

Black Swan International Limited

Spring Lodge

Inspection report

23 Vicarage Gardens
Clacton On Sea
Essex
CO15 1BU

Tel: 01255420045
Website: www.blackswan.co.uk

Date of inspection visit:
11 December 2018

Date of publication:
29 January 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

People's experience of using this service:

People and their relatives were positive about the care provided at Spring Lodge. The environment was homely, clean and safe.

There were enough competent and skilled staff to support people safely and according to their individual preferences. Staff knew people well and had developed meaningful relationships with them.

Medicines were managed safely and there was a culture of continuous improvement.

Staff were kind, caring and passionate about the service provided and there was a positive culture. Staff supported people with dignity and respect.

Staff supported people to have maximum choice and control of their lives and in the least restrictive way possible. The policies and systems in the service supported this practice.

People were involved in how the service was run and were supported to maintain their independence and to make their own choices about where they spent their time and how. People were able to participate in a range of activities which promoted a good quality of life.

People's health was well managed and there were positive links with professionals to ensure that individual health and nutritional needs were met.

The service was well managed and staff, people and relatives were positive about the registered manager. There were appropriate quality processes in place to ensure high quality care.

Rating at last inspection: Good (report published 29 June 2016)

About the service: Spring Lodge is a care home for older people situated in a residential area of Clacton On Sea. The accommodation is located over two floors. There were 16 people living at the service on the day of inspection.

The service is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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 was Safe,
Details are in the Safe findings below.

Good ●

Is the service effective?

The service was Effective.
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring.
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive.
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was Well-Led.
Details are in the Well-Led findings.

Good ●

Spring 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:

One inspector and an expert by experience conducted 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. The expert at this inspection had experience of caring for someone with dementia.

Service and service type:

Spring Lodge is a care home which is registered to provide accommodation and personal care for up to 20 people. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced and took place on 12 December 2018.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with eight people using the service, six relatives and five staff. We also spoke with the registered manager, the operations manager and the director. We looked at records in relation to people who used the service including care plans and medication records. We looked at records relating to recruitment, training and systems for monitoring quality.

Is the service safe?

Our findings

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

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

Systems and processes

- There were effective safeguarding systems in place. Staff had received training in safeguarding and had a good understanding of what to do to make sure people were protected from harm or abuse. There was information displayed about how to act upon or escalate concerns about potential abuse.
- Recruitment systems continued to be effective and ensured suitable people were employed to work at the service.

Assessing risk, safety monitoring and management

- People felt safe with the support they received at Spring Lodge. One person said, "I feel quite happy and safe here and when I go out as they push me back indoors, I feel I am home." In the provider information return (PIR), the registered manager told us, 'Staff training and whistleblowing underpin the homes objectives in providing a safe environment.'
- Risk assessments were in place covering areas such as falls, moving and handling and diabetes to provide guidance for staff on how to safely support people.
- The environment and equipment within the service was checked to ensure it was safe.

Staffing levels

- Staffing levels were sufficient to meet people's needs. Staff were visible, call bells were answered promptly and staff had time to spend with people. Most people felt there were enough staff although they had to wait longer at busier times. One person said, "Got that buzzer and anything I want, I can press and carer comes, quick as they can, 5 minutes would be the longest wait, not been a problem."
- Staffing levels were regularly assessed and shift patterns were discussed in team meetings to gather feedback and ensure these were adequate to meet people's needs. People and staff were asked on a monthly basis for feedback on staffing levels to monitor that these were sufficient to meet people's needs.
- Two people were involved in the interview process when new staff were recruited.

Using medicines safely

- Medicines were managed safely. There were systems for ordering, administering and monitoring medicines and people received their medicines at the right time. Medicines were kept securely and records were completed correctly.
- Staff received training in medicines administration and had their competency checked to ensure their practice was safe.
- The local pharmacy completed a six monthly audit of medicines and processes.

Preventing and controlling infection

- The environment was clean and fresh and cleaning schedules were in place. Cleaning staff were employed and all staff received training in infection control. Staff wore personal protective equipment to prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the registered manager. Action was taken to prevent any future re-occurrence and to ensure continuous improvement.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and abilities were assessed and a detailed care plan put in place to ensure these needs were met.
- Care plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet.
- The management team supported staff to provide care and to keep their knowledge up to date in line with best practice guidance. Information was accessible to staff and subjects were discussed in team meetings.

Staff skills, knowledge and experience

- On joining the service, staff received an induction and training specific to the needs of individuals, for example, dementia awareness and pressure sore prevention and care.
- Staff completed the Care Certificate where they did not have care experience or had not achieved a National Vocational Qualification (NVQ). The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- People were supported by competent and knowledgeable staff. One relative said, "They are well trained and totally knowledgeable."

