Oakbridge Retirement Villages LLP

The Lodge - Dementia Care with Nursing

Inspection report

Buckshaw Retirement Village
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13 September 2018

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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?	Good

Summary of findings

Overall summary

The inspection took place on 12 and 13 September 2018 and was unannounced on the first day.

When we last inspected the service in March 2017 we found the provider was not meeting legal requirements in relation to Person-centred care – Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because of a lack of organised activities and engagement from staff. During this inspection we found improvements had been made and the service was meeting legal requirements.

A dedicated activities coordinator had been employed who had implemented a wide range of organised activities for people who lived at the home. These included group activities, visits from local community groups, pet therapy and various outings. The activities coordinator had worked to provide activities that individuals would find meaningful to them. With regard to engagement, we found staff engaged well with people during our observations and were responsive to people's needs.

The Lodge 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.

The home is registered to provide 24-hour care and support to up to 80 people who are living with dementia and require support with nursing or personal care. The home is divided into four communities, each with a separate lounge, dining room and kitchen. Shared bathroom and shower facilities are available in each community. Two of the communities provide care and support for people who may display behaviour which challenges the service.

The service had a registered manager. 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.

The provider had systems to safeguard people against abuse or improper treatment. Staff had received training to spot abusive or inappropriate practices and knew how to report them. The service followed a robust recruitment process to ensure only suitable candidates were employed.

Staff assessed risks to the health and well-being of people who used the service and plans were put in place to lessen these risks. Environmental risk, for example around fire safety, had been assessed and appropriate plans put in place to lessen risks. The service promoted positive risk taking in order to help people maintain as much independence as possible.

The provider had systems which recorded any adverse incidents or events. We saw analysis of accidents and

incidents was undertaken in order to make positive changes to reduce the risk of recurrence.

Staff had received training to reduce the risks related to the spread of infection. We observed staff follow good practice guidance whilst undertaking their duties. The home was clean and tidy during our inspection.

The service ensured a sufficient number of staff were deployed at all times. Staff retention had improved and more staff were available to cover shifts at short notice, if required. The registered manager reviewed staffing levels against people's needs to ensure there were always enough staff.

The service followed best practice guidance in relation to the management of medicines. Regular checks were undertaken to ensure people received their medicines as prescribed. Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place to live. We found equipment had been serviced and maintained as required.

People were provided with a choice of meals. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. Nutritional risks were monitored and managed appropriately.

The service had a complaints procedure which was available to people who used the service and their relatives. The people we spoke with told us they were happy with the service and had no complaints.

People's care and support had been planned with them or, where appropriate, others acting on their behalf. They had been consulted and listened to about how their care would be delivered.

The service followed good practice guidance in relation to obtaining consent from people. Where people lacked capacity to consent, the service followed best interest processes, as outlined by the Mental Capacity Act 2005 code of practice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care plans were detailed and had identified care and support people required. We found they were informative about care people had received.

The service ensured staff had the skills, knowledge and a good level of support in order to meet people's needs effectively. Staff received a thorough induction when they began working at the home, alongside additional training and regular supervision form senior staff.

The provider had systems in place to assess, monitor and improve the quality of the service provided to people. We saw where shortfalls were identified, action was taken to make improvements for people who used the service.

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.

Systems were in place to ensure people's safety and to safeguard people against abuse or improper treatment.

Staffing levels were monitored to ensure people's needs could be met safely, by staff who had been recruited through robust processes.

People's medicines were managed safely and properly.

Is the service effective?

Good

The service was effective.

People received care from staff who received training and support to enable them to provide effective care.

People or, where appropriate, others acting on their behalf were supported to have choice and control over the care delivered to them.

People were supported to eat and drink enough to maintain a balanced diet.

The premises and equipment were maintained, clean and safe.

Is the service caring?

Good

The service was caring.

We received consistently positive feedback about the approach of staff. We observed this during our inspection.

People's privacy and dignity was maintained at all times. Staff spoke with people in a dignified and compassionate manner.

People or their representatives were involved in reviewing the care and supported provided to them.

Is the service responsive?

Good

The service was responsive.

Staff assessed people's needs on an ongoing basis and ensured written plans of care were in place to guide staff to meet people's needs.

Meaningful activities, in order to provide stimulation for people and to maintain their social health, were provided.

The service had a complaints policy. People we spoke with were confident any complaints would be dealt with appropriately.

