

Sure Care (UK) Limited

Derwent Lodge Nursing Home

Inspection report

197 New Ferry Road
New Ferry
Wirral
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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?

Requires improvement 

Overall summary

The inspection took place on 29 October 2015 and was unannounced. The home is a purpose-built, two-storey property set in its own grounds in a residential area. There were bedrooms on each floor, some of which had en-suite toilet and wash basin. Communal areas were all on the ground floor.

The service is registered to provide accommodation and nursing or personal care for up to 46 people and 41 people were living there when we visited. The people accommodated were older people who required 24 hour support from staff.

The home had a manager who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

People we spoke with said they felt safe living at Derwent Lodge. All staff had received training about safeguarding and this was updated every year. There were enough qualified and experienced staff to meet people's needs and keep them safe. The required checks had been carried out when new staff were recruited.

The members of staff we spoke with had good knowledge of the support needs of the people who lived at the home and had attended relevant training. The staff we met had a cheerful and caring manner and they treated people with respect. Visitors who we spoke with expressed their satisfaction with the care provided.

We found that the home was adequately maintained and records we looked at showed that the required health

and safety checks were carried out. We found that medicines were generally managed safely and records confirmed that people always received the medication prescribed by their doctor.

People we spoke with confirmed that they had choices in all aspects of daily living. They were happy with the standard of their meals and the social activities provided.

People were registered with local GP practices and had visits from health practitioners as needed. The care plans we looked at gave details of people's care needs and how their needs were met, however a new care plan format was being introduced which was designed to improve the recording of information about the person's life and their preferences.

There was a friendly, open and inclusive culture in the home and people we met during our visits spoke highly of the home manager. Quality audits were not completed consistently and we found other areas where the standard of record keeping required improvement.

Summary of findings

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.

Staff had received training about safeguarding and this was updated annually.

The home was adequately maintained and records showed that the required safety checks were carried out.

There were enough staff to support people and keep them safe. The required checks had been carried out when new staff were recruited.

Medicines were generally managed safely and records confirmed that people always received the medication prescribed by their doctor.

Good



Is the service effective?

The service was effective.

The staff team completed a comprehensive programme of training relevant to their work and had regular supervision and appraisal meetings.

Menus were planned to suit the choices of the people who lived at the home and alternatives were always available.

People were registered with local GP practices and had visits from health practitioners as needed.

Good



Is the service caring?

The service was caring.

Staff working at the home were attentive to people's needs and choices, and there was evident warmth and respect between the staff and the people who lived at the home.

Staff protected people's dignity and privacy when providing care for them.

Good



Is the service responsive?

The service was responsive.

The care plans we looked at gave details of people's care needs and how their needs were met.

People had choices in all aspects of daily living. A programme of social activities was provided.

A copy of the home's complaints procedure was displayed and complaints records were maintained.

Good



Is the service well-led?

The service was not entirely well led.

Requires improvement



Summary of findings

The home had a registered manager who worked alongside the staff and provided good support for them.

There was a positive, open and inclusive culture.

Some auditing tools were in place but these had not been completed regularly to monitor the quality of the service.

Records were not always accurate or complete.

Derwent Lodge Nursing 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.

The inspection took place on 29 October 2015 and was unannounced. The inspection team consisted of an adult social care inspector, a specialist professional advisor (SPA), 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. The SPA was a healthcare professional with experience in the nursing care of older people.

Before the inspection we looked at information CQC had received since our last visit and we contacted the quality monitoring officer at the local authority.

During our visit we spoke with six people who used the service, eight relatives, and seven members of staff. We looked at care plans for four people who used the service, medication records, staff records, health and safety records, and management records.

Is the service safe?

Our findings

All of the people we spoke with believed the home was safe. Comments made by people who lived at the home included “I’m safe here - they’re [staff] very good.”; “Safe – alright for now.”; “I’m safe, it’s marvellous here.” and “Feel safe, but there’s nothing like home.” Comments made by relatives were “She’s safe here definitely.”; “No concerns about safety.”; “She’s safe – absolutely.”; “He’s safe here.” and “Mum’s safe – it’s a nice place.”