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

- People were complimentary about the food and comments included, "Very nice," And, "Very good."
- People had access to fluids and were supported with a healthy diet. There were bowls of fresh fruit in the dining room and one person took the fruit bowl to people in their rooms. They said, "On Mondays, Wednesdays and Fridays, the fruit comes in and I go upstairs with the fruit in a bowl and knock on the doors and ask people what they would like."
- The mealtime experience was relaxed and people were chatting between themselves or with staff. People could choose where they wished to eat. Where required, people were encouraged to eat and given the time and patience to enjoy their meal.
- The cook was knowledgeable about people's likes and dislikes and their nutritional requirements. For example, one person could not eat onions and their main meal was being prepared without these.
- Where people were at risk of malnutrition, action was taken. One relative said, "Staff noticed (person) was losing weight but now they are giving (person) shots of cream and monitoring and weighing (person) regularly."

Staff providing consistent, effective, timely care within and across organisations

- The care that people received was effective. A person who had pressure sores told us they had received

treatment and these had healed up. One relative said, "This home is one of the best. It was difficult to place [person] but this home has turned them around. The girls and the manager took [person] under their wing and they has progressed over time."

- Staff anticipated where people required support and provided this promptly. One relative said, "[Person] loves all the girls. [Person] has dementia and it is difficult for the girls to anticipate [person's] needs but the staff foresee as much as possible.
- There was continued evidence that the staff and management team worked effectively with other organisations such as GP's and the district nursing team.
- A 'Grab box' containing suitable food items to help people with diabetes was in place. It contained glucose drinks and fluids that could be used when a person's blood sugar dropped and was easily accessible so that people could be supported quickly if required.

Adapting service, design, decoration to meet people's needs

- The service was well maintained with an established country garden. The environment had lots of dementia friendly items around the service. There was appropriate signage to help orientate people to the communal areas or to their bedrooms.
- The lounge and the dining room had recently been swapped over following consultation with people, relatives and staff. Following the swap, the lounge had more natural light and had contributed to people being more alert in the day.
- Where required, technology such as sensor mats had been used to allow people the freedom to be as independent as possible. People were provided with adaptive cutlery and crockery to meet their individual needs.
- The service was accessible to people with a passenger lift to the second floor.

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

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- There was champions in a range of areas including nutrition. These staff had undertaken additional specialist training and provided knowledge and support to the team.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training in the MCA and understood the importance of gaining consent before providing support.
- People had their capacity to consent to their care and treatment assessed as required.

- People were involved in decisions about their care and staff gained consent from people before providing support.
- Where people did not have capacity, decisions had been made in their best interests involving relatives and other health professionals where appropriate.
- Staff supported people in the least restrictive way possible and the policies and systems in the service supported this practice.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People using the service and their relatives were consistently positive about the care and commitment of the staff. Comments included, "I cannot fault the staff, they are all so kind, they are just nice people." And, "It is like a family, all the girls say hello, have good eye contact and are always friendly even when they are busy. I would recommend it." The reviews about Spring Lodge on the website, carehome.co.uk were all very positive and included comments such as, 'I would definitely live here if I ever needed care.'
- People could have visitors when they wished and felt that the service was homely. One relative said, "The family are happy with the home and we can bring the dog in. We can pop in and out as we like, just like when [relative] was at home."
- Staff demonstrated caring attitudes and engaged in meaningful conversation and interaction with people. There was lots of laughter and the atmosphere was relaxed.
- Staff had signed up to a pledge to demonstrate a professional standard of behaviour and core values. One staff member said, "We do our best. We have signed up to the staff pledge and I believe that everything that is in that pledge is right. The company wouldn't have anyone here who didn't have those values."
- Staff generally provided care according to people's individual needs and preferences. One person who had a visual impairment was given a cup of tea which was placed to the left of them and was observed trying to find the handle of the cup. They commented, "I am right handed and I have to find the handle. Some staff are good, not all." The registered manager assured us that this would be addressed.

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

- Each person had a residents guide which had important information to them and included details of available advocacy services. Advocacy services can support people and speak up on their behalf if needed.
- People were given choices about what they wanted to do and where they wanted to be within the service and the staff respected their choices.
- People were supported to express their spiritual needs and a church service was held weekly. People also had the opportunity to go to the local community church.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Care records identified what a person could do for themselves and what they needed help with. One person was very active and helped in the kitchen. They said "I mooch in the kitchen, washing up and talk to the girls. I go into town too."
- Staff interactions were respectful, kind and caring. People were supported in a dignified way. One person said, "If they [staff] were not respectful, I would complain but I've not had to. [Registered manager] is very particular who they have on shift." Staff were knocking on doors even when they were open and saying who they were as they entered the room.

