

ARMSCARE Limited

# Terrington Lodge

## Inspection report

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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

### About the service

Terrington Lodge is a residential care home providing accommodation and personal care to 19 people aged 65 and over in one adapted building at the time of the inspection. The service can support up to 25 people.

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

People continued to receive safe care and felt safe living at Terrington Lodge. People were protected from abuse and risks to people's health and wellbeing were assessed, managed and regularly reviewed. There were enough staff to ensure that people's needs were met safely. People received their medicines as prescribed and there were practices in place to ensure prevention and control of infection protected people. Lessons had been learnt following analysis of incidents.

People's needs and expected outcomes were assessed and regularly reviewed. People were supported by staff who had relevant training, skills and experience to care for them. People had access to food and drink throughout the day. Staff worked with other health and social care professionals to achieve good outcomes for people's health and wellbeing. 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.

The staff were caring, and we received positive feedback from people and their relatives. People had supportive and meaningful relationships with staff. People's received a service which was caring and respectful. People's rights to make their own choices, independence, dignity and privacy were promoted and respected.

People had personalised care plans that promoted independence. Staff identified people's information and communication needs by assessing them. People were encouraged to participate in meaningful activities. People and relatives knew how to make a complaint and felt confident they would be listened to. People's preferences and choices in relation to end of life care had been explored.

Information from audits, incidents and quality checks was used to drive continuous improvements to the service people received. Staff were motivated and enjoyed strong team work, they felt well supported by the registered manager. People and their relatives told us the registered manager was visible, open and approachable. The registered manager understood their duty of candour and responsibilities of registration with us.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 31 January 2017).

### Why we inspected

This was a planned inspection based on the previous rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Terrington Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Terrington Lodge

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector 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.

#### Service and service type

Terrington 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 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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

#### During the inspection

During our inspection we spoke with three people who lived at Terrington Lodge and two visiting relatives.

We also spoke with the registered manager, the deputy manager, two members of care staff, the cook, the provider's regional director and a visiting healthcare professional. In addition to this we made observations of activities and mealtimes We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and there were policies and procedures which guided staff on the actions they should take if there were risks of abuse.
- Appropriate referrals were made to the local authority safeguarding team when there were concerns about people's safety. Measures were put in place to reduce future risks.
- People's relatives told us they felt that their family members were safe living in the service. One person said, "I am as safe here as anywhere else. Staff are around to keep an eye on me."

Assessing risk, safety monitoring and management

- People's care records showed that risks in their daily living were assessed and mitigated. This included risks associated with falls, pressure ulcers, mobility and eating and drinking.
- Records showed that the health and safety in the service was routinely checked to ensure the service was safe. Equipment was checked and serviced to make sure it was fit for purpose.
- Robust procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEPs) in place so that staff knew how to assist people in an evacuation.

Staffing and recruitment

- We saw that staff were available to support people when they needed assistance.
- People and relatives told us they felt that there were enough staff to provide support in a timely way, however had noticed that the provider had struggled to recruit new staff recently. The registered manager told us that recruitment had been difficult. However new incentives had a positive impact and resulted in successful recruitment of staff they felt had the right calibre to work at the service.
- Staffing levels were calculated in line with the needs of people who used the service. The registered manager had paused new admissions to the service during the period where recruiting staff was a challenge. This had meant the service had ensure it maintained these staffing ratios.
- Checks were undertaken on new staff before they started working to ensure they were of good character and able to work in this type of service.

Using medicines safely

- Medicines were stored securely, and regular checks and audits supported the management team to identify any shortfalls and address them in a timely way.
- We observed part of the lunch time medicines administration and this was done safely. Medicine administration records (MAR) were completed appropriately.

- Staff who were responsible for administering medicines were trained to do so safely and had their competency checked by a member of the management team.

#### Preventing and controlling infection

- The service was visibly clean and hygienic throughout.
- Staff were provided with protective equipment, including disposable gloves and aprons, to reduce the risks of cross infection when supporting people with their personal care needs.

#### Learning lessons when things go wrong

- There were systems to learn lessons from incidents to drive improvement.
- Staff were advised of any changes relating to lessons learned in staff meetings.



# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved into the service an assessment of their individual and diverse needs was undertaken by a member of the management team. These assessments were completed with the input of people who were going to use the service and their representatives, including relatives and other professionals involved in their care.
- People's relatives we spoke with confirmed that they were included in their family member's needs assessments and felt listened to.
- The assessments were used to assess if the service could meet people's needs and to inform the care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training relevant to their roles. The provider invested in face to face training which was carried out by accredited trainers.
- Staff completed the Care Certificate, a nationally recognised qualification for staff new to working in care. Once experienced, staff were supported to complete national vocational qualifications.
- Staff who were new to their role undertook comprehensive training and received support from experienced members of staff before working on their own.
- Staff told us they felt well-supported. They received regular supervision and checks of their competency. This included feedback about their performance and enabled them to discuss any concerns, training and development.

