

Nutley Lodge Care Home

Nutley Lodge Care Home

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?

Requires improvement 

Overall summary

The inspection took place on the 18 and 19 August 2015 and was unannounced. We last inspected the service on 25 September 2013 and found no concerns.

Nutley Lodge provides residential care without nursing for up to 27 older people. Nursing care is provided by the community nursing team. People living at the service could be living with dementia and have a physical disability. On the day we visited, 26 people were registered at Nutley Lodge, but one person was in hospital.

There was a registered manager in post. 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.

There was evidence of leadership and governance in place. Nutley Lodge was run by a partnership. Auditing by the registered manager and provider took place to ensure the quality of the service was maintained. People, relatives and staff said the registered managers were approachable. People and relatives were asked for their views of the service. Staff said they could contribute ideas about how they felt the service could be improved.

The service had not returned all the required notifications for when people experienced a serious injury while living

Summary of findings

at Nutley Lodge. This meant there was no external monitoring of serious injuries involving people living at the service. The registered manager reviewed the necessary regulation during the inspection and advised they would ensure any serious injury notifications were sent in the future.

People felt safe living at Nutley Lodge and spoke highly of the staff. People felt comfortable speaking to staff and the registered manager if they had any concerns or suggestions. Staff were knowledgeable about safeguarding people and what action to take if there was a concern. Both people and staff said any concerns would be taken seriously by the registered manager.

Staff treated people with kindness and respect. People's dignity was protected at all times. Staff were observed treating people as individuals and ensuring their needs were met. People were in control of their care and of planning how their care needs were met. People were supported to plan for their end of life. Risk assessments were in place to reduce the risk of them coming to harm. People were involved in assessing their risks and how staff could support them. Relatives or their representatives were also fully involved.

People's medicines were administered safely. Staff followed safe infection control policies and practices.

Staff were recruited safely and trained to meet people's needs effectively, including those with specific care or support needs. Staff said they could ask for training and guidance was always available from senior staff and local health care professionals. All staff, regardless of their role, took extra training to meet people's needs where they were living with dementia. The service had been awarded the Dementia Kite Mark again in 2015 to demonstrate their role in supporting people living with dementia.

People's nutritional and health needs were met. People said staff responded to their needs quickly and ensured they saw health professionals when required. People said staff helped explain what healthcare professionals had said and supported them to make choices about what they wanted to happen.

Activities were provided to keep people mentally and physically stimulated. People's personal histories were gathered to ensure activities were person centred. People's faith needs were met.

People's concerns and complaints were investigated and only closed once people were happy with the outcome.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People felt safe living at Nutley Lodge. People were looked after by staff who understood how to identify abuse and would act to keep people safe.

There were sufficient staff employed to meet people's needs safely. Staff were recruited safely.

People had risk assessments in place to reduce the likelihood of them coming to harm. People were involved in identifying risks.

People had their medicines administered safely.

Staff demonstrated they knew how to follow safe infection control practices.

Good



Is the service effective?

The service was effective. People were looked after by staff trained to meet their needs.

People were always asked for their consent before care commenced. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and ensured people were assessed as required.

People had their nutritional and health care needs met.

Good



Is the service caring?

The service was caring. People spoke highly of staff who treated them with kindness and respect. People had their dignity respected at all times.

People felt staff listened to them and they were in control of their own care. Staff demonstrated they cared for and about the people they were looking after.

Relatives confirmed they were always welcomed.

People's end of life was planned with them. People were supported to end their life with dignity and without undue pain.

Good



Is the service responsive?

The service was responsive. People received care and support which was personalised and in line with their preferences.

Activities were provided for people to remain mentally and physically stimulated. People's faith needs were met.

People's complaints were taken seriously and investigated. People were told the result.

Good



Summary of findings

Is the service well-led?

The service was not always well-led. CQC had not always received notifications about injuries people had while living at the service.

