

J.E.M. Care Limited

Tollington Lodge Rest Home

Inspection report

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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

About the service

Tollington Lodge Rest Home is a residential care home providing personal and nursing care to 25 people aged 65 and over at the time of the inspection. The service can support up to 25 people. The home is laid out over two floors of a former large domestic residence. To the ground floor there are bedrooms, two communal lounges, a dining room and the registered manager's office. The first floor accommodates further bedrooms, all of which are ensuite. Both the ground and first floor offer communal toilet and shower or bathroom facilities and are accessible to people via the lift. There is level access to a garden.

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

At the last inspection staff did not always knock on the doors of people's bedrooms before entering, and interactions between staff and people had not always been caring. Since the last inspection, improvements were made to how staff treated people. Staff knocked on people's bedroom doors and interacted with people in a kind and caring way. People confirmed they were supported by staff who were kind and caring.

The provider had improved how they were assessing people's mental capacity and how staff recorded capacity assessments and best interest decisions. 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. Care plans reflected people's preferences and needs, including guidance for staff about how they could support people to meet these needs. The premises were designed to meet the needs of people. People were supported to eat and drink. Staff were supported to carry out their roles through supervision and training.

Sufficient improvements had been made to quality assurance systems since the last inspection. Audits and checks were now being used effectively to identify concerns, shortfalls and omissions. There was a clear staffing structure in place and staff spoke about people in a person-centred way. The provider ensured people and staff were engaged with through questionnaires, a suggestions box and staff meetings. The provider was in the process of working to improve people's experiences of care.

The service was responsive to people's needs. Complaints and concerns were dealt with appropriately and within an acceptable timeframe. People felt able to raise concerns and complaints. Care planning reflected the needs and choices of people. People were supported to access meaningful activities and avoid social isolation. End of Life care planning was identified as an area for development, although, the provider ensured people were supported to have a dignified and comfortable death.

We identified the provider was not always working in line with published guidance about best practice. Risks to people were identified and associated guidance was available for staff. People were protected from the risk of potential harm and abuse, staff were confident about actions they would take if abuse was suspected or witnessed. Overall, people were protected from the spread of infection, however the laundry was disorganised and required cleaning in some areas, the registered manager told us this had been contributed

to by a broken washing machine. Staff were recruited safely; relevant background checks were completed by the provider.

We have made a recommendation about the management of some medicines.

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 25 October 2018). 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.

Why we inspected

This was a planned inspection based on the previous rating.

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 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 our well-Led findings below.

Good ●

Tollington Lodge Rest 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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an 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.

Service and service type

Tollington Lodge Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, senior care workers and care workers. We did not use the Short Observational Framework for Inspection (SOFI) as people could speak about their own experiences of using the service. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At our last inspection we found the provider was not storing medicines that required refrigeration safely. At this inspection we found the provider had made sufficient improvements to how refrigerated medicines were stored. This included having the medicines fridge serviced and monitoring the temperature of the fridge daily, ensuring the temperature of the fridge remained within in safe levels.
- Comments from people included, "I am on very high [doses] of painkillers – staff manage these for me as they need to be spaced out during the day" and, "Staff deal with my medicine it comes from the doctor. If I don't want it I say so"
- We found one person had two prescribed creams that were open but had not been dated upon opening. Creams should be dated when opened as once they are opened this can shorten their shelf life and how effective they are over time.
- When handwritten changes were made to medicine administration records (MAR) these were not signed by two members of staff. Hand written changes to MARs should be checked and signed by a second staff member to help lower the risk of errors.

We recommend the provider review and act to ensure creams and handwritten entries to MARs are managed in line with published guidance about best practice.

Assessing risk, safety monitoring and management

- At our last inspection we identified people were at risk of scalds and burns because radiators throughout the home were uncovered. At this inspection we found all of the radiators throughout the home had been covered and people were now protected from the risk of scalds and burns from radiators. People had been at further risk because dangerous chemicals were accessible to people because storage cupboards could not be locked. At this inspection we found the provider had fixed locks to each cupboard door and people could no longer access potentially dangerous chemicals.
- Individual risk assessments were completed for each person and these included guidance for staff about how they could support people to stay safe.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their loved ones were safe. Comments from relatives included, "It feels safe." And, "[Relative] is safe, well looked after."
- Staff knew how to identify abuse and what actions to take if abuse was witnessed or suspected. Comments from staff included, "If the person was scared of certain people, you'd look for marks, nervous of touch. Financial abuse can be tricky, you look at who is dealing with the person's money." And, "If a resident was in immediate danger, I would do something immediately to remove the problem. I can go to the local

authority and CQC."

