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West Lodge Care Home

Inspection report

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11 February 2016

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection took place on 10 and 11 February 2016 and was unannounced.

West Lodge is registered as a care home with nursing and provides accommodation up to 27 older people over three floors. At the time of the inspection there were 22 people using the service.

On the day of our inspection there was a registered manager in place. 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.

All the people we spoke with told us they felt safe. Staff demonstrated a good awareness of their role and responsibilities regarding protecting people and were confident a member of the management team would deal with any concerns reported.

Sufficient staff were on duty to meet people's needs. Staff were recruited through safe recruitment practices. Medicines were safely administered and stored.

Staff received an induction, training and supervision and felt supported by the management team. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink. People had access to healthcare services when required but advice from external professionals was not always followed.

Staff were caring and people felt listened to. People received personalised care by staff that protected their privacy and dignity. People and their relatives where appropriate were involved in decisions about the care and support provided. Relatives regularly attended reviews of their family members. Information was available for people about how to access and receive support from an independent advocate..

People had the opportunity to take part in a variety of activities. Care plans were developed with people, their relatives or advocates as appropriate. Staff knew people's likes and dislikes. Complaints were dealt with in a timely manner.

There were links with the local community and people accessed local services. People, relatives and staff said the management team were approachable and listened to them. People and their relatives were involved or had opportunities to be involved in the development of the service. There were systems in place to monitor and improve the quality of the service provided.

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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 and staff demonstrated a good awareness of their role and responsibilities regarding protecting people from harm.

Sufficient staff were on duty to meet people's needs and were recruited through safe recruitment practices.

Medicines were safely managed.

Is the service effective?

Requires Improvement ●

The service was not always effective

Although people saw health and social care professionals when required, their advice was not always followed by staff. This meant that people did not always receive timely care and treatment.

Staff received appropriate induction, training and supervision.

People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring

Staff were caring and listened to people who used the service.

People received personalised care that was responsive to their needs. Relatives were involved in the decision making process as appropriate.

Staff respected people's privacy and dignity

Is the service responsive?

Good ●

The service was responsive

People had the opportunity to take part in a variety of activities.

Care records contained information to enable staff to meet people's individual needs.

A complaints process was in place and staff knew how to respond to complaints.

Is the service well-led?

Good ●

The service was well led

There were links with the local community

The management team were approachable and visible.

People and their relatives were involved or had opportunities to be involved in the development of the service.

There were systems in place to monitor and improve the quality of the service provided.

West 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 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 10 and 11 February 2016 and was unannounced. The inspection team consisted of two inspectors and a specialist nurse advisor with experience of dementia care.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and information received. We contacted commissioners (who fund the care for some people) of the service and Health watch Nottinghamshire to obtain their views about the care provided about the service.

During the inspection we observed staff interacting with the people they supported. We spoke with three people who used the service, six relatives, two care staff, two nurses, registered manager, business manager and an external health care professional. After the inspection we spoke with another two health care professionals.

We looked at the care records of four people and the recruitment records of two members of staff. We also looked at other records relating to the management of the home such as policies, procedures and audits.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe. One person told us they trust the members of staff that support them. Another person said, "I am very happy." One relative said, "I am happy with the decision I made regarding placing [family member] here."

Staff told us they had received safeguarding adults training and demonstrated a good awareness of their role and responsibilities regarding protecting people from harm. They knew the different categories of harm and told us they would report any concerns to a member of the management team, NHS, local authority or CQC where appropriate. Staff were confident a member of the management team would deal with any concerns reported. A member of staff said, "I feel confident [management team] would investigate straightaway."

The provider had a safeguarding and whistle blowing policy and procedure available for staff. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organization. All the staff said that they would not hesitate to use the policies if required to do so.

Procedures were in place to protect people in the event of an emergency, such as a fire. Appropriate checks of the equipment and premises had taken place and action was taken promptly when issues were identified. We saw there were monthly safety checks in place for bedrails, hoists and mattresses to ensure people's equipment was being well maintained. Staff could explain the procedures they followed to raise issues that required attention.