There was clear evidence of governance and leadership in place.

People and staff both felt comfortable raising any suggestions about the service. They felt senior staff and the management committee were approachable and would listen to them.

Audits of various aspects of the service were completed to ensure the quality of the service. Systems were in place to ensure the building and equipment were looked after.

Requires improvement



Nutley Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 18 and 19 August 2015 and was unannounced.

Two inspectors and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we read the information held by the Care Quality Commission (CQC) such as previous inspection reports and notifications. Notifications are the information registered people are required to send to CQC about specific events. We also reviewed the Provider

Information Report (PIR) sent to us by the registered manager. The PIR 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.

During the inspection we spoke with 10 people and five relatives. We reviewed the care records of four people and looked at their care in detail to ensure they were receiving their care as planned. We observed how people were looked after by staff in the lounges and at lunchtime on both days.

We spoke with eight staff and reviewed five personnel records. We also reviewed the training records for all staff. We spoke with two health professionals during the inspection who were very positive about the staff and service.

We reviewed the records held by the registered manager and provider to review how they were ensuring the quality of the service. This included audits, policies and procedures, minutes of meetings and maintenance records.

Is the service safe?

Our findings

People felt safe living at Nutley Lodge. People said they were content they were looked after by staff who would keep them safe, were living in a safe environment and their possessions were safe. Relatives concurred with these views.

People were looked after by staff who understood how to identify abuse and keep people safe from harm. People felt staff would act on any concerns and keep them safe. Should they have concerns, people said they felt comfortable speaking to any staff member but would speak to the registered manager, if required. Staff stated they would pass on any concerns to senior staff and action would always be taken. Staff would raise their concerns with the local authority or CQC if they felt they had not been taken seriously. One staff member said: “We have built really close relationships with the people living at the home and they are comfortable with us and will tell us if anything is wrong”. Another staff member said: “If I was worried about potential abuse I would report my concerns to a senior carer or the registered manager and I know I would be listened to”.

There were sufficient staff to meet people’s needs safely. People said there were sufficient staff on duty during the day but the two night-time staff could be very busy and this was when any small delays in response to the call bell could occur. No one thought the waiting time was too long. Relatives told us: “There seem to be plenty of staff when I visit”, “There is a very good staff to resident ratio” and, “I would say there was enough staff and the manager is incredibly well organised”. Staff also felt there were enough staff. The registered manager explained they communicated closely with staff and people to ensure people’s needs were being met. They were able to respond quickly if people’s needs changed and they required more staff. This meant staff could support people at times when they were unwell or to attend health appointments.

There was a low turnover of staff with many having worked for a long time at the service. The service would only use agency staff in an emergency. The registered manager explained they tried to keep a steady core group of staff so people were looked after by staff they knew. Records showed new staff were recruited safely. Staff applied via an application and formal interview process. Staff did not start

work until they had the necessary checks in place to ensure they were safe to work with vulnerable adults. All new staff underwent a probationary period to ensure they continued to be suitable.

People had risk assessments in place to support them to remain as safe as possible while living at Nutley Lodge. These were closely linked to their care plan and staff training schedules. People had their risks associated with falls, how staff supported them to transfer, developing pressure ulcers and risk of malnutrition carefully monitored and reviewed as required. People had the risks associated with their individual needs assessed as well. For example, one person struggled to eat with others and would become frustrated if they did not receive their food quickly once lunch was due to be served. Staff therefore provided a dining area off the main dining room and ensured they got their food first. This reduced the likelihood of this person putting themselves and others at risk. People said staff involved them in managing and assessing their own risks. For people unable to express their needs staff met with families and involved them in supporting the risk assessment process.

Personal escape and evacuation plans (PEEPs) were in place to ensure people’s needs could be met in the event the building required full evacuation. The PEEPs did not always reflect current dependency levels. The registered manager had started to address this before the end of the inspection.

