Lotus Care Management Services Limited

The Villa

Inspection report

Park Avenue
Madeley
Telford
Shropshire
TF7 5AE

Tel: 01952581022

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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

The Villa is a residential care home that provides nursing and residential care up to 38 people. The home has a bungalow in the grounds that is used to support those who are planning to live independently in the community. At the time of inspection there were 32 people living in the home with four people in the bungalow. The building was in the process of undergoing a large refurbishment process.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

During the previous inspection the Effective domain had been rated as Requires Improvement as documentation relating to assessments and decisions regarding mental capacity had required improvement. At this inspection we found that the service had improved and the service was now working within the principles of the MCA and DoLS. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

At this inspection we found the service Good.

The home has a registered manager who was supported by a deputy manager and the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medications were safely managed and lessons were learnt from any mistakes. People who lived in the home and relatives gave positive feedback about the home and the staff who worked in it. The home had a relaxed feel and people could move freely around the service as they chose. People were able to have control over their lives and participate in activities they enjoyed.

Care plans and risk assessments were person centred and detailed how people wished and needed to be supported. They were regularly reviewed and updated as required, with input from people and their families. Care plans showed that people's GPs and other healthcare professionals were contacted for advice about their health needs whenever necessary. We saw the service had responded promptly when people had experienced health problems.

The registered manager and provider used different methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff. The staff team were consistent and the providers were also involved in the running of the service.

Staff were recruited safely, received a robust induction and suitable training to do their job role effectively. All staff had been supervised in their role.

The home had carried out various checks to ensure the environment was safe and infection control processes were in place.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service has improved to Good.

The service had improved processes surrounding mental capacity and the service was now working within the principles of the MCA and DoLS.

Systems were in place to liaise with GPs and to work in partnership with other health and social care professionals when necessary.

Staff supported people with their nutrition and assisted people to maintain their health and well-being.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

The Villa

Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 15 January 2019 and was unannounced. The inspection was carried out by one adult social care inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at all of the information that Care Quality Commission had received about and from the service, since the last inspection. This included notifications about issues that had happened in the service.

We also contacted other health and social care organisations such as the commissioning department at the local authority and we checked the Healthwatch website, which is an independent consumer champion for health and social care.

During the inspection we spoke with the registered manager, four care staff, six people living in the home and four relatives. We were also able to speak to a visiting social worker. We also used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spent time looking at records, including four people's care records, three staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

Good

Is the service safe?

Our findings

We observed the care being delivered in the home, where we spoke to six people and four relatives. We asked if they felt they, or their family member was safe. Each person and relative said yes. Comments from people living in the home included "Yes I am safe, safe as houses" and "I feel safe and secure. I can lock my door. "Relatives also told us "Yes, they are safe. My relative never moans about them" and "Yes, they are safe. I was worried about the falls they were having at home."

The registered manager maintained clear records and the required notifications had been sent to CQC. We asked staff members if they knew safeguarding processes and asked if they felt confident to report any type of potential abuse. Staff spoken with were knowledgeable and told us they were confident at identifying and reporting any safeguarding concerns.

Medications were managed safely in the home. Staff had to undertake a training programme before they were able to administer medication. People and the relatives we spoke with told us there had been no problems with people receiving their medications. Comments included "I get my medication regularly morning and night" and "I get my tablets at regular times." If a medication error occurred then the registered manager followed a re-training, learning and support programme, which contributed to the error not happening again.

We looked at four care files and a variety of risk assessments. We saw that risks were clearly identified and monitored, including moving and handling, pressure area care and nutrition. We looked at the records for accidents and incidents and any significant events, we saw that appropriate action had been taken following each event. This meant people were monitored and health issues were identified and acted on in a timely manner.

We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas, electric and small portable appliances had been tested and maintained. Personal Emergency Evacuation Plans (PEEPS) had been completed for all of the people who lived in the home and were readily available in case they were required in the event of an emergency. Due to the extensive refurbishment the maintenance person was in the process of replacing door guards, which released the doors when the fire alarm sounds.

