

The New Careford Lodge Limited

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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 

Overall summary

This inspection was unannounced and took place on 11 December 2014. At the last inspection of the home on 31 October 2013 no concerns were identified.

The New Careford Lodge Limited provides accommodation and personal care for up to 18 people. The home specialises in the care of older people.

There is 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.

The home was well led by a management team who had a commitment to providing good quality care in a homely environment. Their vision and values were

Summary of findings

communicated to staff through their day to day work, staff meetings and formal one to one supervisions. When we asked a member of staff about the home's aims and values they told us "To make sure people know this is their home and they can still make choices. But also about providing the best care we can."

There were effective quality monitoring systems to monitor the quality of care provided and ensure on-going improvements. People's views were listened to and changes were made in accordance with people's wishes where possible.

People were supported by staff who were kind and caring. There were sufficient staff to enable care to be provided in a relaxed and unhurried manner.

Care at the home was personalised to each individual and people were able to continue to follow their own routines and make choices about their day to day lives. One person told us "You can do your own thing. I have my own routine." Another person said "I knew the home before I moved in. I was invited several times before I made the decision. It was a good decision the staff know my ways and we get along fine."

People were supported to maintain links with the local community and continued to take part in local events. The registered manager had strong links with local groups and ensured the home was part of the community. For example with the nearby church, schools and social groups.

People were involved in planning their care and care plans were discussed with people or their representatives on a regular basis. People's wishes for how they wanted to be supported, including the care they would like if they became ill, was recorded so all staff were aware of their personal choices. Staff signed care plans to say they had read and understood them.

People told us they felt safe at the home and with the staff who supported them. There was a robust recruitment procedure in place which minimised the risks of abuse to people.

People had access to healthcare professionals according to their individual needs. Staff made sure when there were changes to people's physical well-being, such as changes in weight or mobility, effective measures were put in place to address any issues.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. People were offered drinks and snacks throughout the day and there was fresh fruit in the lounge for people to help themselves to. There was a set menu which offered people a choice at every meal. If people did not want anything from the menu there was a list of alternatives to choose from. One person told us "There's always enough to eat and they always offer me more." Another person said "There's a good choice of food. Someone asks you every evening what you would like. There's also plenty of snacks. No one will starve here."

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 told us they felt safe at the home and with the staff who supported them.

Risks of abuse to people were minimised by a robust recruitment procedure.

People's medicines were safely administered by staff who had received specific training to carry out this task.

People were supported by sufficient numbers of staff to meet their needs.

Good



Is the service effective?

The service was effective. People were supported by staff who had the skills and knowledge to meet their needs.

People received a variety of nutritious meals which took account of their preferences and dietary needs.

People's health was monitored and they had access to appropriate healthcare professionals according to their specific needs.

Good



Is the service caring?

The service was caring. People were supported by staff who were kind and caring.

People's privacy was respected and they were able to make choices about how their care was provided.

Visitors were made welcome at the home at any time.

Good



Is the service responsive?

The service was responsive. People received care and support which was tailored to their individual needs and wishes.

People knew how to make a complaint and were confident any concerns raised would be fully investigated.

There was a varied activity programme for people to take part in. There was also a 'resident's companion' to support people in one to one activities and reduce the risk of social isolation.

The staff encouraged and supported people to maintain their links with the local community.

Good



Is the service well-led?

The service was well led. The registered manager's vision and values were communicated to staff through their day to day work, staff meetings and formal one to one supervisions.

People told us the registered manager was open and approachable.

There were effective quality monitoring systems in place which identified shortfalls in the service and drove on going improvements.

Good



The New Careford Lodge Limited

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 inspection took place on 11 December 2014 and was unannounced. It was carried out by an adult social care 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the home before the inspection visit. At our last inspection of the service we did not identify any concerns with the care provided to people.

During the inspection we spoke with 10 people who lived at the home and one visitor. We also spoke with six members of staff which included care staff and ancillary staff. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included three care plans, medication records, four staff personal files and health and safety records.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said “I feel very safe here. The staff are all very kind.” Another person told us “I’ve never had a bad carer. They are all extremely helpful.”

Risks of abuse to people were minimised because staff had received training in recognising and reporting abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. Staff were confident that if they shared their concerns with a senior member of staff action would be taken to make sure people were protected. One member of staff said “I wouldn’t hesitate to report any worries. Everything is very open. I am confident immediate action would be taken.”

