

Purelake Healthcare Limited

North Lodge Care Home

Inspection report

47 St Peters Road
Margate
Kent
CT9 1TJ

Tel: 01843229390

Date of inspection visit:
10 March 2022
11 March 2022

Date of publication:
25 April 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

North Lodge Care Home is a residential care home for 21 older people and people living with dementia. The service is a large, converted property. Accommodation is arranged over two floors and there is a stair lift to assist people to get to the upper floor. There were 18 people living at the service at the time of our inspection.

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

People told us they felt safe living at North Lodge Care Home and staff were kind and caring.

We found the service had improved since our last inspection. Risks to people had been identified and assessed. Action had been taken to mitigate risks and keep people as safe as possible. Nationally recognised assessment tools were now being used to assess people's needs.

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. Applications had been made, in line with national guidance, to deprive some people of their liberty in their best interests.

Staff knew how to identify and report any safeguarding concerns they had. People were confident to raise any concerns they had and told us staff always acted on any concerns they raised.

People's medicines were managed well, and they received their medicines as prescribed. Staff worked closely with health care professionals and followed their advice and guidance. People told us staff contacted their doctor promptly when they felt unwell.

The service was clean, and people were protected from the risk of the spread of infection. Areas of the service had been decorated since our last inspection and further improvements were planned. People's rooms had been personalised and they considered the service to be their home.

Lessons had been learnt when things had gone wrong. The registered manager had apologised for any mistakes or errors and had taken action to prevent similar incidents occurring again.

The service was well led by the registered manager. Staff felt supported and were clear about their role and what was expected of them. Checks on the quality of the service were completed regularly and action was taken to address any shortfalls found. People, their relatives and staff had been asked for their feedback on the service and this had been used to develop the service further.

There were enough staff with the required skills and experience to meet people's needs. Staff had been recruited safely and checks on their character and performance in previous roles had been completed.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 January 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider use nationally recognised tools to assess people's needs. At this inspection we found the provider had acted on our recommendation and had introduced nationally recognised tools to identify the risk of people developing pressure ulcers.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the assessment and management of risks and ensure applications to deprive people of their liberty were made in a timely way.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for North Lodge Care Home on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

North Lodge Care Home

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 included checking the provider was meeting COVID-19 vaccination requirements. 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

This inspection was completed by one inspector.

Service and service type

North Lodge is a 'care home'. 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. [Care home name] is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority professionals who work with the service. We used the information the provider sent

us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people about their experience of the care provided. We spoke with six members of staff including the registered manager, senior care worker, carers, and chef.

We reviewed a range of records. This included five people's care records, multiple medication records and two staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits were reviewed.

After the inspection

We viewed training records and policies and procedures. We received feedback from three people's relatives about their experiences of the service.

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 requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider and registered manager had failed to consistently manage risks. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. Risks to people had been identified and mitigated.

- Action had been taken to ensure bedrails were used safely and any risks had been assessed and mitigated. Assessments of risks related to the use of bedrails, such as entrapment had been completed. Risks had been mitigated and covers were fitted to bedrails to reduce the risk of people injuring themselves.
- Risks of people choking had been identified and people had been referred to a speech and language therapist (SALT) for advice. SALT advice on how to modify people's foods to reduce the risks had been shared with staff and was followed. We observed meals were prepared in accordance with SALT guidelines.
- Some people were at risk of developing pressure ulcers. Risk assessments were completed monthly and people at risk were supported to use pressure relieving equipment. This was set correctly and was operating effectively. Other people used equipment to move around. Guidance was in place for staff about how to move people safely, including the type of hoist and sling. People told us they felt safe when staff moved them.
- Risks associated with the building and equipment were managed. Regular checks were completed on equipment such as the fire alarm system, water temperatures and window restrictors. Any shortfalls were identified and addressed quickly. A comprehensive legionella risk assessment was completed shortly after our inspection.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe living at North Lodge. One person told us, "All the staff are trustworthy". People were confident to raise any concerns they had with staff and the registered manager.
- Staff had completed safeguarding training and knew how to identify risks of abuse. Staff raised any concerns they had with the registered manager and were assured these would be addressed promptly. They knew how to whistleblow concerns to the provider and the local authority safeguarding team.
- The registered manager had shared any safeguarding risks with the local authority safeguarding team and the Care Quality Commission. When risks had occurred, action had been taken to stop them happening again, such as changes to the building to keep people safe.
- Accidents and incidents were recorded, and action was taken to prevent them from happening again. For example, when people had fallen, they had been referred to the falls clinic. While people were waiting for an assessment, they were supported to use alert mats and other equipment to reduce the risk of them falling

again. This had reduced the number of falls people had. One relative told us their loved one's falls had reduced since moving into North Lodge. Accident analysis was completed each month to look for patterns and trends and plan any action required to reduce risks. No patterns had been identified.