Is the service well-led?

Good

The service was well-led.

There were clear lines of responsibility and accountability within the service. The staff team received a good level of support from management.

The provider had systems to monitor the quality of the service provided and to seek the views and experiences of people who received care and support.

The service worked in partnership with other organisations to make sure they were following current best practice.

The Lodge - Dementia Care with Nursing

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 comprehensive inspection took place on 12 and 13 September 2018 and was unannounced on the first day.

The inspection was carried out by two inspectors and an Expert by Experience on the first day and one inspector on the second day. 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 expert by experience had experience of caring for older people and those living with dementia.

Before our inspection, we reviewed the information we held on the service and completed our planning tool. Information we reviewed included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also checked to see if any information concerning the care and welfare of people supported by the services had been received.

We contacted the commissioning and safeguarding departments at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

During the inspection visit we spoke with a range of people about the service. This included five people who lived at the home, five visiting relatives and a visiting professional. We also spoke with 18 staff including the

registered manager, quality assurance manager, head of nursing and the chef. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who lived at the home.

We looked at care records of nine people who lived at the home. We also viewed a range of other documentation related to the management of the home. This included records related to medication, staff recruitment and supervision arrangements, staffing levels, quality assurance and safety checks. We also checked the environment to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

People we spoke with and visiting relatives all told us they felt the service was safe. Comments we received included, "I do feel safe. The carers are very good." And, "[Family member] is very safe. Everything about the home is safe. The carers are good they are great with him, the doors are all secure so I know he can't walk out." A staff member commented, "Staff do a good job and everyone is 100% safe."

Procedures were in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe. Staff were able to explain what forms abuse may take and what action they would take if they suspected someone was being ill-treated. Contact details for the local safeguarding authority were available for staff.

Potential risks to people's welfare had been assessed and procedures put in place to minimise these. We saw care records provided instructions for staff members when they delivered support to people in order to lessen identified risks. These included, medical conditions, mobility and positive behavioural support. For example, one person could present with behaviour which may challenge the service during personal care interventions. We saw plans were in place to guide staff on how best to support the person to lessen the risk to themselves and staff. The assessments had been kept under review with the involvement of each person or, where appropriate, someone acting on their behalf, to ensure the support provided was appropriate to keep the person safe. We found records were stored securely and were accessible to staff who needed them.

The service ensured there were sufficient numbers of staff available to meet people's needs. The registered manager and community leads worked together to assess staffing levels, based on the needs of people who lived in each community. We looked at the duty rota and saw it reflected the needs of people who lived at the home. We observed care and support was provided in a relaxed and timely manner. Staff were in attendance in communal areas providing supervision and support for people who lived at the home and greeted and welcomed their visitors. Comments we received about staffing included, "Yes I think there are enough staff. I know that when his alarm is on his room door and If I open the door to leave a member of staff gets to check my [family member]'s room very quickly." And, "I am spoilt because there are lots of people here to help me."

We received feedback from relatives who told us they did not have as much confidence with the staff who were deployed at night. One person told us," Staffing during the day is fine. It is the night staff they need to improve and use less agency workers." They felt the staff were not as skilled and as knowledgeable as staff who worked during the day. The relative told us the use of agency staff at night gave rise to worries about continuity of care. We discussed this with community leads and the registered manager. They explained they did use agency staff to cover some night shifts, but reliance on agency workers had reduced greatly over previous months and recruitment of permanent staff was continuing. In addition, the registered manager explained they used the same two agencies and the same staff to cover shifts wherever possible, which helped to improve continuity for people who lived at the home. We discussed recruitment with the human resources manager. They told us, "Agency use has come down dramatically." This showed that

although agency staff were used to cover some shifts, efforts continued to be made to reduce reliance on agency staffing, which helped to improve continuity of care for people.

We found robust recruitment processes ensured only suitable staff were employed to work at the home. We spoke with staff and reviewed records which confirmed potential candidates went through a thorough application and screening process before they were employed. The process included references from previous employers, a check with the Disclosure and Barring Service (DBS), a check on employment history and comprehensive interviews, both over the telephone and in person. The DBS checks tell employers whether someone has a criminal record and whether they have ever been barred from working with vulnerable people. This helps employers make safer recruitment decisions. The service required staff to make an annual declaration that their record was clear and checked staff DBS records, where staff had registered for the online service. This helped to ensure only suitable staff continued to be employed at the home.