We looked at staff personnel files and all of the files looked at included evidence of a formal fully completed application process and checks in relation to criminal convictions and previous employment. There was a disciplinary policy in place if needed.

There appeared to be enough staff on duty on the day of the inspection and we saw records to show that this had been consistent. We asked people if they thought sufficient staff were employed and each person said yes. One person told us "Yes, always someone here day or night" another told us "Yes, there are enough staff numbers. I never have to wait too long for them to come to me, when I ring my buzzer." A relative told us "When I have been here, there are enough staff."

We saw that staff had received infection control and hand washing training and the home employed domestic staff. We observed that the home was clean with no offensive odours. One person told us that there was "Cleanliness beyond reproach" and another person said "The cleaner never leaves on time. She makes sure the place is spotless."

Good

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had improved processes surrounding mental capacity.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met. The service was working within these principles. People's care files contained mental capacity assessments which detailed their ability to make decisions about various aspects of their day to day lives. We also saw evidence in care documents that people who were able to, had been involved in discussions regarding their care. This showed that people's legal right to consent to their care, had been respected.

A variety of nutritious food and drink was provided in line with people's preferences and dietary needs. Each care file contained a nutritional risk assessment and care plan that had been updated regularly. One person told us "The food is good. Anything you want you get" and a relative commented "What is given to my relative looks lovely."

Records showed that people had been supported to see health care professionals when needed and that staff had supported people to follow any health care advice given. People living in the home commented "They are quick at sorting GP appointments" and "If it is urgent they are quick. The optician comes in to see me." One relative said "They sort appointments. They are quite good at doing things like that" and another commented "They had the GP out for my relative. They informed me about the visit."

Staff had regular supervision meetings and a planned annual appraisal. Supervision meetings provide staff with the opportunity to discuss with their line manager their personal development and training needs. We looked at three staff files that showed each staff member had attended the provider's induction schedule within the first twelve weeks of employment.

The staff were trained regularly and this was demonstrated by the records provided by the registered manager. Staff had training in all of the required areas the provider deemed necessary and in additional areas to meet the needs of the people whom they supported. We asked the people living in the home and their relatives if they believed the staff had the knowledge and skills to support them or their relative. Each person said yes. One person told us "Yes, they have the knowledge to look after me. They do their best" and another person said, "They seem capable enough." Relatives also commented "All seem to be well trained" and "Yes they are well trained and pleasant."

The home was bright and cheerful. This created a friendly and homely environment and people were able to personalise their bedrooms. The provider was in the process of refurbishing the entire home including the décor and furniture. Each bedroom was en-suite and bedroom furniture was also being replaced, an example being people's bedside cupboards had recently been updated.

Good

Is the service caring?

Our findings

All of the people we spoke with told us staff were caring in their approach. Comments included, "They look after me very well. There are plenty of people to do things for me", "The staff know how to look after me. They are friendly, it's excellent" and "The staff are kind." Relatives also commented, "They are so kind, you can talk to any of them" and "They always get them what they want."

We observed that people made choices and decisions about their lives and staff respected these decisions, for example, people were able to choose what to wear, what food and drink they wanted, and if they wanted company or not.

During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This meant we could observe staff interactions with people who were unable to verbally communicate. We saw staff communicate and engage with care and respect. Staff talked with people effectively, giving the opportunity to talk and show preferences. We observed the staff interacting with people who lived in the home and it was obvious that the staff knew them well and how best to support them. Staff and people living in the home laughed and joked together meaning the atmosphere in the home was happy and relaxed.

We observed how staff had conversations with people, including those who did not respond verbally. One person was showing photographs of their friends, the member of staff was asking questions and having a chat about their friends. Staff referred to people by their preferred names, an example was one person who liked to be called by a different name altogether was referred to by this name by all staff.

We asked if the staff encouraged people to maintain as much of their independence as possible. Relatives we spoke to said yes. Comments included "Yes they support [persons] independence" and "Yes they do encourage them to maintain some of their independence. Like he always liked to look clean and tidy so they encourage him to brush their hair."