People medicines were managed, stored, given to people as prescribed and disposed of safely. Everyone expressed their satisfaction with how their medicines were administered. People confirmed they knew the purpose of their medication and staff would explain if they were unsure. For example, one person told us: “They do mention what my medicines are for”. We also observed staff explaining medicines to people. Nobody was administering their own medicines however, people were supported to be independent in taking their own medicines with staff supervision. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MAR) were all in place and completed correctly. Body charts were used to indicate the precise area creams should be placed and contained information to inform staff how often they should be applied.

Is the service safe?

The service had clear infection control policies and practices in place. People told us they were happy with how clean the service was. Relatives also told us they never had any concerns about the cleanliness of the service. A member of staff acted as infection control lead and the service employed an infection control specialist to carry out an annual review of their practices. Where recommendations were made this had been acted on. Staff

were provided with aprons and gloves. We identified that some staff were placing people and staff at risk of contamination by rinsing out contaminated laundry. The registered manager stopped this practice immediately, and reminded staff of the correct procedure. All staff were addressed during subsequent shift handovers and refresher training was also planned for the next staff meeting.

Is the service effective?

Our findings

People were looked after by staff who were trained to meet their needs. People said that in their experience the staff were well trained. One person said: “Staff are always going on refresher courses” and a relative said, “The staff appear to be very well trained”. Staff told us they underwent regular training. The provider’s mandatory courses including safeguarding, fire safety, first aid, manual handling and infection control. These were all up to date and regularly reviewed. Staff were enthusiastic about training and understood the importance of staying up to date with current practice guidelines. Staff had training to support people with their individual needs such as supporting people living with dementia and diabetes care. Staff could request training and this would be provided.

Staff had regular supervision, appraisal and times when their competency was checked. This was to ensure they continued to be able to carry out their role effectively.

People confirmed new members of staff were introduced to them and were accompanied by an experienced carer for a few days. New staff underwent an induction programme to support them to learn about their role. The service was introducing the new Care Certificate for all new staff. The Care Certificate is a new national qualification for all staff new to care.

People said staff always asked if they were ready to be assisted before starting any care. We observed staff always asked for people’s consent before providing any care or support. Staff told us how they would communicate with people who were unable to communicate verbally. Staff said: “I spend time with people to explain what I am going to do, for example brushing their hair, by using body language”. Another staff member said: “I always ask the person what they want to wear and take clothes out of the wardrobe for them to help them to make a choice”.

Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how they applied this in practice. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or

may become, deprived of their liberty. The service had applied for DoLS as required. There were thirteen DoLS applications awaiting authorisation by the local authority. In the meantime, the staff were seeking to ensure they restricted people as little as possible. Staff knew what actions they would take if they felt people were being unlawfully deprived of their freedom to keep them safe. For example, preventing a person from leaving the home to maintain their safety. There were clear recordings of involvement with family who had Lasting Power of Attorney to oversee decisions about people’s welfare.

People had their nutritional needs met. People were supported to maintain a healthy diet. People had their nutritional needs monitored when the nutritional risk assessment raised a concern. For example, people were referred to their GP and had their weight monitored more often. Where there was a concern people may not be able to swallow their food safely, they were referred for assessment. All staff, including the chef, were aware how each person’s food should be prepared and offered by staff. Staff supported and encouraged people to eat as described in their care plan. Snacks and drinks were available throughout the day and night. People on a special diet, such as that required for a diabetic, had an imaginative alternative diet prepared for them. Food supplements were given as prescribed.

Fluids were available around the home. Those able to could help themselves to drinks of different juices or water when they wanted. Staff were observed encouraging people to keep hydrated with regular drinks offered and people supported as required.

