

Western Mount Lodge Ltd

Western Mount Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

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

This inspection took place on 13 October 2016 and was unannounced. At our last inspection on 19 November 2013 the provider was meeting the legal requirements we inspected.

Western Mount Lodge is registered to provide accommodation for up to 18 adults with mental ill health who require nursing or personal care. There were 16 people living in the home at the time of our inspection.

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.

People's care was planned to meet their needs. Potential risks were identified and management plans were in place to guide staff on the best way to reduce the risks. Staff understood their role in protecting people from harm and poor care. There were recruitment procedures in place to ensure staff were suitable to work within a caring environment. People received their medicines because there were safe processes in place for storage, administration and stock control.

Staff received the training and support they required to care for people effectively. People were provided with a choice of nutritious food and plentiful drinks. Staff understood the importance of obtaining consent from people and supporting them with their decision making when required.

People were encouraged to improve their physical health and had access to healthcare professionals to support their mental and psychological needs. Staff had formed good relationships with people and provided kind and compassionate care which promoted people's dignity and privacy. Relatives were kept informed about people's care and were welcomed when they visited the home.

Staff knew people well and provided care which was regularly reviewed to ensure it met their preferences and needs. People were provided with a choice of activities and outings to prevent social isolation but staff respected their choice if they did not want to participate. People and their relatives were encouraged to raise concerns and complaints which were shared with staff as a learning opportunity.

Everyone thought the home was well managed and felt the registered manager and provider were approachable and keen to listen to the views of others. People were given opportunities to comment on the care they received. There were audits in place to monitor the quality of the service to drive improvements in care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People's risks were identified and managed to keep them safe. Staff were suitably recruited and understood how to protect people from harm and poor care. Medicines were managed to ensure people received what they were prescribed.

Is the service effective?

Good ●

The service was effective. Staff were supported to gain the skills and knowledge they required to care for people. Staff understood the importance of supporting people to make decisions. People were encouraged to eat healthily and make improvements to their health and wellbeing.

Is the service caring?

Good ●

The service was caring. People and staff had developed good relationships and respected each other. Staff were kind and showed an interest in people. People were supported to maintain their dignity. People were able to maintain their important relationships.

Is the service responsive?

Good ●

The service was responsive. People were asked about their likes and dislikes. People's care plans reflected their preferences and staff understood their needs. People were provided with opportunities to socialise if they wanted to. People were encouraged to raise any concerns or complaints.

Is the service well-led?

Good ●

The service was well-led. People and their relatives and staff were given the opportunity to share their views of the service and told us it was well-led. There were audits in place to monitor the service and drive improvements.

Western Mount Lodge Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection visit 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.

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 reviewed this information when we planned the inspection. We also looked at the information we held about the service and the provider, including notifications the provider is required to send us by law about significant events at the home.

This inspection visit took place on 13 October 2016 and was unannounced. The inspection was completed by one inspector.

We spoke with five people who used the service, two relatives, three members of the care staff, one of the providers and the registered manager who was also one of the providers. We spent time observing care in the communal areas of the home to see how staff interacted and supported people who used the service.

We also looked at the care plans for three people to see if they accurately reflected the care people received and information related to the management of the home.

Is the service safe?

Our findings

There were arrangements in place to keep people safe. One person told us, "Of course I'm safe here". A relative told us, "We have no cause for concern about their safety there". Staff understood their role in protecting people from harm and how they would identify potential abuse or poor care. A relative told us, "My relation has never mentioned any concerns about the way staff treat them". One member of staff said, "Obviously you would look for bruising but sometimes it's about people's behaviour changing and them becoming nervous around staff". Another member of staff told us, "I pass on my concerns to the manager straightaway".

Some people had risks associated with their support needs. We saw that there were risk assessments in place in relation to people's physical, mental and environmental risks. For example, we saw one person had assessments in place for their risk of falling, deterioration in their mental health and the way they should be supported when they were out. Some people who used the service presented with complex behaviours. Staff told us how they would support people to protect their safety and that of others. One member of staff told us, "People's moods can change quickly. We try to identify what might upset people". We saw that there was guidance in place for staff on how to support people to try and stop their distress increasing.

