 March 2019

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:

Lapal House and Lodge is registered to provide accommodation for up to 41 older people who require personal care. The home is located in the Halesowen area of Birmingham, West Midlands.

Rating at last inspection:

Our last inspection of Lapal House and Lodge was in September 2015. The overall rating at that inspection was 'Good', with no regulatory breaches identified.

People's experience of using this service at this inspection:

We carried out this comprehensive inspection on 25 February 2019. At the time of the inspection there were 37 people living at the home. We found the service had retained its overall 'Good' rating. Due to this, the report is written in a shorter format because we found people had continued to receive a good level of care and support since our last comprehensive inspection.

People said they felt safe living at the service, with staff demonstrating a good understanding about how to protect people from the risk of harm.

Staff were recruited safely, with appropriate checks carried out to ensure there were no risks presented to people using the service.

There were enough staff to care for people safely and we saw people's needs being responded to promptly.

Accidents and incidents were closely monitored, with regular trends analysis carried out to ensure any re-occurring themes could be identified in a timely way.

People's mental capacity was kept under review and deprivation of liberty safeguards (DoLS) applications were submitted to the local authority as required, although some of these were still awaiting further assessment from the council.

Staff received the necessary training and support to help them in their roles. Staff supervisions and appraisals were carried out and gave staff the opportunity to discuss their work.

People told us they liked the food available and we saw staff supporting people at meal times, if this was something they needed help with. Where people needed modified diets, due to having swallowing difficulties, these were provided.

People living at the home and visiting relatives made positive comments about the care provided at the home. The feedback we received from people we spoke with was that staff were kind and caring towards people.

People said they felt treated with dignity and respect and that staff promoted their independence as required.

Complaints were handled appropriately. Compliments were also maintained about the quality of service provided.

There were a range of activities available for people to participate in, both in and out of the service. Trips out often took place for people to participate in if they wished.

We received positive feedback from everybody we spoke with about management and leadership within the home. Staff said they felt supported and could approach the home manager with any concerns they had about their work.

More information is in detailed findings below.

Why we inspected:

This inspection was carried out to check people who lived at Lapal House and Lodge were still receiving a 'Good' level of care and support and to check that regulatory requirements were still being met.

Follow up:

We will continue to monitor information and intelligence we receive about the home to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales for 'Good' rated services. However, if any further information of concern is received, 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 remained Safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained Caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained Responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained Well-Led

Details are in our Well-Led findings below.

Good ●

Lapal House and Lodge

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC) and an expert by experience. Our expert by experience had personal experience of caring for, or living with people with care needs, similar to people living at Lapal House and Lodge.

Service and service type:

Lapal House and Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager at the time of the inspection, who was appropriately registered with the CQC.

Notice of inspection:

The inspection was unannounced. This meant the service did not know we would be visiting on this day.

What we did:

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us

without delay. We also asked for feedback from the local authority and professionals who worked closely with the home.

During the inspection we spoke with the registered manager, six care staff (from both the day and night shift) eight people living at the home and two visiting relatives. We also spoke briefly with one of the providers who visited the home during the inspection.

We reviewed three care plans, three staff personnel files, eight medicine administration records (MAR) and other records about the management of the home, to help inform our inspection judgements about the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Each person living at the home had their own risk assessment in place covering areas such as mobility, falls, skin care and nutrition. Where risks were identified, there were details about how they needed to be mitigated. Personal emergency evacuation plans (PEEP) were completed for each person and provided details about people's needs in an emergency.
- People at risk of skin breakdown had appropriate equipment in place such as pressure relieving cushions, when they were seated in chairs during the day. Relevant professionals were also involved as necessary, such as district nurses, to attend to any dressings that were required.
- People with reduced mobility had relevant equipment in place such as wheelchairs, walking sticks and walking frames. During the inspection we observed staff supporting people to walk safely if this was something they required assistance with. Hoists were used for any transfers where staff were unable to do this safely on their own and we saw staff explaining to people exactly what they were doing when using the hoist, which kept them calm.
- We looked at how the premises were being maintained. Safety certificates were in place and up to date for areas such as gas safety, emergency lighting, firefighting equipment, fire alarms, legionella. The previous electrical installation report had been 'Unsatisfactory', however we saw the remedial work had been scheduled for completion by the provider.

Staffing levels and staff recruitment

- Enough staff had been deployed to safely meet people's needs. Staffing levels consisted of eight staff during the day and three at night. The feedback we received from staff was that this was sufficient to meet people's care needs and we observed staff responding to people's requests for assistance throughout the day. One member of staff said, "There are enough staff and we all help each other." Another member of staff said, "There are enough staff and any absences are always covered."
- Staff were recruited safely and we found all relevant checks were carried out prior to them commencing their employment. This included completing application forms, attending interviews, ensuring written references were provided from previous employers and carrying out disclosure barring service (DBS) checks.