We observed staff provided people with the support they required in line with the guidance as recorded within their care records. Most people's care records contained risk assessments that were relevant to the person such as moving and handling, pressure ulcer care and mobility. However, one person's pre-admission section stated that a person was unable to mobilise and required hoisting. We observed them being hoisted although there was no moving and handling assessment in their care records. The person also had a pressure sore but there was no assessments in place. We spoke to the business manager about our concerns and risk assessments were immediately put in place.

People and the staff we spoke with told us there were enough staff to provide people with their care and support needs. One person said, "Yes, there is enough [staff]." Relatives agreed with one commenting, "I've never seen a shortage of staff." One member of staff said, "Yes at the moment." A community support worker said, "There is always someone around when I need to talk to someone [staff]." However, one person told us they "sometimes" have to wait a long time to be taken to toilet. Two relatives agreed. One relative said it, "Can be erratic." Another relative said their relation has had to wait a long time twice but not recently. We looked at a sample of staff rota's which showed there were appropriate levels of staff required to support people.

We observed there were sufficient staff to give people support in a timely way. We saw staff respond quickly

to support a person who required personal care. One relative said, "Always visible, always interacting with people." Two health care professionals agreed.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The business manager told us that staffing levels were based on people's dependency levels. Dependency levels take into account if a person requires more than one member of staff to support them.

Safe recruitment and selection processes were in place. We looked at two staff files which confirmed the recruitment process ensured all the required checks were completed before staff began work. This included checks on criminal records, references, employment history and proof of identity. This process was to make sure, as far as possible, new staff were safe to work with people who may be at risk of harm.

People's medicines were managed safely. One person told us they always receive their medication at the right time. All the relatives agreed. One relative said, "Yes from what I've observed."

We observed a member of staff administering medicines safely to people. Staff had their ability to administer medicines safely regularly assessed. We checked the medicine administration records (MAR) for three people. These records were accurately completed. Information about each person contained in the medicine file included, what medicine they had been prescribed, their photo, the way they liked to take their medicines and whether they had any allergies were recorded. The temperature in the medication cabinets had been checked daily to ensure the medicines were stored in a safe way ensuring their effectiveness was not compromised. Audits were carried out to assess if medicines were being managed safely.

Staff received training in the administration of medicines annually. Some people received the medication 'when required' (PRN) but the home did not have a policy to reflect this. We spoke to the business manager who told us they would ensure this was put in place to ensure safe administration practices.

Is the service effective?

Our findings

All of the people we spoke with told us they had their health care needs met and saw external professionals such as chiropody and GP's. Records confirmed, the staff and members of the management team told us that health professionals visit weekly. Care records contained information about the involvement of a range of external professionals such as, Dementia Outreach Team, speech and language therapist and dietician. Communication systems were in place where staff recorded information about people's health changes to alert the next member of staff. This enabled staff to monitor people's health effectively.

Staff had identified risks to some people. These included risks in relation to people's skin integrity and health conditions such as dementia. We found that when advice was received by external professionals it was not always followed by staff working in the home. This included advice in relation to one person being at risk of developing a pressure sore, staff not using pressure relieving equipment for one person who required this and instructions about a dressing for one person not being followed. A visiting health professional raised these concerns with the home and immediate action was taken before the end of the inspection.

People told us they received enough to eat and drink. One person said the food is, "Quite good." All the relatives were complimentary about the food. One relative said, "Excellent". Another relative said, "Good~the home prepare [family members] food when they are ready." A third relative told us their family member had put on weight since moving to the home.

We observed the lunch time meal. A menu was available on the wall. People received their meals promptly. People were offered and given a choice of drinks during lunch and throughout the day. People who needed assistance to eat, for example with cutting up their food, were supported discretely to maintain their dignity. Although staff sat down next to people to support them to eat, they did not always explain to people what they were eating or encourage them to eat when needed. Two members of staff were heard talking to each other and were not engaging with the people they were supporting to eat their meals. This means staff were not fully involved in engaging people to eat and making it a pleasurable experience.

