

Julie Walsh

Virginia Lodge Care Home

Inspection report

Old Road
Longtown
Carlisle
Cumbria
CA6 5TL

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Tel: 01228791986

Website: www.virginia-lodge.co.uk

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

This unannounced inspection took place on the 4th December 2015. We last inspected this service on the 29th April 2014 during which all the regulations we looked at were met.

Virginia Lodge is a residential care home for up to 32 older people, some of whom may also have dementia. It is managed by Mrs Julie Walsh. She and her husband own the service.

The home is located approximately a mile and a half from the small border town of Longtown and is in a rural setting. Accommodation for people using this service is all at ground floor level and accommodation is in single rooms.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

We spoke to people who lived Virginia Lodge and they spoke positively about what it was like to live in the home. People living there told us that care staff respected their privacy and treated them with respect. People said, "I feel very safe here and the staff are wonderful". Relatives told us they were more than happy with the care and support provided to their family members.

We spent time in all the areas of the home and saw there was sufficient staff on duty to meet the needs of people who lived in the home. We saw there was catering and domestic staff available to support the care staff in providing appropriate levels of care and support.

The registered provider had systems in place to make sure people living there were protected from abuse and avoidable harm. Staff were trained and knew the action to take if they were concerned about the safety or welfare of anyone.

We saw that people had nutritional assessment and plans in place. This ensured people received a balanced diet and were not at risk of becoming malnourished or dehydrated.

Medicines were being safely administered and stored and we saw that accurate records were kept of medicines received and disposed of so they could be accounted for.

Some activities were provided if people wanted to join in. People could follow their own interests and maintain relationships with friends and relatives.

The environment of the home was well maintained and the communal areas were decorated and arranged to make them homely and relaxing. There was sufficient communal space to allow people to sit in quiet

spaces if they wished. We found that the home was clean and being kept tidy and fresh because the provider employed ancillary staff to undertake housekeeping duties.

Staff were recruited in a way which ensured only suitable people were employed to care for and support older people with a variety of physical and emotional needs.

People knew how they could complain about the service they received and information on this was displayed in the home. People and their relatives told us they were confident and complaint or concern they had would be listened to and dealt with as soon as possible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe living in Virginia Lodge. Staff had completed training in safeguarding vulnerable adults and were aware of their responsibility to keep people safe.

Medicines were administered correctly and the records were up to date.

People were fully assessed prior to moving in to the home with the assessment providing information to form the detailed care and support plan. Risks were identified and measures put in place to manage these in a safe and consistent way.

Processes for the recruitment of staff were thorough and safe.

Is the service effective?

Good ●

The service was effective.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People's rights were protected because the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were followed when decisions were made about the support provided to people who were not able to make important decisions themselves.

Staff training appropriate to people's roles and responsibilities was in place.

Is the service caring?

Good ●

The service was caring.

People told us they were happy and the staff provided good care and support.

People's dignity and privacy were respected.

Staff knew people well and had formed caring and appropriate relationships with them.

Is the service responsive?

Good ●

The service was responsive.

People's needs were thoroughly assessed before moving in to Virginia Lodge.

People were able to raise complaints and concerns knowing they would be listened to.

People were given freedom of choice at all times and staff respected the choices people made.

Is the service well-led?

Good ●

The service was well led.

Quality audits were used to monitor care planning, medication management, the environment and service provision.

Notifications of accidents and incidents required by the regulations had been submitted to the Care Quality Commission (CQC) by the registered manager.

Staff told us they felt supported and listened to by the registered manager and that they could discuss their work and practices.

All records concerning every aspect of the operation of the home were in place and up to date

Virginia Lodge Care Home

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 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.

This unannounced inspection took place on the 3rd December 2015. The inspected team consisted of one lead adult social care inspector.

A provider Information form (PIR) was sent to the provider and this was completed and returned within the set timescale. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We also asked the local social work team and local health care providers for information about the service. We had contact with staff from health and the local authority that purchase care on behalf of people. We planned the inspection using this information.

During our inspection visit we spoke to four residents, six visiting relatives and two visiting health care professionals. We spoke to three members of the care staff team, one domestic and the cook. We spent time with the registered manager, the deputy manager and the administrative manager.

We looked at six support/care plans relating to the provision of care. We looked at details of the medicines managed on behalf of people in the home. We checked on the records related to ordering, administering, storing and disposing of medicines and looked at four weeks staff rosters. We toured the building inspecting the environmental standards in the home and looked at records pertaining to maintenance.