Mealtimes were a sociable occasion with people sitting together chatting happily. Everyone said that staff frequently asked what their favourite meal was and if they would like something different on the menu. One person told us: “I put down roast lamb with mint sauce and the next week there it was on the menu”. People said they could choose to eat in their bedroom, lounges or the dining room. People we sat with at lunch were very positive about the food and the choices available. Comments received included: “The food is quite good and there are always alternatives available if you don’t like the main choice”, “The food is very good, always hot and plenty of it”, “The food is very good” and, “The food is beautiful”. Comments

Is the service effective?

from relatives included: “The food is very good and there is plenty of it”, “The food looks very nice and Mum has put on needed weight since coming here” and, “I have eaten here often and the food is excellent”.

People had their health needs met. People confirmed they could see their GP as required. Records showed people saw a podiatrist, dentist and optician regularly and as required. The health care professionals we spoke with during the

inspection were very positive about the registered manager and staff. They told us staff always called for their help and advice when necessary. They stated any need, such as a reddening of the skin, was reported quickly which helped avoid more serious health concerns. They added, any advice given was followed carefully and feedback demonstrated staff understood their role in meeting people’s health needs.

Is the service caring?

Our findings

People were looked after by staff who treated them with kindness and respect. The atmosphere in the home was calm but with a buzz of activity. People were observed to be comfortable and happy in the company of staff. One person told us all the staff were kind adding, "I think that this is the main thing they look for when they recruit new staff". There was lots of appropriate humour between people and staff. Staff and people regularly asked about each other's family and how they were feeling. People and their relatives spoke highly of the staff, the service and the way there were cared for. One person said: "The staff are very good; you couldn't want for better". Other comments we received included: "The staff are very nice", "It's first class here, certainly no bullying or shouting" and "I would describe it as a very calm home. This is a very good place to be". A relative said: "This home is very pleasant with a lot of chatting going on when I visit".

People and relatives confirmed that visitors felt welcomed at any time. Relatives told us they were always made welcome and greeted by name. We also observed visitors and relatives greeted each other and other people by name and in a relaxed manner. Relatives told us staff always knew how their relative was and they were updated as necessary. Refreshments were offered to visitors so they could enjoy a sociable time with their relative. A quiet area was available for relatives to meet with people away from main lounges or their bedrooms if desired.

One relative told us: "The home is very homely; like a family. The staff are dedicated to caring" adding, their loved one had been ill recently and they had been due to go on holiday but, "Staff told us to go on holiday and they would keep in touch; they sent me a text several times a day and I could phone when I wanted. I felt they looked after my mum and so looked after me."

People felt in control of their care and confirmed staff listened to them. People said staff always ensured their dignity was respected when personal care was given. People said staff made sure they understood their care needs and they could say how they wanted them to be met. For example, one person told us staff had looked at different ways they could meet their personal care needs and they were given time to choose what was best for them. Respecting their independence was an important part of this for them. They also stressed that staff showed

the right balance of enquiring they were alright and leaving them alone if they wanted time by themselves. Another person told us: "The other day staff asked if I was ready to get up and I said I fancied a lie-in so she came back an hour later when I was ready." A third person said: "The manager is very well organised and very caring" adding, they felt this was then copied by staff.

Staff spoke passionately about the people they were looking after and how important it was to demonstrate a caring and compassionate attitude to people. One staff member told us: "We aim to make the service 'home from home'. If people want something they can have it. Nutley Lodge runs around what people want. We are a family." One person said: "We are more of a family; the staff have their families and we are part of their family."

We observed many occasions when staff demonstrated they cared for people. For example, people were greeted by name in the morning when they came to the lounge and immediately offered a cup of tea or coffee. They were asked how they were and how they had slept. Conversations were unhurried between staff and people. For example, a staff member sat with a person who did not see their family as often as they would have liked. The staff member supported them in a kind way to discuss this. Other topics were introduced at a respectful time and laughter was heard while the staff member and person shared their stories.

