

Western Mount Lodge Ltd

Western Mount Lodge Nursing Home

Inspection report

109 Radbourne Street
Derby
Derbyshire
DE22 3BW

Tel: 01332343954






Date of inspection visit:
10 June 2019
12 June 2019

Date of publication:
12 August 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Good 

Summary of findings

Overall summary

Western Mount Lodge Nursing Home is a residential home located in Derby City providing nursing and personal care with accommodation. This service caters for people with mental health needs. At the time of the inspection visit, 16 people were living in the service. The service can support up to 18 people

People's experience of using this service

All staff did not comprehensively understand their responsibilities under the Mental Capacity Act 2005 (MCA) to allow, as much as possible, people to have effective choices about how they lived their lives. Staff had not always asked people their consent when they provided personal care. Best interest decisions were not in place for restrictions on people's lifestyles.

Care plans contained some personalised information about people's preferences, though there was little information about people's history and likes and dislikes, which would help staff to ensure that people's needs were fully met.

The complaints policy did not outline the information for complainants to take their concerns to independent outside agencies. Complainants did not receive a written response to their complaints.

Information supplied to people was not always in large print to assist them to read it.

End of life wishes and preferences were not included in people's care plans.

People thought they were safe living in the service. Risk assessments were in place to protect people from risks to their health and welfare. Staff recruitment checks were carried out to protect people from receiving personal care from unsuitable staff.

People said that safe personal care had been provided to meet people's needs. Staff had been trained in safeguarding (protecting people from abuse). Staff members understood their responsibilities to safeguard people and to contact relevant agencies if needed.

The registered manager was aware that certain incidents, if they occurred, needed to be reported to us, as legally required.

Staff had largely received training to ensure they had skills and knowledge to meet people's needs in a number of important issues including moving and handling, safeguarding and infection control. Further specialist training was needed to be provided on people's health conditions.

People told us that staff were friendly, caring and kind. They said they had been involved in making decisions about how and what personal care was needed to meet personal care needs.

People said staff met their needs and staff were knowledgeable about people's lifestyles. Staffing levels were enough to always provide people with the care they needed.

People were confident that any concerns they had would be properly followed up. They were satisfied with how the service was run. Staff members said they had been supported in their work by the management team.

Audits to measure that a quality service had been provided to people were carried out. Management worked in partnership with other agencies so that people got the support they required. Management took action on the issues identified during the inspection visit.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The service was rated Good at the last inspection. Our last report was published for the inspection of November 2016.

Why we inspected.

This was a planned inspection based on the previous rating.

Follow up.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Good.

Details are in our Well Led findings below.

Western Mount Lodge Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector conducted the inspection.

Service and service type:

Western Mount Lodge Nursing home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Western Mount Lodge Nursing home supports people with mental health needs. 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.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection:

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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. We reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority who monitored the care and support people received and Healthwatch

Derby, the local consumer champion for people using adult social care services. We used all this information to plan our inspection.

During the inspection

We spoke with six people living in the service. We also spoke with the provider, the registered manager, the deputy manager and three care staff.

We reviewed a range of records. This included accident and incident records, all the care records for three people and medicine records. We also looked at three staff recruitment files.

After the inspection

We asked the registered manager to email further information to us, so that we could judge whether a quality service was provided to people. We reviewed this information as part of the inspection process.

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 good. At this inspection this key question has now remained good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

- The registered manager had assessed risks to people. Information included what action should be taken to reduce these risks.
- Staff had been trained about what to do in the event of fire. Fire precautions were in place with systems regularly serviced.
- Staff members had a good understanding of people's needs to keep people safe. For example, how to assist people to transfer from an easy chair to a wheelchair and to ensure hot water was a safe temperature and did not scald people when they bathed.
- An assessment of the health and safety of premises had been carried out.

Systems and processes to safeguard people from the risk of abuse.

- People confirmed they felt safe with staff from the service.
- Staff members knew how to recognise signs of abuse and to how to act, including referring any incidents to a relevant outside agency.
- Staff had safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.