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

- People were provided with a choice of meals and they chose where they wanted to eat. People told us they enjoyed the food. One person told us, "The food is always nice and I can get a drink whenever I want one."
- Where people required assistance to eat their meals, this was done by staff who were patient and supported people at their own pace. Lunch time was a relaxed and social occasion although we identified some improvements could be made to enhance the experience. For example, using plates to serve people biscuits and allowing people to choose what type of biscuit they prefer, rather than placing a biscuit on the table next to a cup of drink.
- Where concerns about people's food and fluid intake was identified, appropriate referrals to professionals were made. People received food and drinks to supplement their calorie intake where they were at risk of losing weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed that where there were concerns about people's wellbeing appropriate referrals were made to healthcare professionals and any guidance was incorporated into people's care plans.
- People's relatives told us they felt their family members had access to healthcare professionals when needed. A relative told us, "If my wife is ill, they will soon get the doctor in, they are good like that."
- The registered manager told us they had good relationships with other professionals, including healthcare professionals, to ensure people received the consistent healthcare they needed.
- A healthcare professional visiting service confirmed that the staff worked well with them and were proactive in reporting and recognising when there were issues with people's wellbeing.

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

- People were supported to make their own room homely with their own belongings. People had call bells in their rooms to summon help and equipment, such as hoists, were available to meet people's needs.
- The environment was suitable to meet people's needs, including being accessible to people who used equipment, including walking frames and wheelchairs to mobilise.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care records included information about their capacity to make their own decisions and those who were responsible for supporting them if they did not have capacity, such as named relatives.
- People had signed their care records to show they consented to the care being provided. Where people did not have capacity to make their own decisions the records were signed by their relatives. Referrals had been made where people had been deprived of their liberty.
- We saw staff asked for people's consent before providing any care and support, such as if they needed assistance with their meals.

# 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 remained the same. 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 and relatives told us staff had a warm, caring and kind attitude. One person told us, "The carers are kind and speak to people in a lovely way." Another person added, "I think the staff here are brilliant, they are so calm and patient."
- People were treated with kindness and compassion. We observed positive interactions between people and staff. There was a light-hearted atmosphere where people laughed and joked with staff.
- The provider recognised people's diversity and had policies in place that highlighted the importance of treating everyone equally. Staff told us they treated people as individuals and respected their choices.

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

- We saw staff listening to people's choices and acting on them during our inspection visit. This included where they wanted to be in the service, if they wanted to participate in activities and if they needed assistance with their meal.
- People's records included their preferences relating to their care, including their likes and dislikes.
- People's relatives told us they were consulted about the care and support their family members required and felt they were listened to.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity by speaking with them in a discreet way relating to if they needed assistance with their personal care needs. One person said, "The staff are very respectful, and [care] is done very nicely. They cover you up and let you wash the bits you can reach."
- Staff promoted and respected people's independence. This included encouraging people's independence during lunch time and providing support when requested. One person told us, "When I have a shower a carer stays with me to make sure I am okay. They let you wash what you can, and shut the door and window to keep you private."

## 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 remained the same. 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

- Personalised care was promoted. Staff could tell us about people's likes, dislikes and personal routines. People were encouraged to make choices and have control within their lives. Support was flexible, according to people's needs and wishes.
- Care plans were individualised and identified key information about the person. Staff had a good understanding of people and could tell us about people's needs and wishes.
- An activities coordinator was employed at the home to encourage people to remain active. People were supported to take part in activities within the home and within the community. Individual one to one activities were planned and scheduled for people who were being cared for in bed.
- The provider understood the importance of supporting people to maintain relationships. They told us they had accessed technology to enable people keep in touch with family members who could not visit.

#### 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.

- People received information in a way they understood. When people could not always communicate effectively due to their disability, provision was in place to ensure information was accessible.
- People's records included information about how they communicated and guidance for staff on how to communicate effectively with the individual.

#### Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. Feedback was gained from people and their relatives through day-to-day conversations.
- People and their families knew how to make complaints. They felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.

#### End of life care and support

- The service provided end of life care when necessary, in response to people's preferences and changing needs. Staff had received training to equip them with the required skills and knowledge. In addition, the registered manager and staff worked with other agencies as appropriate, to support people at the end of

their life.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; 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

- We received positive comments about the service and how it was managed from people and relatives. One person told us, "The manager is always available to speak to and she will help you." A relative told us, "I have spoken to the manager quite a bit and she does listen to you."
- Staff told us there was a positive culture in the service and their views and feedback were listened to.
- The registered manager understood the importance of being open and honest when things had gone wrong. They engaged with people when the service had not met their expectations.

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

- The registered manager understood their role and responsibility in providing good quality care to people and the requirements of their registered manager role. The registered manager had a good understanding of what was happening in the service.
- The registered manager and a member of the management team told us the providers senior managers were supportive and responsive to continuously improve the service.
- Staff spoken with understood their role and the ethos of the service.
- Staff meeting minutes demonstrated that staff were kept updated with any changes in the service and any shortfalls which required addressing. This included reminding staff about their responsibilities relating to safeguarding, whistleblowing and infection control.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people and their relatives in day to day discussions about their care in a meaningful way. People and their relatives told us they were encouraged to comment on the care delivered to them.
- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided.
- People told us there were regular meetings at the home that managers as well as staff attended.
- Staff told us communication was good and said they could contribute to discussions and make suggestions about the service.

#### Continuous learning and improving care

- The registered manager had a programme of audits which assisted them to identify any shortfalls and address them promptly. An action plan was in place to show where improvements were being implemented and timescales for completion.
- Staff received training and support to meet people's needs.

#### Working in partnership with others

- The registered manager told us they had positive relationships with other professionals involved in people's care. This included commissioners and health care professionals.