A wide variety of snacks were available for people throughout the day including fruit. There was a rotating menu in place with a variety of food available. Staff working in the kitchen had detailed information on people's allergies, dietary needs and preferences to help them ensure everyone's individual requirements were met.

All the people and relatives we spoke with told us that staff knew how to support them with their care and how they liked their care doing. One relative told us they had observed staff supporting their family member appropriately. Staff told us they had the knowledge and skills to meet people needs. A health care professional said, "They [staff] understand the patients well and have a good understanding of their needs."

Staff told us and records confirmed that new staff received an induction and provided them with the skills needed to support people in an effective way. A variety of training had taken place. This included but was not limited to, safeguarding adults, health and safety and infection control. The majority of training was up to date and the business manager told us they were in the process of arranging further and refresher training for established and new staff.

Staff were positive about the support they received from the management team. They said that they had opportunities to meet with their line manager to review their work, training and development needs. One member of staff said, "Out of all of the places I have worked, this is the job I feel the most supported."

The 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 is 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. People's care records showed that mental capacity assessments were in place for a variety of decisions such as medication, personal hygiene and communication. The business manager and staff had an understanding of the MCA and DoLS and applications had been completed appropriately for people and under the Deprivation of Liberty Safeguards (DoLS). People told us that staff asked for consent before providing care.

Is the service caring?

Our findings

Two people and all the relatives we spoke to told us staff were caring. One person said, "You can tell in the way they [staff] approach you they [staff] are caring." One relative said, "Very, very, caring." Another relative said, "Calm attitude, cheerful and friendly."

Prior to our inspection we received a compliment from a relative. They said, "Staff really look after my [family member]. Staff are interested in the well-being of residents." During our visit we read several compliment cards given to the home. One relative wrote, "[Family member] has improved 100% since they arrived at West Lodge. The staff do a great job."

All the people we spoke with told us staff listen to them and they were happy with the care they received. One person said, "They [staff] listen to me." Throughout the inspection we observed members of staff speaking to people in a kind tone of voice and were patient and understanding. We saw that people who used the service were at ease with members of staff and they both spoke openly and warmly to each other.

People and their relatives were actively involved in making decisions about the care provided. A person told us staff always involved them in their support plans. Two relatives told us they had attended reviews with a social care professional and a member of the management team. Another relative told us they had been involved in a pre-assessment before their family member was admitted to the home. Care records contained information which showed that people and their relatives had been involved in planning their care.

Information was available for people about how to access and receive support from an independent advocate to make decisions where needed. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known.

Throughout the inspection we observed that people received personalised care responsive to their needs. On several occasions we saw members of staff identify people who were sat on their own and spoke with them. People responded positively to the members of staff. Staff were seen to offer a person reassurance several times when they became anxious throughout the day. The person responded positively to the staff interaction. The staff spoke kindly of people who used the service and were able to explain the importance of person centred care and how it had a positive impact on people's lives. People told us they could make choices about when they got up and went to bed and staff supported them. One person said, "I can wake up when I want to." A relative told us their family member keeps in contact with other members of the family through the internet. A healthcare professional told us that staff provided care that met people's preferences and individual needs.

Staff respected people's privacy and dignity. One person told us how a member of staff knocked on their bedroom door. They asked them to return later, which the staff member respected. A relative told us how staff use screens during personal care or take people to private areas. Staff told us they took steps to protect people's privacy during personal care by ensuring the curtains were closed and covering people up. We saw staff take people to private areas to support them with their personal care and knock on people's doors.

This means that people's privacy, dignity and preferences were respected throughout the day.

The home had a number of areas where people could have privacy if they wanted it. We saw that all the people were very well presented, their clothes were clean, hair combed and were wearing appropriate footwear.