People were supported to develop friendships and companionship while living at Nutley Lodge. One person told us: "We love each other here and look after each other." Other people told us: "We all get on very well and it's like having lots of friends together" and, "People mix in, there's no shouting or bullying. There's no trouble here at all". In relation to new people moving in one person told us: "We make them welcome; everyone is welcome here." Another person told us someone who had moved in recently had, "Become my friend. She comes into my room and we have a cup of tea and a natter in the morning." We also observed people asking about each other, for example if someone was not at lunch. Staff then reassured people of their whereabouts.

People had their end of life needs planned with them. People were able to express their views and staff reassured them that their desires would be met. A family member of someone, who was very poorly when we visited, told us the person's needs were being met. The relative also told us

Is the service caring?

they felt looked after and supported by staff. In the person's care plan there was evidence the person and their family had been involved in planning the advanced care plan and their last wishes were outlined. There was evidence of on-going assessment of the person's condition which was clearly documented. Also, the health professionals told us the service's palliative care was of a very high standard. They told us staff ensured they were called to administer

extra pain relief if needed and staff moved people carefully and spoke to people kindly. The registered manager and one other staff member were completing the training provided by the local hospice with the aim they would become 'end of life' champions. They had already reflected on their own processes to improve people's end of life at Nutley Lodge.

Is the service responsive?

Our findings

People had their needs carefully assessed before coming to live at the service. This was to ensure the service was able to meet their needs and people could decide if it was the right place for them. People and their relatives could visit as many times as they liked. Some people told us they had stayed for a meal over a few days before deciding to move in. People could decorate and furnish their room as they liked so it felt comfortable from the start of their stay. One relative told us they had chosen Nutley Lodge due to its reputation and how it felt when they visited. They added: "It has not let us down; I know my mum's needs are met and I am reassured by that."

People had care plans in place which were personalised and reflected their current needs. They were reviewed each month. People were familiar with their care plans. For example, one person told us they had been involved in detailing their care needs and knew there was a care plan in place. Relatives all said they were very involved with writing the care plan. One relative confirmed: "We all talked through the care plan; any change in care needs are discussed and met quickly." Another relative said: "We have had really good discussions about the care plan". Staff said they viewed the care plans often and felt they offered them the correct level of guidance. Staff could suggest if they felt the care plans needed amending to ensure the care plans reflected people's most current needs. Staff told us shift handover sessions were very thorough and were how people's current needs were communicated.

People felt staff were flexible and offered the right level of care and support. People said the call bells were answered quickly. One person told us: "You only have to ring and they are there." Everyone said staff kept to their chosen routine of a body wash, bath or shower. More baths or showers could be taken if people wanted them and people could get up or go to bed, with or without assistance, when they chose.

Records showed staff responded to a range of needs as they arose. People said staff would act promptly if they were poorly or had a concern. Staff involved them in the decision making process about how they wanted support or their needs met. All relatives said they were kept up to date and staff would call if there was an issue they needed to know about. More than one relative expressed satisfaction with how their loved one was supported to

rehabilitate by the staff and live as full a life as possible. For example, one relative told us: "Since coming here mum's mobility has improved no end and she now likes to use the stairs instead of the lift. This is a warm kind caring home. I'm glad Mum is here and she now calls it 'My Home' ". They added that the change in the person was solely down to the efforts by staff. The health professionals also praised the extent staff went to in order to support people to be as active as possible.

Activities were provided for people to remain mentally and physically stimulated. Activities were provided for individuals on their own and as groups. People said they chose what they did each day and what activity they wanted to do. Comments included: "I go out in my wheelchair with the family or down to the lounge and join in there", "I prefer to stay in my room in the mornings and watch television or listen to the radio, after lunch I may join in something in the lounge" and, "I can go out in the garden by myself and if I want to go into the village staff will come with me". Staff provided activities on a regular basis or spent time talking with people. Outside entertainment and organisations regularly visited the service. The provider took a small group out each week for an alternative coffee break. Larger trips were organised a couple of times a year where volunteers joined them on a coach trip. People's religious needs were met by local religious leaders who visited the home monthly. People were encouraged to maintain their hobbies and links with the local community were supported. For example, one person knitted blankets for a local animal rescue charity.