- There were equality and diversity and dignity champions in place to share knowledge and promote good practice.
- One person had a doll and staff were very careful and respectful in ensuring that they interacted with the doll and referred to it by its chosen name which was very important to the person who the doll belonged to.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- People's needs were assessed before they moved into the service and a detailed care plan developed to ensure these needs were met.
- Care plans included information about people's specific needs, routines and how staff should support them to live happy and contented lives.
- People and, where appropriate, their relatives were involved in care planning and the regular review of the care that people received to ensure that it continued to meet people's individual needs.
- Staff knew people well and had developed meaningful relationships with the people they supported. One person said, "[Staff member] won 'Carer of the month.' They are very good and go above the call of duty. They are thoughtful and kind. Without being told they went and brought my small cushion and put it behind my back for my spine."
- From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). This means people's sensory and communication needs should be assessed and supported. Care plans and risk assessments included some detail about how to support people with their communication needs, however this required further development. One person had a visual impairment, but their care plan and risk assessment did not include how to support them to understand information or whether it was required in a specific format. The registered manager updated the care plan during the inspection.
- Some people led an active lifestyle, whilst others preferred not to socialise or liked to stay in their bedrooms and people's choices were respected.
- Two staff members arranged the activity programme which was on display and included a singer which staff were encouraging people to listen to in the lounge. Recent trips included a Bygones Christmas show. One relative said, "[Person] has been to the theatre and the zoo visits and I am included. They do exercises and play dominoes." One person said, "In the summer, I go in the lovely garden. The singers were good, we do games, do fresh flower arranging. It's lovely."

Improving care quality in response to complaints or concerns

- There were systems in place to respond to complaints that were received.
- Complaints which had been received, had been investigated and where required, action taken to prevent re-occurrence.
- People knew how to make a complaint and felt that any concern would be resolved.

End of life care and support

- People were supported with end of life care planning to ensure a dignified pain free death. A relative of one person who had been receiving end of life care said, "[Person] is looked after completely and utterly." End of life care planning could be further developed to include people's preferences after they died. The

management team had developed documentation relating to recording people's end of life wishes which was in draft format and not yet in place at Spring Lodge.

- The management team were planning to implement the Gold Standards Framework (GSF) and the registered manager was due to receive training. The GSF is used to enable earlier recognition of people with life-limiting conditions, helping them to plan ahead to live as well as possible right to the end of their life.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager understood the legal requirements of their role. Policies and procedures were displayed and discussed to ensure staff understood how they needed to work.
- Staff were positive and motivated and there was a strong emphasis on team working. Staff were proud to work for Spring Lodge. There was good staff retention. A staff member commented, "I am proud of this company and what we work for. We all work as a team to make it as lovely as we can."

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The management team promoted a person centred and positive culture. One staff member said, "We all want the best for the people living here and it is person-centred."
- The operations manager visited regularly to check the quality of the service and to drive improvement.

Engaging and involving people using the service, the public and staff

- People and their relatives spoke highly of the registered manager and felt they were approachable. One person said, "[Registered manager] is very caring and I can talk to them about anything." One relative said "[Registered manager] is brilliant. They know everything and keep me totally informed. They are so respected by the staff and visitors, I could not criticise them as a manager. They do really well."
- There was a positive management structure in place which was open and transparent and available to staff when needed. The registered manager was very visible and worked as part of the team.
- Staff felt supported to develop through career progression and could gain qualifications. One staff member said, "I am very pleased that they [management team] have noticed what I am capable of."
- Staff received supervision of their performance and regular team meetings were held which provided an opportunity for staff to feedback their views and suggestions for improvement which were considered and acted upon by the management team.
- One person was a resident ambassador. Their role was to help people settle in and encourage people to have an input into the service and make suggestions of things that could be better.
- The service regularly sought the views of people living at the service through meetings and surveys. Where suggestions for improvement had been made, these had been acted on.
- Compliments had been received and comments included, 'I have seen a huge difference in (person's) quality of life since being with you which is lovely to see.'
- The management team genuinely cared about their staff. The registered manager was due to miss an

important social event due to the inspection. However, the company arranged last minute transport to ensure the registered manager could attend the event. One staff member said, "That is normal for this company. We are supported in every way."

Continuous learning and improving care

- There was a development plan in place to ensure that the service focused on making improvements.
- The management team met to discuss safety incidents that had occurred in other services to ensure continuous learning and safety of those living at Spring Lodge.

Working in partnership with others

- The registered manager and staff team worked closely with community health professionals.
- The management team attended networking meetings to keep themselves up to date and to share best practice.
- The management team were developing closer links with the community and looking into linking up with the local school.