Most people were satisfied with the level of staffing. They told us “There is enough staff – they’re trained and know what they’re doing.”; “Enough staff and they’re well trained.”; “Staff have time to listen – they give me time.”; “Enough staff because sometimes they work overtime. They make it work with stretched resources. It’s not easy for them.” and “Staff OK but they’re busy, rushed sometimes.” and “Enough staff, occasionally they have agency staff but we’ve no concerns.” Most people told us they did not use the call bells as there were usually staff within calling distance. Two people who did use the call bell made differing comments: “They’re sometimes quick but sometimes take a long time.” and “Response good.”

The staff rotas we looked at showed that there was a nurse on duty at all times, and a second nurse between 8am and 2pm. There were eight care staff on duty in a morning, seven in an afternoon and evening, and four at night. Records we looked at showed that these numbers were maintained with some usage of agency staff. There were four senior care staff. Nine care staff had a national vocational qualification (NVQ) level 3 and 12 had level 2. In addition to the nurses and care staff, we observed that there were enough domestic, catering, maintenance, administration and activities staff.

We looked at the recruitment records for three new staff. We found that safe recruitment processes had been followed before they were employed at the home and the required records were all in place.

People we spoke with told us “It’s very clean.”; “Washing (laundry) very good.”; “Laundry is done very nicely.” “My room is comfortable, it’s hoovered every day.” “Everywhere is clean.” “Cleanliness is normally OK. Sometimes smells a little but that’s understandable.” “The place is always clean.” Records showed that the domestic staff had completed an NVQ relevant to their work. There were two

domestic staff on duty each day between 8am and 3pm and one from midday to 6:30pm. There was also a laundry assistant on duty each day. We visited the laundry and found it clean, tidy, and well-organised. The manager told us that the home had not yet had an infection control audit by the NHS.

We looked at maintenance records which showed that regular checks of services and equipment were carried out by the home’s maintenance person. Records showed that testing, servicing and maintenance of plant and equipment was carried out as required by external contractors. Not all of the certificates we looked at were up to date, but when we looked at pieces of equipment, for example hoists, we saw that these had dated stickers which showed they had been serviced recently. Staff had received fire safety training by an external company in June 2015.

A log of accidents and incidents was maintained and audited monthly by the manager. We saw that this identified risks to an individual who required more specialist care and was awaiting transfer to an appropriate service. No serious accidents or incidents had been reported during 2015.

Three members of care staff we interviewed told us about the safeguarding training they had attended and were aware of how to recognise potential signs of abuse and how to escalate any concerns to the manager. CQC records showed that the manager had reported safeguarding incidents as required. Most people had personal spending money in safekeeping at the home. We saw that detailed records were kept and all transactions were double signed. The records had been audited periodically.

People we spoke with believed they received their medication when they should, and had access to pain relief if they needed it. One person said “I get medication at regular times every day. They stand there while I take it.” We looked at medicines storage and found there was a locked medicines room of adequate size which was clean and tidy. There was a cabinet for the safe storage of controlled drugs and appropriate records were kept.

We saw that monthly repeat medicines were signed in onto the medication administration record (MAR) sheets to indicate that a nurse had checked they were correct. However, hand-written additions to the MAR sheets were not always signed and the quantity of medication received

Is the service safe?

was not always recorded on the MAR sheet so that it was not possible to confirm that the correct amount was left. Administration records indicated that people always received their medicines as prescribed by their doctor.

We looked at records for two people who were prescribed medication to be given 'as required' (PRN) to reduce anxiety. We found that when medicines were prescribed to

be given PRN there was no information available to guide nurses to help them make decisions if people needed that medication or to guide staff which dose to give when there was a choice of dose. However, we found no evidence of over-use of PRN medicines. The nurse on duty told us that there was no 'covert' (hidden) administration of medication.

Is the service effective?