Using medicines safely

- We found people's medication was administered, recorded and stored safely. Medicines were stored securely in a locked treatment room which could only be accessed by staff. Peoples MAR were completed accurately, with appropriate records maintained by staff. We observed staff giving people their medication during the inspection and explaining the reasons it needed to be given if people were unsure.

- Staff had received training regarding medication and displayed a good understanding about how to ensure people received their medicines safely.
- A medicines fridge was available to help keep medicines at the correct temperature, although none needed to be stored in it at the time of the inspection. Controlled drugs were in use and staff carried out a stock check to ensure all controlled drugs could be accounted for. These were signed for by two staff when administered to confirm they had been given.

Systems and processes

- People living at the home and relatives told us they felt the home was a safe place to live.
- Staff spoken with confirmed they had received training in safeguarding and were able to describe the different types of abuse that could occur and how to report concerns. A member of staff said, "Different types of abuse can include financial, verbal and physical. Bruising or changes in behaviour could be signs of abuse taking place."

Preventing and controlling infection

- We found the home was clean and free from odours with robust infection control and cleaning processes in place. Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection. We observed domestic staff cleaning the home throughout the day and ensuring people's bedrooms were fresh and tidy. The feedback we received from the local infection control team was that they had no concerns about the service at present.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People received effective care. Legal requirements were met.

- 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 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.

- Staff confirmed training had been provided in MCA and DoLS and demonstrated a good understanding about when DoLS applications needed to be made and when any decisions needed to be taken in people's best interests. However not all staff were aware of which people were subject to DoLS. The registered manager contacted us after the inspection to confirm additional information had now been added to the front of people's care plans, to ensure that staff were aware they had a DoLS in place

- DoLS applications had been submitted where required, such as if people had been assessed as lacking the capacity to consent to their care and treatment and were unable to leave the service safely without staff. We noted some of these were still waiting for further assessment from the local authority.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The care and support people needed to receive from staff had been captured as part of the admission process and was recorded within their care plans. These had been reviewed regularly to ensure information was still current and up to date.

- 'Past experiences' documents had been completed and provided information of importance about people from before they moved into the home.

- Care documentation explained people's choices and how they wished to be cared for and supported. People and relatives, we spoke with said they were consulted about people's care and felt involved.

Staff skills, knowledge and experience

- Staff completed regular training to ensure they had the knowledge, skills and support to carry out their roles and these records were detailed on the training matrix, with certificates held in staff files of courses completed. An induction was also provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role. The induction was based around the care

certificate which is used if staff had not worked in a care job previously and must be used by care providers.

- Staff spoke positively of the training provided. One member of staff told us, "Loads of training is provided. Recently I have done safeguarding, fire and moving and handling. Enough is provided." Another member of staff added, "Training is going fine and they definitely provide enough for staff."
- Staff supervisions and appraisals were carried out and gave staff the opportunity to discuss their work. Staff told us these took place consistently and were a good opportunity to discuss their work and any concerns.

Supporting people to eat and drink enough with choice in a balanced diet

- People and relatives we spoke with were complimentary about the meals provided. One person said, "The food is not too bad, they had a new chef, last autumn. We have lots of choices, they bring a menu for us to choose from for the following day."
- Staff supported people to eat and drink at meal times, as required. Other people were able to eat independently and this was something that was promoted by staff. Meal times were split into two separate sittings, with people who required more support eating first.
- We saw people received food and drink of the correct consistency, such as fork mashable, when they had been assessed as being at risk of choking and aspiration. Staff were aware which people were at risk and the recommendations they needed to follow.
- People's weight was regularly monitored. Where people had lost weight, we saw they were appropriately referred to other health care professionals, such as the dietician service for further advice.

Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of medical and healthcare services, with support to make and attend appointments provided by the home.
- Professionals, including GP's, district nurses, podiatrists and opticians regularly visited the home to assist people with their care and offer advice.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect. Legal requirements were met.

Ensuring people are well treated and supported:

- People and their relatives spoke positively about the standard of care provided. Staff were described as being kind, caring and considerate. One person living at the home said, "It's all very well organised, they have plenty of things for us to do if we want to join in. The owner comes every day to see us and have a chat. The manager comes to make sure we are ok too." A relative also added, "I can't fault the home. It's spotlessly clean and the carers are all very polite and helpful, nothing is too much trouble. Another relative said, "Dad's very settled here and we are content. He has no complaints."
- Staff were observed to be kind, caring and patient in their interaction with people, taking time to engage in conversation and share a laugh and a joke with people, which showed the positive relationships they had formed. We observed staff sitting with people quietly in the lounge area, or helping them to walk around the building safely. One person said to us, "The staff are always polite and friendly."