Staffing and recruitment

- There were enough staff to meet people's needs. People said staff were always available to support them.
- Staff agreed there were always enough staff on duty to keep people safe.
- People were supported by staff who were suitable to work in the home. Prospective staff members suitability was checked before they started work including undertaking a DBS The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting.

Using medicines safely

- People were prompted by staff to take their medicines. One person said, "The nurse gives me my tablets when I am supposed to get them."
- Records showed that people had received their prescribed medicines.
- There were no gaps in records. This indicated medicines had been supplied to people as prescribed.
- The provider had a detailed policy and procedure for the receipt, storage, administration and disposal of medicines so that medicines could be supplied safely to people.
- A medicine audit checked that people were supplied with their medicines.

Preventing and controlling infection

- A person told us, "Staff keep the home clean." The home was found to be kept in a clean condition.
- Staff were aware of the need to use protective equipment when providing people with personal care.
- Staff had been trained on maintaining infection control. This helped to protect people from acquiring infectious diseases.
- Staff were aware of the need to wash their hands thoroughly after completing a task to prevent infections being passed to people.

Learning lessons when things go wrong

- The registered manager said they were aware of the need to learn if situations went wrong. Evidence of these situations were supplied to us. For example, when a person had an accident. This showed action had been taken to ensure the person did not suffer another injury and to prevent this situation happening again.
- The accident form contained a section to record if there were any lessons that needed to be learnt to prevent accidents occurring again.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 found this had not been comprehensively acted on.

- Not all staff members were aware of this legislation or any deprivation of liberty conditions that people were subject to. The provider immediately acted and informed staff they needed to carry out refresher training. The registered manager told us staff would be reminded about deprivation of liberty standards.
- A person told us that staff asked their permission before personal care was provided. However, we saw a staff member moving a person without seeking consent first. The registered manager said this would be followed up as staff should always seek consent.
- Staff supplied e cigarettes to people at regular intervals and told people there was a limit of them having 10 puffs. The registered manager said this had been agreed verbally with people. This was to protect people's health, as some people would continually use their e cigarettes which would make them feel ill.
- There was no evidence of a best interests meeting and decision about this issue in care plans. The registered manager said this would be carried out.
- People had been assessed for mental capacity and referred to the appropriate authority if they were being deprived of their liberty. The registered manager had a good understanding of the requirements of the MCA.
- Information in care plans directed staff to communicate with people and gain their consent about the care they were providing.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed to ensure they received the right support.
- Staff said that care and support plans helped them to provide care that met people's needs.

- People said their needs were fully met by staff.
- Staff received training in equality and diversity and understood people as individuals. Staff support was available for people from all cultural backgrounds.

Staff support: induction, training, skills and experience

- Staff had received training in a number of important issues including moving and handling, safeguarding and infection control so people were supported by staff who had received ongoing relevant training. Staff had induction training. This did not include the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. The registered manager said this training was currently being considered for new staff.
- Staff had not received specialist training in people's health conditions, though the service had qualified registered nurses to provide expert advice. The registered manager said training on relevant issues such as mental health conditions would be provided.
- People said staff were trained to do their jobs. A person said, "Staff know how to help me."
- Staff said if they requested more training, the registered manager would arrange this for them.

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

- A person told us, "The food is tasty. No complaints."
- People were asked by staff about what food they wanted.
- Where staff supplied food and drinks, they had information about people's needs to ensure food was safe for people to eat and drink.
- Staff were aware of people's dietary requirements.
- People had the opportunity to have food that respected their cultural choices.
- People were offered drinks by staff. This helped to prevent people being dehydrated.

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

- People said that if they needed to see a doctor, staff arranged this.
- There was evidence that people saw other health professionals, such as the consultant psychiatrist and specialist nurses to meet their health needs.
- People's health and wellbeing was supported by staff. Records of people's care showed this happened.
- Staff summoned health services if people had an accident or were ill.

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 good. At this inspection this key question has now remained 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

- People said that staff were kind and caring. A person said, "I like the staff."
- People said that staff listened to what they said, and that people's wishes were respected.
- Information in care plans included respect for religious and cultural practices.