Is the service safe?

Our findings

All the people we spoke to made positive comments about living in Virginal Lodge. Comments included, "I have been happy since I moved in here and I certainly feel safe" and "I did move away but I was back the next day and I will not move away again. I feel utterly safe especially at night".

Relatives also told us they were confident their family member was kept safe. One visitor told us, "The manager always puts the peoples' safety before anything else and she makes sure her staff do too".

On the day of our inspection visit there were 22 people living in Virginia Lodge with three care staff providing the care and support. Working with the staff was the registered manager and the deputy manager. Working alongside the support workers was the cook, a kitchen assistant, the domestic and the laundry assistant. As well as the day staff there were two waking night staff to provide care and support through the night. Virginia Lodge is a single storey building and we saw there were sufficient staff to keep people safe during the day and night. We checked four weeks staff rosters and these tallied with the number of staff on duty at the time of our inspection visit.

We spoke to three members of staff and asked them how they made sure people were kept safe living in Virginia Lodge. Two of them had completed training in protection of vulnerable adults but one was a new member of the staff team who was waiting to finish her induction before completing the appropriate training. However, all three staff told us they were aware of their responsibility to keep people safe at all times. They were able to discuss with the inspector the various forms of abuse and their responsibility of reducing any risk of harm or danger to the people they supported. We asked one of the support workers what she would do if she saw any incident that gave her cause for concern. She said, "I would report it to the manager or deputy immediately. It is our responsibility to do that".

Risk assessments were in place covering all aspects of daily living within the home. These were reviewed each month with the support plans unless there was a change to a person's needs, when they were reviewed and updated immediately. We saw in the support plans there were tools to monitor mental health needs and directions for staff to support people whose behaviour may challenge the service. This demonstrated all aspects of people's needs were recognised, understood and met in the most appropriate way.

We looked at the handling, storage of medicines held in the home. We looked at the medicines administration records and found these to be clearly and correctly completed.

We saw that regular audits (checks) were completed and recorded on the medicines file. This ensured the correct amount of medicines were always available for people. We found that all the medicines were held in a locked room within the medicines trollies. All medicines were clearly labelled and those we checked were all in date. We saw there was not a build-up of medicines that were prescribed to be taken 'as required'. The deputy manager explained that she took care to ensure these medicines were not over ordered.

We checked the storage and recording of medicines liable to misuse, called controlled drugs, and this was

being managed well. There were clear records of administration, checked by two members of staff and recorded in the appropriate register. We saw the amounts held tallied with the amount showed in the register.

We saw that recruitment procedures were in place and were being followed in practice to help ensure staff were suitable for their roles. This process included making sure that new staff had all the required employment background checks, security checks and references taken up.

We walked round the building and saw there was suitable equipment to assist people who may have limited mobility and spoke to staff about how they assisted people by using a hoist. We were told, "We all have training in this and the manager has very strong views about how to do it correctly. We always talk to people when we use the hoist to re-assure them and make sure we do it in a dignified manner".

Is the service effective?

Our findings

During our inspection we spent time in all parts of the building and saw that people were given choices throughout the day. Some people spent their day in their rooms, only coming to the dining room for their meals. Others sat in the lounges chatting or spending time with their visitors. We saw there was a relaxed atmosphere in the home and saw warm friendly interactions between the staff and people.

One of the lounge areas was deemed a 'quiet area' where people with more complex needs were supported. The registered manager explained that although there was a television on there was usually music played during the day as a quieter atmosphere was more suited to the people who usually spent their time there. We spoke to a visitor who was sitting with her relative and asked her if she felt involved with the care provided and was effective in meeting her relative's needs. She told us, "I have no complaints at all. My [relative] was admitted here after a fall and we came to look here following a recommendation. I have never regretted the move and am always included in her support".

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are 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 were being met and found the service was doing so.

We spoke with staff to check their understanding of MCA and DoLS. Two of the members of staff on duty had completed the appropriate training and one told us, "We always assume people have capacity but may need help with making big decisions. I know even the people with complex needs such as dementia can make some decisions themselves. We like to keep people as independent as possible while they live here", The manager confirmed that, currently there was nobody in receipt of a DoLS order

We looked at the documentation in relation to Do Not Attempt Cardio Pulmonary Resuscitation (DNAR CPR) and found this to be in order. We spoke to one of the health care professionals from the nursing home team that worked closely with residential and nursing homes in the area. They had worked with the registered manager and the GPs to ensure all the documentation and paperwork was in place and up to date. Best interest meetings had been held to discuss what was best for people with no or limited capacity to make important decisions about their care and how they want their care to be delivered.