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

- People received care in line with their wishes and what they wanted, from staff who knew people well. One relative said, "I was fully involved in mum's care planning when she first came here."
- Resident meetings were held so that people could express their views about the care and support they received. People told us they could raise any issues of concern and felt listened to.
- Questionnaires had been sent, seeking people's views and opinions about the service.
- Reviews of people's care took place and we saw people living at the home were invited to be involved in these decisions where possible.

Respecting and promoting people's privacy, dignity and independence:

- During the inspection we observed staff treating people with dignity and giving them privacy if they needed it. People told us they felt well treated and were never made to feel uncomfortable or embarrassed. We observed staff knocking on people's doors before entry and then closing them behind them. Doors were always closed when personal care was in progress.
- People and relatives we spoke with, confirmed privacy and dignity were respected and maintained.
- Staff were knowledgeable on the importance of promoting independence. We observed staff encouraging people to do things for themselves or providing reassurance to people whilst completing tasks, such as eating independently and walking around the home on their own using any necessary equipment.

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery. Legal requirements were met.

Personalised care:

- Each person living at the service had their own care plan in place and we reviewed three of these during the inspection. We noted they were completed with good detail and provided information for staff about the care and support people needed.
- People's likes, dislikes and what was important to the person were recorded in their care plans. We saw examples of where this was followed by staff, such as providing people with their favourite foods and assisting them with their daily routines.
- People's care plans contained person-centred information about their life histories and included information regarding childhood, employment, school years, hobbies and interests and details about their family.
- Care plans contained information about people's communication and if they required the use of any equipment such as glasses or hearing aids. Where any sensory equipment was needed, we observed these were being worn by people.
- There were different activities available for people to participate in if they wished. People we spoke with and their relatives confirmed this was the case and that a large variety of activities were always on offer. An activity board was displayed within the service and showed a range of activities which had been attended previously. This included aromatherapy massages, music club, arts and crafts, film club and various quizzes/games. During the inspection, an external activities person visited the home to carry out a quiz, which people seemed to enjoy. Records of past activities people had participated in had also been maintained. The home had a mini bus and trips out to local areas of interest took place, based on where people wanted to go.

Improving care quality in response to complaints or concerns:

- People knew how to provide feedback about their experiences of care and information about how to make a complaint was displayed on the main notice board.
- People and relatives knew how to make complaints should they need to. A central log of complaints was made and we noted responses had been provided whether these were written or verbal. A range of compliments had also been made, where people had expressed their satisfaction about the service provided. These were in form of letters, cards and a compliments book held in the main reception.

End of life care and support:

- At the time of the inspection, there was nobody receiving end of life care. However, end of life care plans had been formulated and took into account people's wishes as they approached the end of their life and how they wanted their care to be delivered. Do not attempt cardiopulmonary resuscitation (DNACPR) forms had been completed, to ensure people's choices were respected regarding being resuscitated during an

emergency.

Is the service well-led?

Our findings

The service well managed and well-led. Legal requirements were met.

- There was a registered manager in post who had worked at the home for approximately 32 years and 17 of those were as registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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.

Continuous learning and improving care:

- A range of quality assurance systems were in place at the service to ensure the quality of service was being monitored effectively. This included audits of medication, accidents and incidents and care plans. This ensured any shortfalls within the service were identified.
- Staff meetings were held regularly to ensure staff could raise concerns about their work. Staff told us they felt listened to and that any issues raised were acted upon.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:

- Staff spoke positively about the home manager. A staff member said, "The manager is lovely and is very understanding. She is very approachable." Another member of staff said, "Management is good and I feel supported. There is always somebody to speak with."
- Staff spoke of a positive culture and that there was good team work between everybody who worked at the home.
- Where incidents had occurred, the manager had submitted statutory notifications to CQC and also notified the local safeguarding team (if needed). This meant we could respond accordingly to the information and determine if further action was required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- People at all levels understood their roles and responsibilities and the manager was accountable for their staff and understood the importance of their roles.
- There was a programme of staff meetings for different roles in the home which ensured all staff roles had the opportunity to discuss issues related to their area of work.
- As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. We saw the last CQC report was displayed in the main reception area and was available for all to see.
- Staff hand overs took place between each shift and enabled staff to understand how people were and if any actions needed to be completed relating to their care and support.

Working in partnership with others and community links:

- The home worked in partnership with other organisations. This included a range of other healthcare professionals in the area, such as district nurses, social services and local hospitals.
- A number of community links had also been developed and this included the local salvation army Methodist church and local schools who visited the home to sing to people at various times throughout the year.