Staffing and recruitment

- We received mixed comments about staffing levels in the home. Comments from people included, "The staff are steady, they come as quick as they can." And, "Weekends are a bit slow, short on staff and may take longer, bells going on longer."
- The registered manager did not use a staffing dependency tool to determine staffing levels. We spoke with the registered manager who said they increased staffing levels in response to changes in people's needs.
- At the last inspection we found staff were not always recruited safely. At this inspection sufficient improvements had been made and staff were now recruited safely. Checks included those with the applicant's previous employer and the Disclosure and Barring Service (DBS). The DBS helps to prevent unsuitable people working in care.

Preventing and controlling infection

- Overall, people were protected from the potential spread of infection, this included staff wearing personal protective clothing (PPE) such as gloves and aprons. There were domestic staff cleaning the home during both days of the inspection and on site daily. One person said, "They [staff] wear aprons and gloves, get clean ones for everything."
- The laundry was disorganised and required cleaning in some areas, for example the sink. We spoke to the registered manager who said the washing machine had broken down and this had contributed to the disorganisation. The provider was aware of this and working to resolve the issue.

Learning lessons when things go wrong

- Accidents and incidents were reviewed as a way of identifying themes and trends and driving improvement.
- The provider was in the process of updating their manual handling assessments to ensure sufficient guidance was available for staff when using equipment to help people mobilise.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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 were assessed, these assessments included oral health care and dietary needs. Guidance was available for staff about how they could ensure peoples' needs were met.
- Assessments recorded people's choices. For example, "[Person's name] meals will be prepared and choice will be offered from a varied diet."

Staff support: induction, training, skills and experience

- Staff told us they were supported to access training relevant to their roles. Comments from staff included, "[Registered manager's name] has trained me and keeps offering me places to progress" And, "We do a lot of training."
- Staff told us they were supported to develop in their roles through supervision and appraisals. Comments from staff included, "We have regular supervision and appraisals."
- The induction was aligned with the Care Certificate. The Care Certificate is a set of fifteen standards containing information that all staff new to care should know.

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

- People told us they were supported to eat and drink. Comments from people included, "Food is lovely, no complaints" And, "I can choose breakfast in bed, if I feel poorly I say, 'can I have breakfast in bed?'"
- Jugs of different flavoured drinks were available for people to access independently and one member of staff was responsible for ensuring people who stayed in their rooms received drinks of their choice, for example tea or coffee.

Staff working with other agencies to provide consistent, effective, timely care

- We spoke with two healthcare professionals during our inspection, both told us the staff worked with them effectively to ensure good outcomes for people. Comments from the healthcare professionals included, "Generally working well with us; haven't had problems. [registered manager's name] is very accommodating, quite often have to make requests for referrals to be made and they are done" And, "Much has changed over the last twelve months residents are well presented, everywhere is tidy, including the bathrooms, the manual handling is very good. Care staff are enthusiastic and [registered manager's name] does their very best. The seniors are brilliant, they work a lot on their own initiative."

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

- The home was clean and free from malodours, improvements to the home included a recently fitted

carpet in the communal entrance, stairs and first floor landing.

- Artwork completed by people was displayed in the communal areas on the ground floor.

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

- People told us they were supported to access healthcare services. Comments from people included, "If I'm not feeling well can speak to a carer, they are always around, they will send for the GP who can arrange for hospital if necessary."

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 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 the time of inspection two people were subject to DoLS authorisations, the provider had applied for DoLS authorisations appropriately.
- At two previous inspections, we identified that the provider was not undertaking capacity assessments and best interest decisions in line with the principles of the Mental Capacity Act (MCA). At this inspection the provider had made sufficient improvements, including introducing capacity assessments and best interest decision templates, and was now working in line with the principles of the MCA.
- Staff spoke confidently and accurately about the principles of the MCA. Comments from staff included, "Never assume someone lacks capacity, everyone has the right to make a wrong decision" And, "Assume everyone has capacity unless it's proven that they haven't."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- At the last inspection we observed staff entering people's rooms without knocking and some uncaring interactions. At this inspection, staff knocked on people's doors before entering their bedrooms and all of the interactions we observed between staff and people were caring and kind. People were relaxed around staff and there was a jovial atmosphere, with staff and people laughing together.
- People told us they received support from staff who were caring. Comments from people included, "The caring is very good, they [staff] know what they are doing, I am pretty independent." And, "I like the staff, they are kind."
- A local religious organisation visited regularly to ensure people's religious needs were being met. One person said, "I do go downstairs for the service still about every 6 weeks."