Using medicines safely

- People's medicines were managed safely. We observed staff supporting people to take their medicines when they were prescribed. Staff offered people information about their medicines and any reassurance needed.
- Some people had medicines prescribed 'when required'. Detailed guidance was in place for staff about what the medicine was prescribed for, how often it should be taken and the maximum dose in a 24 hour period. We observed staff asking people if they needed pain relief and administering it when needed. Records showed people received their when required medicine only when they needed it and did not take them regularly.
- Prescribed medicines were available for use in an emergency or to provide comfort at the end of a person's life. Staff had practiced using emergency medications and were confident to use them if they were required. They worked closely with community nurses to ensure people received comfort medicines when they needed them.
- Medicines were ordered, received, stored and disposed of safely. Records relating to medicines were complete and up to date.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

- The provider's visiting policy followed current government guidance. People received visitors when they wanted in their bedroom or communal areas. Visitors were required to show evidence of a negative Covid-19 test. Visits were booked in advance to allow for COVID-19 test results to be received and logged.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Staffing and recruitment

- People told us there were always enough staff on duty to offer them the care they needed. Our observations during the inspection confirmed this. People's comments included, "Staff are easily available when I need them", "The staff are great" and "Staff are always kind and helpful".

- Staff, including kitchen staff, had time to spend with people gathering their views and choices. They knew people well and chatted to them about things they enjoyed. Staff spoke to people in positive ways complimenting and reassuring them. A relative told us, "My [relative] loves the staff, who are always polite".
- People were protected by robust staff recruitment processes. Checks, including Disclosure and Barring Service (DBS) checks, had been completed to ensure staff were of good character and had the skills required to fulfil their role. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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 MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider and registered manager had failed to consistently apply for DoLS when people were deprived of their liberty in their best interest. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13. Applications for DoLS had been submitted for anyone who was at risk of being deprived of their liberty to protect them from harm.

- The registered manager understood their responsibilities under DoLS. People's risk of being deprived of their liberty had been assessed and applications had been made to the local authority for DoLS authorisations. People were supported to move freely around the building without restriction and to go out with staff and relatives.
- People's ability to make decisions had been assessed. For example, decisions around taking the COVID-19 vaccination or consenting to the use of bedrails. When people were unable to make specific decision, these were made in their best interest by people who knew them well. This included people's families and health care professionals.
- We observed staff supporting people to make day to day decisions throughout the day. This included choices about the music they listened to, what they ate and where they spent their time. Staff gave people the information they needed to make the decisions and showed them options to help them decide.
- Staff knew who had authority to act on people's behalf when they lacked capacity. One person's relative

told us, "My relative's keyworker informs me in good time if they are running short of certain items or their funds are getting low. Staff are happy to make purchases on my relative's behalf. I have been impressed at how far their funds go".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At our last inspection we recommended the provider consider using of nationally recognised assessment tools to understand people's needs. The provider had acted on this recommendation.

- People's needs were assessed before they began using the service. The registered manager gathered information about all areas of the person's life from the person, their relatives and any professionals supporting them. They used this information to make sure staff had the skills to meet people's needs.
- People and their relatives had been asked to share information about people's lives before they moved into the service. This helped staff get to know them and understand what was important to them. People were given the opportunity to share information about any protected characteristics under the Equality Act, such as race and gender.
- Since our last inspection the registered manager had begun using recognised tools to understand the risk of people developing pressure ulcers. These were completed each month and any changes in people's needs were acted to.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food at the service. One person commented, "The food is good, I've enjoyed all of it". They were supported to eat a balance diet which met their needs and preferences. The cook knew about people's food allergies and intolerances and prepared meals and snacks free from these ingredients. This had supported people to remain healthy.
- People were involved in planning the menus and their suggestions, such as curry, were included. We observed people were offered a wide range of foods at breakfast and several options at lunch time. For example, people enjoyed, marmalade, peanut butter, honey and jam on their morning toast. Staff knew what people liked and made sure they were offered these options.
- Mealtimes were staggered to allow staff time to support people at their own pace. We observed staff sitting with people who needed assistance and chatting with them while the person ate. Mealtimes were unhurried and staff were able to concentrate solely on the person they were supporting.
- Staff chose to eat their meals at the dining table with people and this led to a relaxed family atmosphere. Everyone chatted about things of interest to them and about the meal. People and staff told us they enjoyed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to remain as healthy as possible. People told us staff contacted the doctor if they felt unwell. A relative told us, "I am always called straight away if my loved one is not well" and "Staff made sure my relative received treatment for hearing loss and we now enjoy relaxed telephone conversations".
- Staff worked closely with the practice paramedic from the GP surgery and spoke with them regularly. Staff raised any changes or concerns they had noted about people's health and followed the advice provided. People's health was monitored to make sure any treatment was effective and health care professionals were contact promptly if improvements were not noted.
- People were supported to have regular health checks such as eye tests and new glasses when needed. Detailed records were maintained about any advice provided by health care professionals and these were shared with staff to ensure they provided consistent care.