Our findings

People we spoke with generally felt staff were well trained. The training programme comprised a set of ten topics to be completed annually. Staff were split into groups of mixed roles and had a list of topics to complete during the year. Training was undertaken by watching a topical DVD followed by a questionnaire of multiple choice answers. A senior care assistant acted as the training champion. They marked the questionnaires and filled out a wall chart in the training room to confirm what had been completed. Staff confirmed that if they had not got all of the correct answers, the training champion provided them with support and feedback on how they could improve.

It was noted that there were some gaps in completed training for some staff with no reason stated. There was also a visual yearly training planner on the wall in the manager's office. Training posters were clearly displayed and encouraged staff to take part. During discussions with care staff, they told us they had recently attended external dementia training which they really enjoyed. We also saw records to show that staff had received practical training relating to moving and handling and fire safety.

We talked with three care staff about training and appraisal. They told us they felt supported in their roles and had been given appraisal feedback. They had regular supervision and appraisal with the manager or the deputy manager. We saw induction and supervision records in staff files.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The manager had completed mental capacity training with the local authority and we saw that mental capacity assessments were included in people's care plans. Some DoLS applications had been made and acknowledged by

the local authority. None of these were considered to be urgent, and no DoLS were in place when we visited. The home was not divided into separate living units and there were no restrictions on people's movements around the building.

People we spoke with said the doctor was called if necessary. One person said "The GP's been several times. I've had several visits to the hospital when things have been not too good. Staff have arranged with my friend that she goes with me." A relative said "They call the GP for the slightest thing." People also told us that a chiroprapist visited the home. We saw satisfaction questionnaires that had been completed by medical professionals who visited the home including a GP, district nurse, and speech and language therapist. One professional had written 'All staff at Derwent are approachable and helpful and will always stop what they're doing to give advice etc.' and another wrote 'Staff are always supportive, helpful and informative.'

We observed that a number of people were being looked after in bed and equipment had been provided to meet their needs, including adjustable beds and pressure-relieving mattresses. Different types of hoists and slings were available to ensure that people could be moved and transferred safely.

Comments about the food were mainly positive. People told us "Food is quite good. We have choice, they ask as they're dishing up. There's enough and it seems to be well cooked, we have plenty to eat and drink."; "You have a choice of food when you go in."; "Food is alright but the pudding was only small."; "Food is marvellous. Plenty of choice and alternatives"; "We get plenty of cups of tea and coffee." and "Food is alright. I only like a little. A full plate puts me off." Visitors said "She has pureed food which she eats by herself in the lounge. She's more independent than she was." and "She enjoys the food."

The expert by experience had lunch with people in the dining room. They reported that: 'Tables were set attractively with cutlery, napkins and plastic tumblers. Music was playing quietly providing background but was not intrusive. Staff checked with residents which dish they wanted for their meal. Pureed meals were served attractively so each part of the meal could be identified. Staff ensured residents had the tools to eat as independently as possible. A few residents were assisted with their meal but the staff were patient and concentrated

Is the service effective?

on the individual. Staff encouraged a couple of residents to eat but did not rush anyone. They ensured people had finished before clearing plates. The atmosphere in the room was pleasant, unhurried and relaxing.'

Is the service caring?

Our findings

People we spoke with told us the home was “very friendly”. One person said “The atmosphere is friendly, I get on generally with other residents.” Another person said “It’s very good here, very nice, very kind.”, and another “Atmosphere’s lovely and food good.” A visitor said “It’s like a second home, we’re always made welcome.”

People responded positively when asked if staff were caring. “I’d talk to staff if I was unhappy but normally they’re very pleasant.”; “Staff are kind and respectful. They know me and they’re very good.”; “Staff make time to listen.”; “Staff are good.”; “Staff treat me well and are kindly. Some very very nice. Some of them say “Come on [name] hurry up.” Relatives said “Very kind and caring. They listen and are approachable.”; “Staff seem kind, people are well looked after.”; “Staff are kind and caring without exception.”; “They look after mum like it’s their mum.”; “They’re very kind, very caring, you couldn’t fault them. They turn her every two hours.” and “If she hadn’t come here she wouldn’t be as good as she is.”