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

- People told us they had been involved in planning for their own care. This was evidenced in records.
- Reviews of people's care had taken place.
- There was evidence that people had been consulted whether care still met people's needs.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff respected people's privacy and dignity. A person told us, "Staff give me space when I need it."
- People said staff ensured people could choose their lifestyles, such as food, drink, activities and clothes choices.
- People were encouraged to be as independent as possible, such as handling their own finances and making their own drinks.
- Staff were trained to respect people's confidentiality. This was emphasised in the staff induction programme when they started work.

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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Care plans had some information about people's preferences, though this did not fully cover their life histories and likes and dislikes. This meant staff did not have comprehensive information to assist them to provide people with all their individual needs. After the inspection, the registered manager supplied us with detail of information that would be sought from people.
- People said there were enough staff to provide people with care when they needed it. One person said, "I get help when I need it."
- People said staff supplied good support to them.
- We saw staff responding to people's needs and offering reassurance to people when they were anxious or upset.
- Staff members were aware of people's important routines.
- Staff encouraged people to have contact with their relatives.

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.

- The registered manager said that large print documents were available for people with reading difficulties. The displayed complaints procedure was in a large print format.

Improving care quality in response to complaints or concerns

- A small number of complaints had been received since the last inspection. These had been investigated and a verbal response provided to the complainant, though there was no written response to the complainant. This would have provided evidence of the investigation and outcome. The registered manager said this would be carried out in the future.
- There was a complaint policy and procedure in the service user's guide. The procedure did not include all relevant information such as how to contact the complaints authority and the role of the local government ombudsman. After the inspection, the registered manager sent us an amended procedure including this information.
- People told us they had no current complaints about the service. In the past they had spoken to staff or management about minor concerns and these had been quickly sorted out.

End of life care and support

- End of life care and support had been supplied although there was no system in place to record people's wishes and preferences. After the inspection, the registered manager sent us a template which will be used to record people's end-of-life wishes.
- Staff we spoke with were aware of providing end of life support though not all staff had been trained in end-of-life care. The registered manager said this training would be arranged.
- The nominated individual stated that a specialist end-of-life health worker visited to assist with end-of-life planning.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People said they were able to go and take part in community activities if they chose to do this. They said they enjoyed the activities organised by the service.
- Staff said they helped maintain family links with relatives.
- People were able to attend places of worship of different religious beliefs.

Is the service well-led?

Our findings

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

Continuous learning and improving care.

- Audits were in place to monitor the service and drive improvement for issues such as whether people's care needs had been met, whether medicine had been provided and risk assessments in place to keep people safe. A local authority health and safety audit scored very high on expected standards.
- Staff members felt supported in their role and told us the management team promoted a high standard of care. A staff member told us: "I love it here. I am always supported by management and other staff." Staff said management listened to any suggestions they had and had introduced improvements to the care provided to people.
- The registered manager took immediate action to address issues found on this inspection.

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

- People told us they would recommend the service. One person said, "It's a good place to live. Better than where I lived before." A recorded compliment from a district nurse stated the service had, "Caring, happy staff."
- The registered manager was aware of the need to send us notifications of important events so that we could check that appropriate action had been taken.
- The previous rating indication was displayed in line with our requirements.
- People's care was regularly reviewed to ensure it met their individual needs.
- Staff were clear on who they would report concerns they had to management and felt confident in raising these issues.
- Duty of candour requirements were understood by the registered manager if anything went wrong in providing personal care, to provide a written apology and explanation of events to the 'relevant person.'

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

- Staff were supported and able to develop in their role. Staff members confirmed they received one-to-one support from the registered manager.
- Staff members spoke positively about the culture of the service and described how all staff cared that people they supported were kept safe and provided with respectful and dignified care.
- Staff members understood their roles and responsibilities. There were clear lines of delegation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. working in partnership with others.

- The views of people were sought in reviews and surveys. There had been a survey of people's views in 2018.

This indicated people were very positive about the service. One person stated: "Staff always have time for me." This meant there was a mechanism in place to drive improvements in the service.

- People told us the registered manager and wider management team were people they felt they had a positive relationship with.
- Staff had received training about equality and diversity to ensure staff were able to support people's needs, whatever their background or preferences.
- Staff reported any incidents of concerns to management to enable referral to outside professionals such as the consultant psychiatrist or GP if this was needed.