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

- The building had been adapted and decorated to meet people's needs. Some areas of the building had been redecorated and plans were in place to redecorate other areas. All areas of the building and garden were accessible to people.
- People were encouraged to decorate their bedrooms with personal items, such as pictures and ornaments. They were all different and decorated as people had chosen.

Staff support: induction, training, skills and experience

- Staff had the skills they required to meet people's needs. We observed staff supporting people in the way they preferred. They completed training appropriate to their role including topics specific to the needs of the people they support such as dementia and COVID-19. The provider had introduced a new e-learning programme during the pandemic and planned to begin face to face training again, in key skills such as moving and handling.
- New staff completed an induction which included shadowing experienced staff to get to know people. Their competency to support people was assessed during the induction. Staff who had not worked in care before completed the care certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff met with a supervisor regularly to discuss their practice and development. During supervisions meetings staff received positive feedback about their practice. At annual appraisals staff's achievements were recognised. The process also included observations of staff's practice and development plans were put in place to support staff with any necessary improvements.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; 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

- Systems the registered manager had in operation to make improvements to the service had been effective. The service had improved since our last inspection.
- Regular checks were completed of all areas of the service. Action was planned and taken to address any shortfalls found. Any improvements in staff's practice were discussed at staff meetings and shift handovers and had not occurred again.
- When things had gone wrong the registered manager had apologised to the person and their relatives. They had explained the outcomes of their investigations and the actions taken to prevent a similar occurrence happening again.

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

- The provider had a clear philosophy of care which was shared by the registered manager and staff. Staff described their roles in supporting people to maintain their independence and have control over their life. People told us staff supported them to remain independent, their comments included, "Staff offer to help me and it's up to me if I say yes or not", "They don't interfere" and "They help if I'm in a pickle". We observed people being encouraged to do things for themselves, such as pouring their own drinks.
- All the staff we spoke with told us the registered manager and deputy manager were approachable and listened to any concerns or suggestions they had. They told us they felt supported by the management team at work and in their personal lives and this enabled them to perform their roles to the best of their ability.
- Staff felt appreciated by the management team and their colleagues. They told us they worked well together. We observed staff communicating well to ensure people got the care and support they needed.

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

- The registered manager had worked at the service for a number of years and knew people and staff well. They were supported by a deputy manager and the staff team. Each staff member understood their roles and responsibilities. They worked together in a calm and organised way to meet people's needs and respond to their wishes.
- Staff were clear about their roles and were reminded of these at staff meetings. Systems were in place to make sure all staff were informed immediately of any changes or reminders. The registered manager and deputy manager were not present during the first day of our inspection. Staff were confident to speak with

us and provided us with all the information we needed.

- The Care Quality Commission had been notified of significant events that had happened at the service. The registered manager knew when they needed to notify us of events and had done so without delay. Notifications contained all the information we needed to understand what had happened and the action taken.

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

- People and staff were asked for their views of the service and were involved in making any changes. People attended regular meetings where they shared their views. These had led to changes in the menu and activities. Activities and outings had been discussed and were being planned. People who did not wish to attend the meetings were encouraged to share their views on a one-to-one basis.
- The registered manager had also asked people, staff and relatives to share their views of the service using anonymous questionnaires. Responses had been analysed and used to develop the service where required.
- The registered manager had recognised the COVID-19 pandemic had been difficult for people's relatives because of the national restrictions on visiting. They had asked people's relatives for their feedback about communication with people and staff, as well as visiting arrangements. All the responses had been positive. One relative had commented, "I appreciate all the hard work you have put in to keeping my relative safe, and I greatly appreciate being allowed to visit them. You realise how important it is for us both".
- Staff had received feedback on the outcomes of the staff questionnaire. This included an action plan with deadlines for actions to be completed. For example, 45% of staff commented that the home furnishings needed improvement. New chairs and cushions were purchased and new flooring was due to be laid shortly after our inspection.

Working in partnership with others

- The registered manager continued to work well with partner agencies including the local authority safeguarding team and health care professionals. They belonged to local registered managers groups and used these to make sure they had up to date knowledge. This had been especially important during the COVID-19 pandemic when national guidance changed frequently.