We spoke to the manager about people's consent to their care and treatment. She told us this was always

discussed with people, or their relatives if appropriate, during the initial assessment of needs. We asked the manager about relatives who were responsible for the care and support of people who lived in the home and she told us she knew who held the relevant documentation called Lasting Power of Attorney. We suggested that she retained copies of the documents to keep on file for reference.

We discussed staff training and the deputy manager showed us details of the training already completed and that which required updating after the prescribed time. Staff confirmed they had completed training in, moving and handling, infection control, the MCA, safe handling of medicines, first aid and safeguarding of vulnerable adults.

People had access to food and drink throughout the day and we observed lunch being served. Staff told us that, at the time of our inspection, there were some residents requiring assistance with eating whilst others needed encouragement to eat their meals. We saw that staff supported and encouraged in a patient and appropriate manner and gave people time to eat at their own pace. We noticed that staff encouraged people to retain their independence when assisting them to eat. There was specialist cutlery and plates with guards on which enabled people to eat themselves or with minimal assistance. People told us they enjoyed their meals and were given choices at every meal. Tables were nicely set and the menu was displayed in the dining room.

We saw, on the care and support plans, that everyone had a full nutritional assessment in place. People's weights were recorded weekly or monthly whichever was appropriate. If people were at risk from dehydration or malnutrition details of fortified meals were recorded. The services of the dietician and the speech and language therapist were accessed when needed.

Health care needs were met by visiting GPs and the district nursing team. People with mental health needs were supported by mental health professionals. Optical, dental and chiropody services were available for people when required.

Is the service caring?

Our findings

People and their relatives all told us they were well cared for and felt valued by the management and staff. People said to us, "I feel very well cared for. There is nothing too much trouble for the staff" and I have always been happy with the care I get in particular if I am awake during the night". Another person told us, "I am looked after really well and I like the staff. I see Julie the manager and Lauren the deputy every day when they come to make sure I am okay.

Relatives were very appreciative of the care provided. Comments included, "I really love this home and the staff care very well for my relative who can be difficult at times" and "The care here is wonderful and the staff look after the family too. We really love the 'Wednesday cream tea. I have no regrets whatsoever ever about my relative moving in. The manager makes sure all the staff provide the best of care and attention".

As we spent time in different areas of the home throughout the inspection we saw that the staff engaged positively with people and we saw people enjoyed talking to the staff. During the lunch period in the area where people with complex needs were supported used the Short Observational Framework for inspection, (SOFI) to observe how they were being supported. SOFI helps us assess and understand whether people who use services are receiving good quality care that meets their individual needs, in particular those who may have limited verbal communication

We saw that people who could not easily express themselves verbally were interacting with staff in other ways, by touch and facial expression. As staff were moving around the room between the tables they kept up a constant flow of chatter with people and no individual was ignored. People were assisted with meals in an encouraging and dignified way and were given time and space to enjoy their meals.

During other observations we found that people's choices were respected and staff treated people with respect. We noted that staff were very attentive and dealt with requests without delay. We saw anyone needing extra help with their mobility was assisted in an empathetic and discreet manner. Staff made sure people they assisted were relaxed and comfortable when being moved using specialist equipment.

The registered manager was able to describe in detail the procedures put in place to make sure people had comfortable and dignified end of life care. We spoke to a visiting healthcare professional who was a member of the 'care home support team' who visit the home every week. They told us, "The care here is exceptional and that includes 'end of life care' There is always plenty of staff around and I see them being very pleasant with people who live in the home and their families. There were barriers to overcome at the beginning but now the team has a very good working relationship with the manager and all the staff. Communications are excellent".

During our visit we saw people's privacy and dignity was respected at all times. Personal care was delivered behind closed doors and staff always knocked and waited to be invited in to peoples rooms.

Bedrooms we saw were personal to the individual with people's own belongings, such as family

photographs, ornaments and mementos. We saw staff calling people by their preferred names, as stated in their care plans. We saw that people were being supported to make sure they were appropriately dressed and that their clothing was arranged properly to promote their dignity.

Is the service responsive?