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

- Some people told us they were aware that they had a care plan and were involved with developing it. One person said, "I have got a care plan, they [provider] wrote things down when I was admitted," Another person confirmed they had been involved with developing their care plan. Other people were unsure about what a care plan was. However, all of the people with spoke with said they could approach staff, the registered manager or provider if there were any issues. Comments from people included, "I could talk to anybody if I had a problem."

Respecting and promoting people's privacy, dignity and independence

- The provider actively encouraged people to improve and retain their independence. For example, they had helped one person to lose weight, the person was now able to walk longer distances and was working towards showering independently. The person said, "Sometimes I don't want to do it, I would like a snack and they remind me of what we agreed, it helps."
- Care plans guided staff to support people to retain their independence. For example, one person's care plan said, "[Person's name] has their own teeth and is independent when cleaning them. [Person's name] will need prompting by giving them the toothbrush."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation

- People and relatives told us visitors were welcomed to the home. Comments from people included, "We can see visitors in the lounge, in our rooms. Staff are very kind to visitors and get to know them," One relative said, "Always made welcome, offered drinks etc."
- People confirmed they were supported to access meaningful activities, helping to avoid social isolation. Comments from people included, "They [provider] get good people to entertain us, and there is painting and drawing. I can go up to my room if I want, I like reading, there is a good library and they change [the books]." One relative said, "[Relative] does get involved in activities, like painting and they love animals."
- During our inspection, we observed a group of people participating in art therapy. Other activities available to people included silent disco, zoo visit and exercise groups.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were designed to meet their needs. For example, one person could be reluctant to receive personal care. The person's care plan guided staff to, "Encourage where able and to leave and return or send another staff member in to support and assist where needed."
- Care plans reflected peoples' preferences. For example, one person's care plan said, "[Person's name] likes to banter with staff and watch T.V."

Improving care quality in response to complaints or concerns

- People told us they felt able to complain and raise concerns when required. Comments from people included, "If I felt anything was not ok I would talk to the owner or [registered manager]" And, "If I needed to talk to someone (about an issue) I would talk to [registered manager's name, they come around."
- The registered manager reviewed concerns and complaints to identify potential themes and trends and prevent a recurrence. Complaints we reviewed were managed within a sufficient time frame and the registered manager acted appropriately to resolve complaints.

End of life care and support

- The provider worked to ensure people had a comfortable and dignified death. For example, the registered manager had recently stayed overnight to ensure a person with no relatives was not alone when they passed.
- We reviewed compliments the provider had received from loved ones who had been supported towards the end of their life. One card read, "I cannot put into words how humbled I am at the love, support and dignity you have all shown to [relative]." Adding "Thank-you for respecting [relative's] wishes and also fighting for their right to finish their days at home [Tollington Lodge Rest Home]."

- End of Life care planning had been identified as an area for improvement, the provider and registered manager were in the process of exploring ways to improve how information was collected and recorded.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to access information relevant and important to them. For example, using pictorial cards.

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 the last inspection this key question was rated as required improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection we identified that quality assurance audits were not being used to identify shortfalls, errors and omissions that we identified during our inspection. At this inspection sufficient improvements had been made and audits were now being used effectively to identify concerns.
- There was a clear staffing structure and strong team identity. Comments from staff included, "As a team we've got stronger, our paperwork is up together and there is a team effort" And, "Team is the best thing, the majority of us work incredibly well together."
- All services registered must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. Notifications were submitted to the Commission as required.

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

- Staff spoke in a person-centred way about people they supported. Comments from staff included, "People receive good care because we learn about them, what scares them or what they enjoy" And, "It's a family in here, you learn about your residents and what they like to do."
- The registered manager was proud they had supported two people with diabetes to change their lifestyle and eliminate the need for insulin.

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

- The provider did not facilitate meetings for people as these had made people feel uncomfortable. Instead, people were provided with questionnaires, and the registered manager operated an open-door policy. One person said, "I did a questionnaire, a few weeks ago." People could also use a suggestions box situated in the communal area if they wished to provide feedback, either anonymously or including their details.
- People told us they could speak with the registered manager when they needed to. Comments from people included, "If I have a problem I talk to the manager."
- Staff told us they participated in regular team meetings. Comments from staff included, "We have staff meetings every couple of months" And, "If we raise any concerns or issues [registered manager's name] will call a meeting."

Continuous learning and improving care

- The provider was implementing changes as a way of improving people's experiences of care. This included securing funding for an interactive games board from the local authority.

Working in partnership with others

- The provider had links with organisations in the local community, including a local school and college for people with learning disabilities.

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

- The management team were aware of their responsibilities in relation to the duty of candour.