People's personal histories were used to plan their care. Family and people were requested to provide details, photos and other memorabilia to engage with people about their lives. Staff ensured they had as much information as possible about people so when they could no longer communicate they could look after people as they would want.

People living with dementia were supported to take part in activities with all staff trained to a high level to support people. Staff used every opportunity to stimulate the mind of a person with a diagnosis of dementia. A memory lane was created where staff could sit and talk with people and a local museum came to discuss past events such as

Is the service responsive?

rationing. Visits by animals and birds were also used to stimulate people through touch. The service had been awarded the Dementia Kite Mark for both 2014 and 2015 recognising their work with people living with dementia.

People's concerns and complaints were acknowledged and investigated. All concerns and complaints were investigated. The service had a complaints policy in place. This was made available to people and relatives when they

enquired about the service. People had a copy in their rooms they could refer to as well. Staff had systems in place where people's concerns could be picked up and resolved quickly. Records of people's complaints did not show the person was asked if they were happy with the outcome, however, the registered manager confirmed the complaint was only closed once staff were assured the person was happy with the outcome.

Is the service well-led?

Our findings

Nutley Lodge Care Home was owned and run by Nutley Lodge Care Home. This was the only service run by this provider. The home was run by a partnership of three people. There was clear evidence the members of the partnership were involved in monitoring the service to ensure quality of care was maintained. For example, by completing audits, observations and checks on the building's maintenance. There was a registered manager running the service day to day. The partners and the registered manager communicated daily but also met formally each month. Minutes of these meetings demonstrated issues were picked up quickly and tracked via an action plan to ensure they were resolved.

CQC had not received all notifications as required. We had not been sent notifications in respect of serious injuries people had experienced while living at the service for 2014 and 2015 to date. This is despite records within the accident book and people's care files showing people had experienced injuries during the time which required medical attention. We discussed the lack of these notifications with the registered manager. They told us they were under the impression we were only to be notified of injuries resulting in a fracture. The registered manager reviewed the necessary regulation during the inspection and advised they would ensure all serious injuries were reported in the future in line with this regulation.

People and their relative spoke highly of the registered manager and provider. People confirmed they saw both the registered manager and providers often and felt comfortable speaking to them. People said they could raise concerns and suggest changes which were always addressed. Everyone knew the registered manager's name. People told us the registered manager made twice daily "rounds" of the bedrooms and lounges. During this time people were asked how they were feeling or had any

concerns. One person said, "The [registered] manager sits down with you and explains everything". One relative said: "The owners are very caring people and deeply involved with the home".

Staff praised the registered manager and provider. Staff said any ideas they had about how the service was run would be listened too. Staff said the registered manager and provider cared for staff and people. They told us there was a strong ethos of good care. Staff told us they felt the positive way they were treated was reflected in how people were looked after. One staff member said: "The registered manager is very supportive and approachable; she is always there when you need her." Of the provider they said: "The provider always responds and comes in at any hour when you need them."

People, relatives and staff were asked their view of the service by means of regular questionnaires. There were also regular residents' meetings and staff meetings. We reviewed the questionnaires from 2015 and minutes of the meetings. Comments in the questionnaires were mostly positive. Issues that had been raised in the questionnaires or meetings were acted on.

The registered manager audited various aspects of the service to ensure the overall quality. Audits in relation to the safe administration of medicines, infection control, skin integrity and care planning took place regularly. Action was taken in respect of any issues. The registered manager was not currently completing a service wide falls audit to ensure lessons were learnt from any falls people had while living at Nutley Lodge. The registered manager had started to look at how that could be implemented before the inspection was completed.

There were a range of policies in place to support the running of the service. Systems were in place to ensure the maintenance of equipment and the building.