The people who use the service were cared for and treated with dignity and respect. On the day of inspection, we observed that staff demonstrated good knowledge of people's individual needs and knew the people very well. Comments from people using the service included, "The treat me like they would one of their own family" and a relative told us "They are very respectful to them."

Confidential information was kept secure so that people's right to confidentiality was protected. People's dignity was also respected, we observed this as we walked around the home and saw staff knock on doors and close doors when people needed support with personal care.

Staff engaged with people and visitors in a warm and friendly manner. The relatives told us that there was good communication between them and the staff and they were updated if necessary.

Good

Is the service responsive?

Our findings

We looked at support files for four people. The files contained assessments that were reviewed regularly to monitor the person's health and welfare. This included assessments of their eating and drinking, personal care, medication and sleep needs. Where an assessment identified the person needed support, a plan was written providing guidance to staff on the support required. For example, there was information included on one person who had difficulty in communicating following a stroke and for the staff to use closed questions that required a yes/no answer.

Care plans were reviewed regularly and we asked people and their relatives if they had been involved in setting up and reviewing care plans. Relatives comments included "Yes they let me know what was going on and still do. I have a meeting this week with regards to my relative", "They ask and they are having a review this week and I will be attending" and another relative said "[Registered Manager] talked me through the whole process."

One relative told us "I think [persons] care is fine." Records showed that staff had worked in partnership with the individual, their relatives and other professionals to develop a support plan outlining how people needed and wanted to be supported. We also saw how people were supported in their faith, if it was what they wanted.

A copy of the complaints procedure was at the entrance of the home and this gave information on who to contact if people had a complaint. We asked the people living at the home and their relatives if they knew who to complain to and if they were comfortable to do this and we were told yes. No one we spoke with had any complaints about the service. People told us "No complaints" and "Never ever made a complaint". We also spoke to relatives, none of whom had any complaints. One relative told us "Never complained, I have asked about a few things but the explanation was adequate."

At the time of inspection no one living in the home was receiving end of life care, however we saw that processes and policies were in place to support people, with others such as relatives and care professionals included and operating in a co-ordinated way. We saw relevant health and social care professionals would be involved to ensure they met people's needs and wishes at the end of their life.

The home had an activities programme and activities co-ordinator who ensured people were involved with any activities that they wanted. One person told us "The activities coordinator comes around and asks what I feel like doing." We were also told by relatives and people living in the home that visitors were welcome at any time. We also asked if staff knew people well, their history, likes and dislikes. One relative told us "Yes, they know their likes, dislikes and history. I went through them when they first came in" and another said "I'm sure they know their likes and dislikes. They would tell them."

Good

Is the service well-led?

Our findings

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home has a registered manager who was supported by a deputy manager and the provider.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all the people who use their services. The provider was displaying their ratings appropriately in a clear and accessible format at the entrance to the home.

The registered manager and provider had systems available to them to monitor the quality of the service and drive improvement. Quality and safety audits such as staff medication, health and safety and care plans were completed regularly. Staff and resident meetings were carried out regularly and there had been a satisfaction survey completed in 2018.

The service worked with other organisations to make sure they were following current practice, providing a quality service and ensure people were safe. These included social services, healthcare professionals including General Practitioners, dentists and opticians.

We saw from the documentation in the support plans and other records that there was good communication with other professionals. This was supported in discussion with a visiting social worker who told us "The communication is good and they always have notes ready."

Policies and procedures were updated and other documentation, such as health and safety checks had been regularly completed and updated. Staff said they felt supported by the registered manager and that the registered manager was approachable. One staff member told us "We're like a little family here."

We asked people and their relatives if they knew who the manager was and if they were approachable. Everyone we spoke to said yes. Comments we received included "I trust [registered manger], she's sincere" and "[Name] is the manager, she always says hello and is approachable."

We asked staff if they felt supported working in the home and whether they enjoyed working there. One staff member said "I feel very supported. They are investing in the home. They are buying a Dementia Painter and things for the residents that they can feel. I am proud to work at The Villa" and another staff member said, "Everyone is very supportive." Staff also said that they all felt they could approach the manager with any concerns.