With regard to personal care, people told us “They help me shower etc. They’re very respectful. I’ve never known disrespect.”; “They help me wash and shower, I’m not rushed. They’re sensitive and give me privacy. They always cover my legs.”; “Shower or bath two or three times a week. When doing personal care they’re sensitive. I have a laugh with them.”; “The staff are all very helpful. They are very reassuring when they use the hoist and they explain everything to you. I like to know.”; “One of the carers asked me if I’d like my nails doing. I think they are quite pretty.” and “A man also helps with personal stuff but he’s very

caring.” A visitor told us “She was upset one day when I came as she’d been attended to by a man, this was a while ago. When I reported it they said they’d do their best to follow her preference although she’s OK now.”

We saw that a bedroom shared by two people had a privacy curtain. Each person’s items of equipment and toiletries were clearly marked with their name.

Visitors reported they could visit at any time and the times they visited varied. They told us “Communication with the family is smashing. They ring me if she goes into a very deep sleep – this is following my instructions.”; “Lots of communication and involvement with the family.”; “She has lots of visitors and all are made welcome.”; “Staff arranged a meeting with close family – they gave information which helped the family to understand things better.”; “On her birthday they gave us a room so we could all celebrate with her. There’s lots of us.” and “They help us to maintain our relationships and take the opportunity to chat with my brother when he visits as he lives some distance away.”

A member of the clergy who was visiting a person who lived at the home described the staff as “always helpful”. One person said they received communion regularly when the Catholic priest visited the home.

Relatives we spoke with said that end of life care had been discussed with them. They told us “We’ve agreed on a plan and said we don’t want mum to be resuscitated.” and “Staff spoke to the family and recorded our wishes. The GP phoned me and double checked everything with me.” The manager told us that agreements were in place to ensure that people who were very old and frail would not be admitted to hospital if their health deteriorated.

Is the service responsive?

Our findings

One person told us “I’ve only just got up. I could have got up earlier but you can’t complain about breakfast in bed.” Other people said “They know my likes and dislikes. Sometimes I think they know me too well.”; “Staff do well to manage us. They treat us as individuals.”; “I wait for them to get me up and go to bed about 10pm. I’m happy with these arrangements.”; “I choose the time I go to bed and get up.” and “I always get up when they say. I go to bed early if I’m not feeling too good.”

Relatives told us “They treat her as an individual.”; “She’s generally in bed where she’s comfortable but every morning they ask if she wants to get up. Her choice is always accepted.”; “They take her to the shower in her chair which is her preference.”; “She goes downstairs every other day. That’s her choice.”; “We’re involved in the care planning and are given the option to attend reviews.”; “We’re involved in planning and reviews.” and “We had a nice welcome by three staff when she first came here. They were all ready for her. The manager visited her at home before she came here to get to know her and me.”

We saw that people’s care and support needs were assessed before they went to live at the home to ensure that the service would be able to meet the person’s individual needs. The manager told us that whenever possible she preferred to carry out the pre-admission assessments herself but the deputy manager and other senior staff were also involved.

Some people who lived at the home required nursing care and others required personal care. Some people were living with a dementia related condition; however the home did not provide specialist care for people with dementia. The manager told us that, on occasions, it was necessary for people to move to a more specialist service as their needs changed. There were a number of frail people living at the home, including six people over 100 years of age. Some people were being cared for in bed and we saw charts in their bedrooms that recorded two hourly pressure care.

We looked at care plans for four people, chosen at random. The care plans contained basic relevant information including nutritional assessments, mental capacity and DoLS assessments, eating and drinking care plans, falls assessments, personal hygiene care plans and sleep care

plans. Some plans were not up to date with blank spaces from July, however they were mostly updated monthly. The manager showed us the new care plan format which was introduced at the end of October 2015. The new care plans were more detailed and included more person-centred information. There was evidence of good prompts for each care plan section to aid staff completion through a reflective approach. Recent staff meeting minutes confirmed that staff had been informed about the new care plans.