The registered manager told us in their PIR they had a robust recruitment procedure for new staff which helped to minimise risks to people. This included carrying out checks to make sure prospective employees were safe to work with vulnerable adults. New staff explained they had not been able to begin work until all their checks had been received by the registered manager. Staff personnel files confirmed staff went through an interview process and were thoroughly checked before beginning work at the home. One person said “All the new staff are excellent. They recruit well.”

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. One member of staff said “There’s enough staff. There’s no pressure to rush people.” People did not express any concerns about staffing levels. One person said “If you want anything there is always someone to do it.” Another person said “If you ring the bell they are here in minutes. I have never had to wait.”

The registered manager informed us in their PIR that staffing levels were continually monitored against the dependency of people who lived at the home. This enabled them to make sure there were adequate numbers of staff to meet people’s needs. The registered manager assessed people’s dependency on a weekly basis and adjusted staffing levels to meet their needs. For example the minutes of one staff meeting showed that staffing levels had been adjusted to meet the needs of a person who had required a high level of support at the end of their life.

Care plans contained risks assessments which outlined measures which enabled people to take part in activities with minimum risk to themselves and others. We saw that where people had been assessed as being at risk, measures had been put in place to minimise these. These measures included the use of pressure relieving equipment where people had been assessed as being at risk of damage to their skin.

Some people chose to administer their own medicines. There were risk assessments which set out the control measures to make sure people continued to take their medicines safely. In one instance we saw staff regularly counted tablets with the person to make sure they were being taken in accordance with the prescription.

The majority of people’s medicines were administered by senior staff who had received appropriate training and had their competency assessed. One person told us “I don’t want to be bothered with it. They do my tablets and lotions. I’m confident they are doing it right.” A member of staff told us “Only staff who have done the training give out meds. There are also regular checks on you to make sure you know what you are doing.”

The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

Some people were prescribed medicines on an ‘as required’ basis. There were clear protocols in place to inform staff when these medicines should be given. The protocols for some people’s medicines stated they should be given at any time the person requested them meaning that people remained in control of the medicines they took and when. Other protocols gave details of the symptoms to look out for which may indicate that a person was experiencing discomfort and should be offered pain relief.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People told us “Staff do what they can, the best they can. I don’t think you would find better” and “I think they do a wonderful job, they are awfully good and everything runs smoothly.”

Staff said they received a good induction when they began work and had opportunities to shadow more experienced staff. One new member of staff said “The induction was really good and told me what I needed to know. I was made welcome and well supported by senior staff.”

The registered manager told us in their PIR that there was a comprehensive training programme for all staff. Training records showed staff received a variety of training which included training specific to the needs of the people using the service. One member of staff said they had recently completed training which included; dignity in care and person centred care, loss and bereavement, safeguarding and whistle blowing. There was also essential training to make sure staff had up to date knowledge about how to provide care in a safe and effective way. Essential training included training in fire safety, infection control and safeguarding people.

People had access to health care professionals according to their individual needs. One person said “They always call a doctor if you’re not well. If you have an accident they are quick to get the paramedics.” Another person told us “The staff arrange for you to see the people you need. The optician is coming next week.” A visitor to the home informed us that when their friend had fallen, the staff had ensured they were checked over by the hospital. Records were maintained of all appointments with health care professionals and any recommendations made were discussed and recorded as part of the registered manager’s weekly report to the provider. The report also showed what action had been taken in response to the recommendations.

People’s nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. To make sure staff had a good understanding of nutrition some had completed training in the principles of diet and nutrition and others were in the process of completing the course. A

small number of people were assessed as being at risk of poor nutrition and staff were able to tell us about the measures in place to support these people. These included providing a high calorie diet and food supplements.

People were offered drinks and snacks throughout the day and there was fresh fruit in the lounge for people to help themselves to. One care plan recorded that the person needed to be provided with snacks in the morning and afternoon. We saw this person was provided with a snack bowl twice during our visit. We looked at their weight records and saw they were maintaining a stable weight which showed the measures were effective in preventing weight loss. One person had a kettle and fridge in their room but told us “It’s nice to have but the staff keep me well supplied with drinks so I don’t really use it much.”

There was a set menu which offered people a choice at every meal. Minutes of meetings held showed that people were involved in planning meals and were able to make suggestions about food served in the home. If people did not want anything from the menu there was a list of alternatives to choose from. One person told us “There’s always enough to eat and they always offer me more.” Another person commented “There’s a good choice of food. Someone asks you every evening what you would like. There’s also plenty of snacks. No one will starve here.”