We found the service managed accidents and incidents appropriately and learned when things went wrong. Staff completed comprehensive records of accidents and incidents including action taken. The registered manager reviewed all accidents and incidents to analyse them for trends and themes, in order to identify and measures which could be put in place to reduce the risk of recurrence. For example, if someone suffered falls, staff sought guidance and advice from external professionals, reviewed people's care plans and considered the use of technology, such as sensors to alert staff if people were mobilising during the night. This helped to ensure the service took steps to reduce risks to people's safety. A visiting professional confirmed the service was quick to respond when things went wrong or concerns were raised, to implement changes to address any issues or risks.

The provider had systems in place to ensure the proper and safe management of medicines. We looked at a sample of medicines administration records and discussed medicines with nursing staff. We found medicines had been ordered appropriately, checked on receipt into the home, given as prescribed, stored and disposed of correctly. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. We observed three staff members administering medicines and noted they all followed best practice guidance. A visiting relative commented about medicines, "They have done a wonderful job with his medication. When he came here, he was on too much medication which was making him even more poorly. Here, they have worked very hard to make sure the medication is right for him. They review his meds regularly and change it if necessary."

People were protected by the prevention and control of infection. We looked around the home and found it was clean, tidy and maintained. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. Infection control audits had been carried out. Dedicated housekeeping staff worked to ensure the premises remained clean and hygienic. The service employed maintenance staff who carried out various checks to ensure the premises were safe, including fire safety checks and water temperatures. The provider had ensured gas and electrical systems were checked in line with requirements.

Good

Is the service effective?

Our findings

People supported by the service received effective care because they were supported by staff who had a good understanding of their needs. We established through our observations and discussions people received effective, safe and appropriate care which met their needs and protected their rights. Everyone we spoke with gave us positive feedback about the staff. Comments included, "The day staff are very competent and they are knowledgeable about dementia." And, "The staff are fantastic they know exactly what to do all the time." A visiting professional told us people's needs were being met and any health problems were being addressed in a timely manner.

Care plan records confirmed a full assessment of people's needs had been completed before they moved into the home. Following the assessment, the service, in consultation with the person or, where appropriate, someone acting on their behalf, had produced a plan of care for staff to follow. The plans contained information about people's current needs as well as their preferences. Care plans had been signed by people, or their representatives, consenting to care and support provided. We saw evidence the provider referenced current legislation, standards and evidence based guidance to achieve effective outcomes.

People received effective care from staff who had the right competencies, knowledge, qualifications and skills. We spoke with staff members and looked at the staff training matrix. We found staff received a range of training including person-centred care and communication, privacy and dignity, moving and handling, dementia, and challenging behaviour. Staff we spoke with told us they felt the training helped to fully prepare them for their role. One member of staff told us they had completed a full two weeks of training including shadow shifts when they began working at the home. They commented, "You can't knock the training."

Staff told us they felt well supported and received regular supervision and appraisal. These were a one to one meeting with senior staff to discuss their performance, any concerns, training and development. One member of staff told us, "[Registered manager] makes us feel valued." Another told us they had seen positive changes in how staff were supported since the registered manager started working at the home. We saw staff were well organised in each area of the home and had a senior member of staff they could approach for guidance and advice.

We received positive feedback about the food provided by the service. People told us the food was good and that there was a good choice at each meal and snacks throughout the day. People were provided with three courses at each meal and could choose alternatives if they did not like what was on the menu. Where people struggled to communicate their preferences, staff had worked with the person and their relatives to try to ensure meal choices were in line with their likes and dislikes. One visiting relative commented, "The food is excellent. He gets breakfast and two three course meals a day plus a supper. He has put on weight whilst he has been here."

We saw people's nutritional needs had been assessed and planned for appropriately. We saw staff used assessments to identify people who may be at risk of not receiving enough to eat and drink. Where risks

were identified, staff were deployed to encourage people to ensure they had enough to eat and drink, or to assist people to eat, where they required this. Staff monitored people's weight regularly and external professionals such as GPs and dieticians were consulted appropriately. We observed the lunchtime meal in three areas of the home and found it was well organised and relaxed. Staff supported people who required assistance in a patient and dignified manner.