The business manager told us there were no restrictions on people being able to see their family or friends. One relative told us they are able to visit their family member whenever they want.

Is the service responsive?

Our findings

Relatives told us there are a variety of activities such as art and crafts, live music, board games and singing. One relative told us their family member had taken part in a music activity and was "beaming from ear to ear." Regular activities and events were celebrated throughout the year. A list of activities was available throughout the building detailing daily activities.

An activities coordinator supported people with activities and their enthusiasm was clearly evident when we spoke with them. We observed people playing skittles with specialised equipment which enabled everyone to join. We saw a person making gifts to celebrate valentine's day. We observed a church service but people appeared not to be given the choice to remain in the area where the service took place. However, people seemed to be clearly enjoying themselves and one person was tapping their feet to the singing.

People's care records were written in a person-centred way and developed with the person their relatives or advocates as appropriate. Discussions had taken place with relatives to gain an insight into people's life histories which enable staff to have conversations and reminisce with people. Information which showed their likes, dislikes, wishes, feelings and personal preferences had been considered when support was planned with them. Actions and guidance were in place for staff to support people in a consistent and in a way they preferred.

Care plans were reviewed regularly and showed meetings had taken place with family members and the home. One family member told us they attended reviews with the home and external health and social care professionals..

Daily records were up to date and gave a good overview of what had occurred for that person. A meeting took place between each shift change during which staff shared information about people's changing needs. This helped to ensure people's needs were consistently met and they received support in the manner they preferred.

The complaints policy was accessible for everyone. People and their relatives confirmed they knew how to make a complaint. We looked at the complaints records which showed that complaints had been dealt with in a timely manner. A relative told us they had complained about the laundry service and the issue had been dealt with swiftly. Another relative said, "No complaints with any one."

Staff were clear about how they would manage concerns or complaints. One health care professional told us people had not raised any concerns during their visits.

Is the service well-led?

Our findings

Staff understood the ethos and aims of the service and could explain how they incorporated these into their daily work. One member of staff said, "To offer care of a good standard and make sure people needs are met." Another member of staff said, "To meet people's holistic needs." We found that people's records demonstrated this through person centred care plans.

There were links with the local community and people accessed local services. One relative told us their family member had been supported to go to the local pub. Another relative told us their family member had visited their community dentist.

The management team enabled and encouraged open communication with people who use the service, friends, family and staff. Relatives and friends meetings took place with issues discussed such as activities, maintenance of the building and meals. A relative told us they had requested the meetings to be held at a more convenient time. Meeting times had been changed to accommodate this suggestion.

All the members of staff we spoke with and the records confirmed regular staff meetings had taken place where they could discuss issues such as record keeping. Staff told us they felt they were able to raise concerns and would be listened to by the management team.

Surveys in 2015 and 2016 had been completed by people who used the service, their family members and staff. People were satisfied with the quality of care. Relatives were very satisfied with the atmosphere of the home. People had requested a change in the menus. We looked at the menus and the recommendations had been implemented. This means the management team listen to people who use the service and implements suggestions.

People who used the service, relatives, staff members and the two health care professionals we spoke with felt the management team were approachable. One member of staff said, "I like the registered manager she has a very good heart." Another member of staff said, "If I need to know something you can ask the managers and they will know."

All the relatives spoke warmly of the management team. One relative said, "Yes, good on that score." Another said, "Always have a chit chat with them [management team]." A relative told us they asked the management team to improve the conservatory area. They listened and improvements were made.

We observed the management team were visible throughout the inspection. People who used the service, relatives and staff were seen to freely and confidently approach them to talk and ask questions.

The registered manager was aware of their legal responsibilities to notify the CQC about certain important events that occurred at the service. The management team also knew the process for submitting statutory notifications to the CQC.

A range of auditing processes were in place to ensure people received a good service. These audits were conducted on a regular basis and included medication, call bell time response, care records, maintenance and equipment. We looked at the auditing of call bells and staff responded to them in a timely manner.