

Western Mount Lodge Ltd

Western Mount Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Inspected but not rated

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

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, 16 people were living in the service. The service can support up to 18 people

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

Infection prevention and control practices were followed to help prevent infection transmission, including those from COVID-19.

People's health and care needs were assessed, and care plans and risk assessments were kept up to date. Staff received training and updates to help them support people effectively. New staff completed an induction programme, which included learning from more experienced staff. Staff supported people with their meals and drinks, and we saw their dietary preferences and choices were known and respected. Other health and social care professionals were involved in people's care when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were supported to raise any concerns they had, and this was discussed in regular meetings with people. Both the people using the service and the staff team were supported to give their views and audits were undertaken to monitor and drive improvement.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 10 August 2019). There were no breaches of regulation. At this inspection we found improvements had been made.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

Further information is in the detailed findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

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 experiencing a mental health condition. 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

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 1 June 2022 to help plan the inspection and inform our judgements. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with five people that were using the service. We spent time with the provider during the inspection and spoke with two care staff and two nurses. We looked at the care records for two people. We checked that the care they received matched the information in their records. We looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Preventing and controlling infection

- Staff had been trained in infection prevention and control. They had been provided with regular updates on COVID-19 management and how to work safely, including the use of personal protective equipment (PPE).
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.
- The Government has changed the legal requirement for vaccination in care homes, but the service was meeting the requirement that was in place at the time of the inspection.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People and their representatives were consulted and involved in their care and treatment.
- People's mental capacity had been considered in line with guidance for relevant decision-making processes.
- Since the last inspection care staff had received refresher training on the mental capacity act and the deprivation of liberty safeguards. Staff we spoke with understood how to support people with various degrees of capacity. Where required, best interest decisions were made along with other professionals, for example the GP and social worker.
- When needed people were supported to use an independent advocate. Independent advocates support people who are unable to make decisions for themselves. For example, one person used an independent advocate and they were fully involved in supporting the person. Staff worked closely with various external agencies, including the community mental health team.
- Where people had restrictions in place, staff were aware of these and understood how to support the person in the least restrictive way.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's abilities and the support they required was assessed prior to moving into the service. This was to

ensure they could be supported safely, and ensure the environment was appropriate for them.

- Assessments were in place for people's health and support needs and these were kept under review and updated to reflect any changes.
- People were supported to access a range of health care professionals such as doctors, dentists and chiropodist.

Staff support: induction, training, skills and experience

- Training records were reviewed at a recent monitoring activity that took place on 1 June 2022. Staff confirmed that they completed the providers induction training and received a range of training which helped them to effectively support people.
- Staff told us they received ongoing support through supervision and appraisal. This provided staff with an opportunity to discuss their training and development requirements. One member of staff said, "We have regular meetings which are helpful and give us a chance to discuss anything."

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

- People were encouraged by staff to follow a healthy diet and had access to refreshments throughout the day.
- People confirmed they were involved in menu planning.
- People's nutritional requirements and preferences had been assessed and their food choices were documented in their care plans. For example, some people had specific dietary requirements and staff supported them to follow these diets.

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

- The home was spacious with enough communal areas to enable people some privacy if they wanted to spend time alone or with a visitor.
- Some people preferred to spend their time in their bedroom and confirmed that the staff respected this.
- There was a patio area to the rear of the property, with a ramp down to the garden area. This made the outdoor space accessible for everyone.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- Each person was treated as an individual and their support plans provided information tailored to their individual needs. Staff had good knowledge about each person and how they liked to be supported.
- Since the last inspection a 'Getting to know me booklet' had been introduced to record people's likes/dislikes/preferences and life history. This supported any new staff to get to know the person they were supporting.
- People confirmed they were involved in decisions about their care. Each person had nominated staff who acted as their keyworkers. People confirmed they knew who their named keyworkers were and had a say in choosing their keyworkers.
- People had their own interests and hobbies and we saw people were able to follow their preferred routines and preferences. For example, one person preferred to have a lie in, didn't like breakfast and liked a shower at a certain time. This was respected by the staff team.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Assessments identified people's communication methods and we saw people were able to verbally communicate. The nominated individual confirmed that if Information was required in alternative formats, such as large print or pictorial this would be provided to them.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy for people to use if they wished to raise any concerns or complain.
- People told us they had not needed to raise concerns and that they would speak with the registered manager, nominated individual or a member of the staff team if they had any issues.
- People were supported to express any concerns they had during house meetings, when they asked if they were happy and if they had any concerns.
- The nominated individual confirmed no complaints had been received in the past 12 months and we saw templates were available to enable complaints to be recorded.
- Staff knew how to respond to complaints if they arose. They told us if anyone raised a concern with them, they would share this with the management team.

End of life care and support

- At the time of the inspection no one was receiving end of life care.
- Support plans contained a section in relation to people's wishes regarding end of life care preferences.

The nominated individual confirmed that two people did not wish to discuss to their wishes. However, staff would continue to explore this with people during future discussions.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The atmosphere at the home was warm and friendly. People told us they were happy living at the home.
- Staff told us they enjoyed working at the home and said they were supported by the management team. We saw and staff confirmed they worked well as a team.
- People were involved in planning their care. Assessment processes considered people's equality characteristics.
- Regular meetings were held for people using the service. At these meetings they decided how they wanted to spend their day and discussed meal choices.
- Staff confirmed and we saw staff meetings were held to keep staff up to date with any changes in the service and provide them with an opportunity to discuss any ideas they had.
- Staff also received one to one meetings with the management team to discuss their work and areas that needed further development.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- There was a registered manager in post at the time of this inspection.
- Support records were clear and contained detailed information on the support each person needed and how any risks identified were to be minimised.
- The management team carried out a range of audits to improve practice. For example, following the findings from the medicine audit, the management team had improved the ways they order people's medicine to reduce delays in receiving the medicine.

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; Working in partnership with others

- We saw the provider had displayed the last inspection rating within the service as required.
- The provider had up to date policies and governance arrangements in place. The provider and registered manager notified CQC of incidents they were required by law to tell us about. This is so we can check appropriate action has been taken.
- People's support records included the contact details for other professionals involved with their health

and support needs. Records showed where other relevant people had been involved in planning care and we could see staff involved health and social care professionals when needed.