Most people who lived in the home were able to make decisions about what care or treatment they received. We observed people were always asked for their consent before staff assisted them with any tasks. We heard staff ask a person if they wanted help with a particular task. The person said they would like to be helped later in the day and staff accepted this.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. We asked one member of staff what they would do if someone was unable to make a decision for themselves. They told us “I would do what would be in their best interests, I would ask

Is the service effective?

the families involved.” Care plans demonstrated that where there were concerns about a person’s capacity to make a decision, personal and professional representatives had been involved to make a decision in their best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and hospitals. DoLS provides

a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager was familiar with the Deprivation of Liberty Safeguards and was confident no applications were required for people who lived at the home.

Is the service caring?

Our findings

People said they were supported by kind and caring staff. Comments included; “Staff are all very nice,” “The staff are all so understanding” and “I like it here because everyone is so friendly and helpful.”

Throughout our visit we saw staff assisting people in a kind and understanding way. When a person required assistance staff quietly assisted them back to the privacy of their room. Staff listened when people spoke with them and took time to make sure they had properly understood what the person was asking. We saw that one person was eager to share some news with a member of staff. It was evident that the member of staff had a good knowledge of the person and knew all about the situation the news referred to. We heard the person and staff member chatting freely which demonstrated they had a good relationship.

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. One person said “Definitely no restrictions on visitors. Any time any place.” A visitor told us they were able to visit at any time and were always made to feel welcome by staff.

People’s privacy was respected and all personal care was provided in private. All bedrooms had en-suite facilities which enabled people to be supported with personal care in their own room. There were also communal bathrooms

with assisted bathing facilities which gave people the opportunity to choose to have a bath rather than a shower. People told us staff were always willing to assist them but also encouraged them to maintain their independence where possible. One person told us “I like to do what I can but they are very understanding and help me very discreetly when I need it.”

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. One person said “I feel very at home in my room. The staff are respectful of my privacy but are always checking if there is anything I need. That’s quite a comfort.”

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and compassionate way. We saw staff knocking on individual room doors and delivering post to people unopened. One member of staff said “It’s their home and I want to make sure they have the same privacy I have in my home.”

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions. Records of monthly care plan reviews showed people had been involved in meetings to discuss their care and had signed to say they agreed with the care plan in place.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People told us they were able to continue to follow their own routines. One person said “You can do your own thing. I have my own routine.” We were told about one person who did not get up early. Staff said “Apparently they have never got up early so obviously we work around them.”

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person’s needs and expectations. Copies of pre admission assessments gave staff information about people’s needs and their likes and dislikes. One person told us “I knew the home before I moved in. I was invited several times before I made the decision. It was a good decision, the staff know my ways and we get along fine.”

Staff told us that before a new person moved in they were given information about them and about their needs. One member of staff told us they always saw the initial assessment of a person and had information about the person’s lifestyle before they moved in. They said “We create a mini care plan for new people. Once people are living here we work out a full care plan with them to make sure it properly reflects what they want.”

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Each care plan contained information about people’s lifestyles and people and things that were important to them. Care plans also included an information booklet entitled ‘This is me.’ This was a short document that could be passed to another care provider, such as a hospital, to make sure anyone providing care had information about the person.

People were involved in planning their care and care plans were discussed with them or their representatives on a regular basis. People’s wishes for how they wanted to be supported, including the care they would like if they became ill, was recorded so all staff were aware of their personal choices. Staff signed care plans to say they had read and understood them.

The staff responded to changes in people’s needs. One person told us how their needs had changed since they moved to the home. They said “I find it all very difficult but the staff are so good about helping me.” Where people’s mobility had changed the registered manager arranged for them to be seen by appropriate professionals to ensure they received the support and equipment they required to maintain their independence.

People were able to take part in a range of activities according to their interests. Each person received a copy of the week’s activity programme to enable them to plan their week around the activities which interested them. We noticed on the day of inspection staff went to people’s rooms to remind them what was going on that day. One person said “The weekly activities are very good.” Another person told us “I like the timetable. Some things I don’t want to miss but other things really don’t interest me. This way I know what’s going on when.”

One member of staff told us the information in each person’s care plan allowed them to understand the individual’s needs and choices and adapt activities accordingly. In a recent survey some people had commented that they would like to play scrabble, indoor bowls and dominoes. We saw these activities had been added to the activity timetable. On the day of the inspection some people played dominoes with a member of staff. One person said “We do play scrabble now, usually on a Tuesday.”