Our findings

Prior to people moving in to Virginia Lodge the registered manager completed a full assessment of their needs. This ensured the service was able to provide the most appropriate level of care and support. The registered manager explained, "It is important to make sure we get as much information as possible in order to decide if we can look after the person who wants to move in".

The information gathered at the initial assessment meeting was used as a basis for each individual plan of care and support. Each support plan contained a personal history showing people's personal preferences and choices as well as detail about their life before they moved in to the home. Some people and their families had provided a lot of information whilst others chose only to give the barest details. Whatever their choice was, it was respected by the registered manager and the staff.

Staff had a good understanding of people's needs and knew people very well. Staff said, "We like as much information about people so that we can provide just the kind of care they want".

We looked at the care and support plans for six people and found them to be relevant and up to date. Each of them demonstrated a clear commitment to promoting, as far as possible, each person's independence. The registered manager told us, "We have gone back to paper copies of the care plans instead of just electronic copies. It is much better all round".

In all the care plans we looked at we saw there were risk assessments in place that identified actual and potential risks. Also included was information for the staff to help minimise the effect on people's welfare. People's care plans included risk assessments for skin and pressure care, falls, moving and handling, mobility and nutrition. Where a risk had been identified we could see that action was taken to minimise this. For example, providing the right pressure relieving equipment and appropriate beds for people at risk of skin damage.

People told us about activities that were organised for them if they wanted to join in. These included music and movement for health. An entertainer who visited each month and visits from local schools. We saw a copy of the Christmas entertainments that had been organised for the festive season. One of the most popular things that people enjoyed was the 'Wednesday cream teas' to which relatives and other visitors were also invited. Everybody we spoke to during our visit remarked about how much they enjoyed their tea and cakes.

People were able to follow their beliefs and faiths through visits from local clergy for services and communion.

We saw that everyone living in Virginia Lodge had a 'hospital passport'. This contained information about the person, their health and care needs, medication and what they wanted in order to support them. This was to help make sure that should a person need to transfer to another care setting quickly all the relevant information about their needs and preferences would be available to go with them.

The service had a policy and procedure for dealing with complaints and a record of those received. The CQC had not received any complaints since the last inspection. People told us that if they were worried or needed to speak to the manager that was never a problem. One person said, "I have never needed to complain about anything but I know Julie [manager] would listen to me". Family members said to us, "there may have been a few niggles in the beginning but one word to the manager and everything was sorted. The manager will do anything needed to make sure people are well looked after".

Is the service well-led?

Our findings

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). 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 and associated Regulations about how the service is run.

All the staff we spoke to told us that they were well supported in the home and the registered manager's top priority was the safety and welfare of the people who lived in Virginia Lodge. Relatives we spoke to during our inspection visit told us they appreciated all the hard work that went into caring for older people. One person said, "I came to visit this home and knew immediately that this was the right place. It is very well managed and the manager makes sure everything is done properly". Another relative said, "I know my [relative] can sometimes be difficult but the manager makes sure everything runs smoothly".

Staff told us, "I have worked here for 15 years and I would not work anywhere else. The manager can be strict with the staff but that is only because she wants the very best for the people who live here". A new member of staff said, "The manager is doing my induction and is taking it slowly for me. She never starts a new topic until I am familiar with the one I am doing. It is great because I am never rushed and I can ask questions when I want to".

Visitors also told us they were impressed with the way in which this service was managed. They said, "I have been visiting here for over two years and have always found the manager to be supportive of the staff and wonderful with the people living in the home".

We saw during our inspection that the deputy manager and the registered manager spent time with the people who lived in the home in the different parts of the building and engaged in a positive and informal way with them. Virginia Lodge is a family run business and all the family were very much involved in the running of the home.

The registered manager used the systems in place to assess the quality of the services in the home. We saw that audits had been done on care plans and medication records on a monthly basis and there was also a weekly stock check of medicines. We also saw that staff had done competency checks to make sure their medication practices were up to date. This helped to make sure people received the right treatment and support and that any errors or omissions were noticed and dealt with.

Regular checks were completed to make sure the environment remained a safe and appropriate place for people to live in. Any areas that needed attention were dealt with immediately. All the equipment used in the home such as hoists and bathing aids were maintained through annual service level agreements.

Prior to our visit we spoke to external health and social care professionals and asked them about the leadership within and management of Virginia Lodge. We were told by social workers, "The home is very well

run in a positive way". Health care professionals told us, "There have been communication issues in the past but they are sorted out now. I know the manager has the care of the people who live in the home her first and only consideration".