

# Review of compliance

Premierbell Limited Homer Lodge Care Centre	
<b>Region:</b>	East Midlands
<b>Location address:</b>	23-26 Monson Street Lincoln Lincolnshire LN5 7RZ
<b>Type of service:</b>	Care home service with nursing Rehabilitation services
<b>Date of Publication:</b>	April 2012
<b>Overview of the service:</b>	Homer Lodge Care Centre is owned and managed by . Premierbell Limited. It is situated in the town of. Lincoln. It is registered to provide regulated activities "Accommodation for persons who require nursing or personal care" and "Treatment of disease, disorder or injury and "Diagnostic or screening procedures" for up to 47 people who use the service.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Homer Lodge Care Centre was meeting all the essential standards of quality and safety.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 6 March 2012.

### What people told us

People told us they were able to make decisions about their daily routines and felt their independence was encouraged. One person told us, "I am asked what I would like to wear. I make choices I want to. I can do a lot for myself, they encourage me to."

Another person said, "I asked when I moved here what time do I have to get up and was told I could get up when I liked. We can have a bath or a shower when we want one."

People told us their needs were being met by the support they received and this was provided in a way they wished it to be.

People told us that staff spoke with them and supported them in an appropriate way and they did not have any concerns about how they were treated.

We asked people if they felt safe in the home and they said they did, and they did not feel they had ever been put at risk. One person told us, "It's the company that helps" and another person said, "Having someone to walk with you really helps."

People told us the staff who supported them knew what they were doing and were able to provide them with the support they required. One person told us, "I get help when I want it. I can't wash my back so they do it for me."

A person told us about residents' meetings that took place and how they enjoyed getting together to discuss things. They said, "We come up with ideas, I started a library."

### What we found about the standards we reviewed and how well Homer

## **Lodge Care Centre was meeting them**

### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People were involved in making decisions about the care and support they received and they were treated with dignity and respect.

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

Overall people received the care and support they needed, although more careful planning could improve some of the services people received.

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

There were suitable arrangements in place to protect people from abuse.

### **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

People received care and support from staff who were trained, supervised and appraised.

### **Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

There were opportunities for people to make their views known about the service and action was taken to improve any shortfalls.

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

There were meetings held to discuss the progress and future plans for people who were using the intermediate care service. One person told us there was a meeting about them that morning and that a relative had attended it. They said they would have liked to have gone but had not been asked.

The manager said that people were normally asked if they wanted to attend the meetings, but this was not done formally and recorded if the person chose to attend or not. As a result the manager said she could not be certain if the person had been invited and would look to record in future when people were invited to meetings and if they had chosen to attend or not.

People told us they felt they were listened to by staff and any decisions they made were respected. We saw this happen when staff asked someone if they wanted assistance to put an apron on and they replied, "No thank you, I like to do it myself. I don't want to be helpless", so they were left to do so.

People told us they were able to make decisions about their daily routines and felt their independence was encouraged. One person told us, "I am asked what I would like to wear. I make choices I want to. I can do a lot for myself, they encourage me to."

Another person said, "I asked when I moved here what time do I have to get up and was told I could get up when I liked. We can have a bath or a shower when we want one."

### **Other evidence**

We saw consent forms and care plans had been signed by people to show they had discussed their care. Some of the signatures we saw on consent forms dated back a number of years and the manager agreed to re discuss these forms with people to remind them what they had consented to.

We saw choices made by people had been included in their care plans, including getting up early in the morning and going to doctors appointment at the surgery rather than the doctor come to the home.

Staff told us they ensured they communicated as clearly as they could with people to ensure they understood them. The manger told us about one person with restricted speech who regularly wrote messages to staff, including ones that were sent in fun that promoted banter between themselves and staff.

Staff said they always explained to people what care and support they were about to provide and would not do so if someone requested that they did not. Staff said they encouraged people to remain as independent as they could by asking people what they were able to do for themselves and not "leaping" in.

### **Our judgement**

People were involved in making decisions about the care and support they received and they were treated with dignity and respect.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People told us their needs were being met by the support they received and this was provided in a way they wished it to be.

One person showed us some newsletters they produced bi-monthly about events in the home and light entertainment features. They said these were given to people who lived in the home and their relatives. They also told us they took the minutes of residents' meetings and wrote poetry.

We observed how lunchtime was organised. We saw staff serving people a table at a time and offering a choice of main dish and asking what vegetables they would like. We also saw two people eating an alternative meal as they had not wanted what was on the menu. There was also a choice of pudding and we heard one person asking for both as they could not decide, which staff agreed to.