People told us “I go out sometimes in my wheelchair.”; “I like the quizzes, not so much the singalongs, but I don’t go out, it is too much trouble.” and “We have entertainers sometimes, very nice.” We spoke with the activity coordinator who worked 22 hours per week. She had a flexible timetable and tried to balance activities with one to one time with people in their rooms. She told us that clergy from different denominations attended the home and people often had their own minister visit. Entertainers also came to the home, which people enjoyed. For memory activities she borrowed a Memory Box from Port Sunlight Museum which people enjoyed. The provider paid for two trips out per year. Various activities were arranged for festive occasions. Activity logs were maintained for each individual. After lunch we observed the activities coordinator playing rock and roll CDs, engaging with people in the lounge asking if people remembered the songs. She also gave facts about the artists.

People we spoke with said they would be happy to approach the manager with any complaints. One of the people we spoke with said they had made a complaint, but stressed it was not a formal complaint. They were satisfied with the action taken by the manager. One person said: “I’d go to the manager if I had a problem she seems to be very good.” Relatives did not report any complaints but all said they would speak to a member of staff or the manager if necessary. They said “If I had a complaint I’d go to the manager and know it would be sorted out as she’d do her best.”; “If we had a complaint we’d go straight downstairs and talk to a member of staff.” and “I’d talk to the manager if I was unhappy, but staff are smashing.”

The complaints procedure displayed advised people who they could contact with any complaints, however it did not provide any details of addresses, telephone numbers, or

Is the service responsive?

e-mail addresses. We saw that the manager had kept detailed records of complaints that she had received and the records showed that complaints had been investigated and responded to appropriately.

Is the service well-led?

Our findings

People who lived at the home, relatives, and staff all spoke highly of the manager. They told us: “The manager has always got time for you. She always calls back when I leave a message.”; “We can talk to her at any time.”; “The manager is always out and about, keeping her eye on the ball.”; “The manager’s always approachable. Has an open door policy and I have been given her mobile number.”; “She’s always very nice and approachable. Her eye’s on the ball.” A member of staff told us “I love it here. I feel supported. The manager is good and I have no problem going to her about anything.” We observed, and confirmed through interviews with staff, that there was a good visual leadership presence by the manager who was professional and enthusiastic. It was evident that the manager had a ‘hands on’ approach and encouraged an open and inclusive culture.

There was good evidence of regular staff meetings, including separate night staff meetings, which were well attended. Topical issues were covered at these meetings. The minutes of the staff meetings showed positive relationships between staff and management. Six people who lived at the home were active on the ‘Residents’ Committee’. This was facilitated by the activities coordinator. Any issues arising were passed on to the manager.

A relative told us “I’ve had two letters sent to my home asking for comments about the service. I’d recommend it if anyone needed a place in a care home.” A questionnaire had been sent out to families of the people who lived in the

home to confirm how toiletries were to be supplied it was evident that some follow up actions had been recorded and instigated. We saw some completed satisfaction questionnaires from July 2015. These contained some very positive comments and recorded good scores for care and communication. It was not clear how the feedback was utilised or fed up to senior management.

We contacted the quality monitoring officer at Wirral Council who told us they were not aware of any concerns about Derwent Lodge.

There was no quality audit plan, however some auditing tools were in place for example for medicines and care plans. These had been implemented irregularly so did not provide a record of progress within the service. We looked at a quality assurance file which recorded ad hoc audits based on incidents raised with the manager.

Overall, we found that the standard of record keeping required improvement. For example, a ‘grab file’ contained important information about phone numbers and contacts to be used in case of emergency, but only had evacuation details for two people who lived at the home. A ‘Residents Guide’ was displayed on the noticeboard, but this referred to another service owned by the same provider and not to Derwent Lodge. The complaints procedure displayed advised people who they could contact with any complaints, however it did not provide any details of addresses, telephone numbers, or e-mail addresses to contact these people or agencies. Maintenance certificates were not all up to date. Staff training records were difficult to interpret in order to confirm whether all staff were up to date with training.