

Prime Care (GB) Limited

Daffodil Lodge

Inspection report

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Southport
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Daffodil Lodge is a residential care home providing accommodation for persons who require personal care to up to 32 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 19 people using the service.

People's experience of using this service and what we found

We were not assured people were living in an environment that was consistently clean and suitably maintained. We have made a recommendation about this. Staff did not consistently use language that upheld people's dignity. We have made a recommendation about this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Medicines were stored, managed and administered as prescribed. People were safe and protected from abuse and avoidable harm. The management team identified risks, and this was documented to support staff and ensure people's safety. Staff followed infection prevention and control procedures related to COVID-19 and other infections. Visitors were welcomed into the home and asked to follow infection prevention measures to keep people and staff safe. Staff were recruited safely, and staffing levels were enough to meet people's needs. The management team had systems to learn from incidents to further improve the safety of the service.

Staff spoke positively about their colleagues, management support, teamwork and how much they enjoyed working at Daffodil Lodge. The management team had governance systems to maintain ongoing oversight of the service and make improvements where necessary. Staff worked effectively with health and social care professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 05 September 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Daffodil 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector and one Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Daffodil Lodge is a 'care home' without nursing. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The provider was in the process of recruiting a new manager who would seek to become registered with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 1 relative about their experience of the care provided. We spoke with 11 members of staff including the provider deputy managers, senior carer, carers, housekeeping staff and the cook. We had a walk around the home to make sure it was homely, suitable and safe. We observed the care and support people received. This helped us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and reviewed a variety of records related to the management of the service, including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Housekeeping staff had additional tasks to fulfil alongside cleaning the home. We noted several communal areas that were unclean, stained with splash marks and in need of refurbishment. We shared our concerns with the local infection prevention team.

We recommend the provider follow good practice guidance and ensure the environment is clean and suitably maintained.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was supporting visits for people living in the home in accordance with the current guidance. We spoke with one relative who confirmed they were able to visit and felt safe doing so. They commented, "They checked my temperature when I arrived."

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse. Staff received training to understand what abuse was, how to recognise it and steps to take to keep people safe. The provider had policies and procedures to support staff to keep people safe.
- People spoke positively about how safe the service was. One person told us, "Yes, I have people around me to look after me." A second person said, "Yes, very [safe], the care I get they [staff], are always here when I need them."
- Staff had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns. One staff member said, "People are safe. We work as a team to keep people safe."

Assessing risk, safety monitoring and management

- Each person had a personal emergency evacuation plan (PEEP). A PEEP is a plan for a person who may need assistance, for instance, to evacuate a building or reach a place of safety in the event of an emergency. The information kept in folders did not consistently match the electronic version held on the computer. The information was updated during the inspection process.
- Staff managed risks to people's safety. They assessed and regularly reviewed risks to people, to manage any identified risks and keep people safe from avoidable harm. Staff completed training to meet people's specific needs safely.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Systems were in place to ensure staff were recruited safely. Records confirmed a range of checks including references, disclosure and barring checks (DBS) had been requested and obtained prior to new staff commencing work in the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, not all records held a full employment history. The provider made changes to ensure processes were in place to promote robust recruitment practices in the future.
- The provider ensured appropriate staffing arrangements were in place to meet the assessed needs of people in a timely manner. One person told us, "We have a buzzer in my room and if I ring it they [staff] come quickly". A second person said, "Yes, there is quite a lot of staff."

Using medicines safely

- Medicines were stored securely, and access was limited to those staff trained to administer them.
- People told us they got their medicines as prescribed. One person told us, "Yes, I get them at the right time, I trust them [staff] to give them to me". A second person commented, "Yes, I get them every day. If I was poorly, they would give me some tablets."

Learning lessons when things go wrong

- The provider had reviewed all policies and procedures since the last inspection. They had introduced new systems of working to ensure they were compliant with regulations and were embedding best practice guidance into working practices such as training and recruitment.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team and staff demonstrated a commitment and passion to ensure people received a person centred service. However, we heard some staff talking about some people by the support they required rather than using their names. This did not promote their dignity and individuality.

We recommend the provider follow current guidance on promoting dignity and person centred support.

- We observed that although the environment required updating and cleaning in some areas, staff created a positive atmosphere through laughter, knowledge of the people they supported and positive listening skills.
- Staff worked well together and supported people toward positive outcomes. Staff spoke positively about people, each other and the support they received from the deputy managers. One staff member told us, "I love it here. I love coming to work here." A second staff member commented, "I love the family feel of the home. The management are all approachable. We work together as a team for the residents." A third staff member said, "[Member of the management team] is fantastic. She always checks up on us, she is just fantastic."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team and some staff had worked at another home owned by the provider. Their oversight of the care and the continuity of support at Daffodil Lodge had been reduced. One member of staff told us, "I am behind with my work." The deputy manager told us; a new manager had been recruited during the inspection process.
- The management team understood their responsibilities to keep us informed of events which may affect people and care delivery. They were open and honest about what achievements had been accomplished. In addition, what had not worked so well and where improvements might be needed.
- The management team had auditing systems to maintain oversight and continued development of the service. Systems highlighted any potential issues and review dates so they could be responded to.
- Duty of candour was understood by the management team. It was clear if any complaints were made, they would be listened to and their concerns and worries would be investigated.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Continuous learning and improving care

- The provider had employed a consultant to support them to be compliant with health and social care regulations.
- The provider ensured that any learning from incidents was shared between both their residential homes.
- The management team had an open door policy and when required worked alongside staff. One staff member told us, "I have a good working relationship with [deputy managers]."
- People gave mixed feedback on the management team. One person when asked if the manager was approachable said, "When he was based here yes, he is mostly at [sister home]. A second person said, "He is friendly and nice."

Working in partnership with others

- The management team and staff worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GP's and community nurses. One relative told us, "If there is anything to discuss the staff are very, very helpful. We are waiting for the Occupational Therapist to come and see [family member]; they [staff] are on the ball". One person told us, "If I was ill, they would get a doctor."