We saw a number of people had been assessed as being at risk of choking due to swallowing difficulties and staff had planned care to lessen these risks. The service had sought guidance from external speech and language therapists in order to ensure people's needs could be met safely and effectively. Staff confirmed they had all received training around safe swallowing and the use of thickening agents for fluids. We saw people's care plans contained guidance for staff to follow around safe swallowing and consistency of diet. We observed people received the correct consistency of diet and fluids during our inspection.

People's healthcare needs continued to be carefully monitored and discussed with the person or, where appropriate, their relatives as part of the care planning process. Care records seen confirmed visits from GPs and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible. We saw where restrictions were in place, these had been considered as part of a best interests process, in line with the MCA. Staff supported and encouraged people to maintain their independence. The policies and systems in the service supported this practice.

We looked around the building and found it was appropriate for the care and support provided. There was a lift that serviced the upper floors to ensure it could be accessed by people with reduced mobility. People each had their own bedrooms, which they could personalise with their own furniture and belongings. The home was divided into four distinct areas referred to as 'communities'. Each community had its own communal areas including lounges and dining rooms, bathrooms and kitchens. The home had a cinema, café, traditional style pub and secure gardens for people to make use of. Regard had been paid to making the environment 'dementia friendly', with wide corridors, hand rails and contrasting colours to help people to orientate. We found the home was maintained and ongoing works were carried out to ensure the environment was safe and suitable for people who lived at the home. We discussed the environment with the registered manager who told us they would continue to look at ways in which the environment could be enhanced.

Good

Is the service caring?

Our findings

All the feedback we received about the attitude of staff and the standard of care was positive. Comments we received included, "They're very caring, in a very difficult job." And, "The staff are very kind to me. I haven't developed a personal relationship with any of them because that is the way I want it to be. I keep myself to myself." A visiting relative told us, "The staff always make time for me. I have been so worried about my [family member] so they keep me informed and let me ask anything I want." A visiting professional told us staff were kind to people and supported them well. They explained staff appeared to have a very good relationship with people who lived at the home.

During our inspection visit we spent time observing interactions between staff and people in their care. This helped us assess and understand whether people who used the service received care that was meeting their individual needs. We saw staff were caring, attentive and treated people who lived at the home as equals, aiming to promote and maintain their independence. Staff were polite, respectful, kind and showed compassion for people in their care. They responded very quickly and anticipated people's needs well. Staff spoke with people at their level, so good eye contact could be made and used gentle touch and hand-holding appropriately. We witnessed lots of positive interactions during our inspection, with staff taking a caring and friendly approach.

Staff talked with us about the importance of supporting people's different and diverse needs. They had a good grasp of individualised care which supported people's uniqueness. Care records seen had documented people's preferences and information about their backgrounds and life histories. One person told us, "The staff come and chat with me. We talk about when I was in Canada and we talk about my family." Information covered any support people wanted in order to retain their independence and live a meaningful life. The service had considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation.

Staff respected people's privacy and promoted their dignity. For example, people we spoke with told us staff always closed both the door and curtains before carrying out any personal care. One person's relative commented, "They always respect his privacy and dignity. They will close curtains and the door if they are washing him." A member of staff explained how they ensured people were covered during personal care, in order to maintain their dignity. People told us staff, including cleaners and laundry staff, always knocked on the door before entering their room.

We spoke with the registered manager about access to advocacy services should people in their care require their guidance and support. The service had information details for people if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf. We spoke with an advocate who was visiting people during our inspection. They told us the service supported people well.

Good

Is the service responsive?

Our findings

Everyone we spoke with told us the service was responsive to people's needs. One person told us the staff knew them well. Visiting relatives all told us the staff knew their relative very well and responded to their individual needs. One relative commented, "They know my [family member] well, they know their trigger points when he starts to get stressed and agitated. When this happens, they know that they need a quiet place so they take them to their room and give them chocolate which they love and that calms them down."

When we last inspected the service in March 2017, we found the provider was not meeting legal requirements in relation to Person-centred care. This was because there was a lack of organised activities and a lack of engagement, at times, displayed by staff toward people who lived at the home. During this inspection, we found improvements had been made and the service was now meeting legal requirements.

At the time of the last inspection, the home had not employed an activities coordinator for over 12 months, which had led to activities not being organised well. When we carried out this inspection, we found a dedicated activities coordinator had been employed and improvements in activity provision were evident. Everyone we spoke with told us they had seen big improvements in this area. The home had a range of facilities available on site, including a cinema, traditional-style pub, café, 'pet shop' and secure gardens. During our inspection we observed the activities coordinator facilitating people's use of these areas. Additionally, people we spoke with gave us examples of events people had attended outside of the home, such as attending a wrestling match at a local community centre and trips out to various attractions.