We saw people being given glasses of orange squash ready to have with their lunch. We asked the member of kitchen staff if it would be possible to provide people with a choice of drink in future and they said they would do so. We asked seven people if they had enjoyed their lunch and they all said they did. One person told us, "The food is very good. We normally have three courses, a soup, main and dessert."

There was a noticeboard listing activities for the day and we saw some people taking part in a game of dominoes during the afternoon. People told us they enjoyed the activities but some people said they would like more frequent visiting entertainers. One

person said to some others after telling us, "We might get a bit more entertainment now."

### **Other evidence**

We looked at a sample of six files held within the home. Overall these were clear and described what support people required. However we did find a few areas that could be improved upon which were shared with the manager who agreed to address these. An example of this was we saw some people who used wheelchairs did not have footplates used when they were moving. We were told of individual reasons why this happened, however the information in the people's care plans did not clearly explain this.

Some of the records we saw were a little difficult to read. A member of staff told us, "We do have issues with legibility, the manager has said we need to write more clearly."

We saw forms in use for monitoring people's food and fluid intake where there were concerns about their nutrition. There were also forms for people who were cared for in bed had charts to ensure their position was regularly changed to protect their skin integrity.

There were no plans in place to ensure that people who were cared for in bed were provided with opportunities to take part in activities that would be appropriate or them.

We visited three people who were cared for in bed. One of them was listening to a radio station which the staff member escorting us did not think would have been the person's choice of music. There was no information about what that person's preferences would have been. We asked to see the activities record for them and we were told there were none. The manager said there should have been activities provided to people who were cared for in their rooms and she would look into why this was not happening.

### **Our judgement**

Overall people received the care and support they needed, although more careful planning could improve some of the services people received.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People told us that staff spoke with them and supported them in an appropriate way and they did not have any concerns about how they were treated.

We asked people if they felt safe in the home and they said they did, and they did not feel they had ever been put at risk. One person told us, "It's the company that helps" and another person said, "Having someone to walk with you really helps."

##### Other evidence

Staff told us they had received training for safeguarding adults. They demonstrated a reasonable knowledge of what constituted abuse, how to recognise the signs of abuse and they knew who to raise any concerns with. Most of the staff we spoke with were aware of the home's whistleblowing policy.

Staff were aware of issues concerning restraint and knew any permitted physical restraint, such as bedrails, needed to be risk assessed and consented to.

The manager told us there had been occasions where she had reported concerns about alleged theft of money and alleged verbal abuse to the local authority safeguarding team as described in the safeguarding procedures. We had been informed by the safeguarding team these concerns had been reported to them.

The manager also told us she had made two applications for a Deprivation of Liberty Safeguard (DoLS) in the past year to enable them to protect two people from possible

harm, both of which had been approved.

**Our judgement**

There were suitable arrangements in place to protect people from abuse.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

The people we spoke with confirmed that their needs were being met and the staff were understanding and helpful. They told us the staff who supported them knew what they were doing and were able to provide them with the support they required. One person told us, "I get help when I want it. I can't wash my back so they do it for me."

##### Other evidence

Staff said they had an induction when they started to work in the home. They told us this consisted of an initial orientation and observation shift followed by a period of working alongside a more experienced member of staff. They said they were then given the common induction standards to work through, which were prepared by Skills for Care for people who worked within social care.

Staff said they felt the training they received was appropriate for the work they did and they felt other staff they worked with were suitably trained.

The manager said they now provided staff with monthly training through distance learning courses in addition to other training. We saw notices about this displayed on the staff noticeboard.

Staff said they had supervision and some said they had been given an appraisal. The manager said she planned to review current supervision arrangements and involve more senior staff to ensure supervision took place more frequently.

#### Our judgement

People received care and support from staff who were trained, supervised and appraised.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

A person told us about residents' meetings that took place and how they enjoyed getting together to discuss things. They said, "We come up with ideas, I started a library."

##### Other evidence

Staff said they tried to get feedback from people about their experiences and said that people who used the intermediate care service were asked to complete a questionnaire about how they found the service. The manager showed us an action plan that had been prepared as a result of information provided in these questionnaires.

Staff said they thought people were provided with good care and everyone got on well. They said they thought they could improve the standard of recording but this conflicted with spending time with people, which they preferred to do.

The manager showed us quality assurance audits that were carried out both by staff within the home and the operations manager. She said they had recently carried out peer audits on each other when giving out medication. We saw an action plan that had been produced to improve the laundry service following comments made by people.

##### Our judgement

There were opportunities for people to make their views known about the service and action was taken to improve any shortfalls.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
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