Staff encouraged people to maintain links with their local community. One person told us “I still feel part of the community. I go to the same church I have always been to and the staff help us to attend local events. I still know what’s going on.” People were assisted to go out for walks in the local area and shop at the local shop. The activity programme included visits from local groups such as the vicar, nearby schools and other community groups. On the day of the inspection the local Women’s Fellowship sang carols at the home.

The registered manager told us in their PIR about the steps they had taken to make sure people did not become socially isolated. Although a full activity programme was provided in the home, a recent survey suggested that not everyone wished to join in with organised activities. In response to this the home had employed an additional member of staff to provide one to one activities with people. This member of staff, known as a ‘resident’s

Is the service responsive?

companion' was available in the home each week day morning and was able to support people with activities of their choosing. The member of staff told us "If residents want to go for a walk, then I take them. Sometimes we go for a coffee and a piece of cake and the residents are so happy when we do that." One person said "I love having her."

There were systems in place to seek people's views on a regular basis. There was a monthly residents meeting where people were asked for their views and suggestions. Minutes of these meetings also showed that people were kept informed about changes taking place in the home such as new people moving in or new staff joining the team. One person said "I always go to the meetings. They seem genuinely interested in hearing our thoughts."

Each person received a copy of the complaints policy when they moved into the home and it was available on the

notice board in the lounge. We also saw how to make a complaint was mentioned in a recent newsletter which was given to everyone who lived at the home and their representatives. People told us they would be comfortable to make a complaint and felt any concerns would be taken seriously. One person said "They'd certainly pull out all the stops if they thought you weren't happy about something." Another person told "If I have ever had to mention anything it's been sorted out straight away."

The registered manager or deputy met with each person individually on a weekly basis. Records were kept to make sure everyone was seen and had an opportunity to discuss their wishes or make suggestions. The registered manager told us this was an opportunity for people to have a private conversation and raise any concerns. One person told us "The managers are always happy to listen to you. I'd say they go out of their way to make you happy."

Is the service well-led?

Our findings

The registered manager and deputy were very open and approachable. A visitor told us “I have no issues with the care home. If I did I would have no qualms about raising the issues with the staff. There is no problem with communication and I’m kept well informed.”

The main office was located in a central position which enabled people to speak with them at any time. It also enabled the management team to observe care practices and carry out on going monitoring. The registered manager demonstrated an excellent knowledge of the people who lived at the home including knowledge about their likes and dislikes. We saw staff and people who lived at the home were very relaxed and comfortable in their presence. One person saw the registered manager when they passed the office and made a point of going in to say hello.

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the registered manager and deputy there was a team of senior carers. When we arrived at the home neither the registered manager or deputy were available. The senior carer who met us was extremely knowledgeable and welcomed and assisted us in a courteous and professional manner. The senior carer informed the registered manager about the inspection and they choose to come to the home to assist us.

There was always a senior carer on duty who was able to offer on-going advice and support to less experienced staff. One new member of staff told us “The seniors are brilliant and always happy to help you.” Staff told us there was always someone available to offer support and a member of the management team could always be contacted if they were not at the home. All staff received regular supervisions with a more senior member of staff. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

The registered manager had a clear vision for the home which was to provide high quality care in a homely environment. Their vision and values were communicated to staff through their day to day work, staff meetings and

formal one to one supervisions. When we asked a member of staff about the home’s aims and values they told us “To make sure people know this is their home and they can still make choices. But also about providing the best care we can.”

There were effective quality assurance systems to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. In response to shortfalls in communication about medicines, a medication handover form had been introduced. This ensured that any medication changes were recorded and passed on to the next senior member of staff who came on duty.

The home was working towards being accredited to the National Gold Standards Framework. This is a comprehensive quality assurance system which enables care homes to provide high quality care to people who are nearing the end of their lives. They were also taking part in ‘The Archie Project.’ This is an intergenerational project designed to make communities more dementia friendly. The home had linked to the local primary school to work together to share activities and understanding.

All accidents and incidents which occurred in the home were recorded and analysed. Records showed that where someone had a number of falls action was taken to minimise risks. One person had had a number of falls and the person had agreed to have an infra-red monitor fitted in their room. This notified staff that the person was moving around their room and may require assistance to minimise the risk of a fall. This had led to a reduction in the number of falls.

The registered manager kept their skills and knowledge up to date by on-going training and reading. The home was a member of a local care providers association which offered advice and support to care providers. The registered manager was part of a local group called the learning exchange network, which gave care service managers opportunities to share good practice across Somerset.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.