The activities coordinator also gave us other examples of how they have tried to provide activities that were meaningful for different people. These included, a men's group where they had broken down a bicycle for people to put back together, a baking and knitting group for people who had an interest in these activities and using technology to support one person to watch a favourite singer in concert. Other organised activities included arts and crafts, 'pat a dog', which people clearly enjoyed, sports programmes, a Friday fish and chip club, singers who came to perform each month and visits from local school children. A visiting relative commented about activity provision, "The activities have improved since the new activity co-ordinator has taken over. I think improvements are still being made. He has lots of new ideas."

We found the service provided care and support that was focused on the individual needs and preferences of people they supported. People or, where appropriate, their relatives were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care and support. Care plans we looked at were detailed, up to date and addressed a number of topics including managing physical and mental health conditions, personal care, mental capacity and personal safety. They recorded people's own abilities in order to promote independence. We saw care plans were regularly reviewed and updated, in line with changes in people's circumstances.

The service had a complaints procedure which was made available to people who lived at the home and their relatives. The procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. People who lived at the home and relatives we spoke with told us they knew how

to make a complaint and would feel comfortable doing so and were confident any complaint would be resolved. Everyone we spoke with told us they were happy with the care and support they received and had no cause to raise concerns.

The service worked to ensure people could experience a pain-free and dignified death. We asked about end of life care and how people were supported sensitively during their final weeks and days. We noted people had the opportunity to document what they would like and not like to happen when their health deteriorates, such as whether to go to hospital or stay at the home. Care records documented whether people had a Do Not Attend Cardio-Pulmonary Resuscitation decision (DNACPR) in place. The purpose of a DNACPR decision is to provide immediate guidance on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly.

Good

Is the service well-led?

Our findings

Everyone we spoke with told us they were happy with the management and leadership at the home. Comments we received included, "I know the manager but I can't remember his name. He comes for a chat with me quite often." And, "The manager is marvellous. I know him well. He is very friendly and will always chat with me and my husband. I have talked to him about all my concerns and he really listened. He always asks if I am happy with how my [family member]'s care is going." Another person told us, "Yes I know the manager well. He has been very good. When I first looked round with my husband he showed me round. He told me to take time choosing a home and to be sure the home I chose was correct. He said if I chose this home he would do his utmost to meet my husband's needs."

Staff we spoke with were equally as positive about the management and leadership. Comments from staff included, "[Registered manager] makes the nurses feel valued and autonomous." And, "I've seen massive positive changes since [registered manager] started. There wasn't much support before. Now communication has improved, we get regular supervisions and [registered manager] has an open-door policy."

When we last inspected the service in March 2017, we made a recommendation around the provider ensuring the registered manager received a sufficient level of support and supervision. We discussed with the registered manager how well-supported they were. They told us they felt well supported by the provider and senior leadership team. They told us they also had a 'buddy' who was a manager at a different service who they could call on for guidance and advice.

We found the service had clear lines of responsibility and accountability. The registered manager and his staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the staff on duty confirmed they were clear about their role and between them provided a well-run and consistent service.

The service had systems and procedures in place to assess and monitor the quality of their service. Regular audits had been completed reviewing the services medication procedures, care plans, infection control, accidents and incidents, environment and staffing levels. Actions had been taken as a result of any shortcomings found. We saw community leads followed up on these actions to ensure improvements had been made. Staff told us they were able to contribute to the way the home ran through staff meetings, supervisions and daily handovers. They told us they felt supported by the registered manager. Additional quality monitoring procedures included planned visits from senior managers and the provider's quality assurance team. These included monitoring the number of falls, complaints, safeguarding concerns, medication procedures and ensuring CQC notifications had been completed where required.

People we spoke with and their relatives told us they had not been asked to complete a formal satisfaction survey or to attend any meetings regarding how the service was provided. However, everyone we spoke with told us there was continual dialogue between them, staff and the registered manager about how the service was provided. This helped to ensure the service continued to meet people's needs and provided care in line

with their wishes.

The service worked in partnership with other organisations to make sure they were following current best practice, providing a quality service and the people in their care were safe. These included external healthcare professionals and advocates.

The service had on display in the reception area of their premises and on their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.