There were a sufficient number of staff available to support people. One person told us, "Yes, there's enough staff around". A member of staff said, "We're alright for staff", whilst another member of staff told us, "We have enough staff. If there's anything extra planned staff come in early or stay a bit later. When someone is off sick we all pull together". Most people who used the service enjoyed a degree of independence and did not need staff assistance to move around. We saw when people requested support it was provided promptly to ensure people's needs were met. There were recruitment processes in place to assess staff suitability to work with people. One member of staff told us, "I waited for all my checks to come back before they took me on". We looked at four recruitment files. We saw that pre-employment procedures including police checks were completed prior to new staff starting to make sure they had the appropriate character to work within a caring environment.

We saw that people received their prescribed medicines safely and at the correct time. Staff told us they received training in the administration of medicines and their competency to do so safely was assessed regularly. One member of staff told us, "The managers take it in turns to watch us doing the meds every year". We saw that medicines were stored according to their requirements and staff recording was accurate. This demonstrated that there were processes in place to manage people's medicines.

There were maintenance arrangements and checks of the home environment in place and the equipment in use was regularly serviced to ensure it remained safe for people. There were contingency plans in place to evacuate the building quickly and safely should an emergency for example a fire, occur. We saw that people's mobility and ability to follow instructions was reviewed regularly to ensure they received the correct level of support to leave the building. This demonstrated people's safety had been considered.

Is the service effective?

Our findings

Staff received regular training to gain the skills and knowledge they required to care for people effectively. One person told us, "I know they have training because I've heard them talking about it". A member of staff told us, "We get loads of training, plenty. People come in to train us". Staff told us there were arrangements in place to support new members of staff through an induction process. One member of staff said, "When I started working here I did some shifts with the other staff first". This demonstrated that staff were supported when they were introduced to people. Staff were provided with opportunities to discuss their work performance and future development. One member of staff told us, "We have regular supervision. We can talk about anything, any worries, training, if we're struggling with anything and if we need anything explained".

We heard staff checking for people's consent and giving people choices before providing care. 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. We saw that the provider was working within the principles of the MCA and fulfilling their legal obligations for the Act. A member of staff told us, "It's about people making choices and supporting them when they can't. One person doesn't like being checked at night but it is in their best interest that we do to make sure they're safe".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some people had DoLS restrictions in place to protect their safety. Staff were able to explain the reasons why people needed to be protected. One member of staff told us, "I sat with the DoLS assessor when they did an assessment. I learnt a lot and it helped my understanding". This meant staff were supported to learn about the Act.

People were offered a choice of food and drinks. People were aware of the menu for the day and had the opportunity to speak with the cook if they wanted an alternative. One person told us, "The food is very good; we can choose what we want". Staff told us people were encouraged to eat a balanced diet. We saw that vegetables and fruit were used with innovation to encourage people who regularly refused the healthier options. For example one person told us they didn't like vegetables but we saw they enjoyed a vegetarian curry at lunchtime and said, "That was lovely". Plentiful hot drinks were offered throughout the day and there were cold drinks available in communal areas for people to help themselves to whenever they wanted another drink.

People were supported to maintain their health and wellbeing. The provider told us they had encouraged people to stop smoking by introducing the use of electronic cigarettes. People had been provided with the choice to continue to smoke outside or try the electronic cigarettes which they could have indoors. Staff told

us that gradually everyone decided to try the alternatives. We saw people were able to smoke their electronic cigarettes together on a regular basis, within the manufacturer's guidance. The provider told us that the GP was 'over the moon' with the result which had seen an improvement in people's health, a reduction in the use of antibiotics for chest infections and had reduced the risk of people falling when they were outside. We saw that other healthcare professionals were involved in people's care. One person told us, "I've just had a blood test". A relative said, "Whenever there's been any cause for concern about my relative they've always let me know".

Is the service caring?

Our findings

People received kind and considerate care. One person told us, "I'm happy here" and another person said, "They're very kind here". A relative said, "The staff are patient and compassionate. I can't praise them enough". We saw there were good relationships between people and staff. We heard laughter and light hearted banter between them. Staff took time to listen to people and showed an interest in what they were saying, for example we heard people talking about their families and what they'd been doing that day. One relative told us, "The staff look after people both mentally and physically".

People were supported by staff to maintain their dignity. We saw that personal care was provided behind closed doors and staff knocked and asked permission before entering people's rooms. Discussions about people's personal care needs were conducted in a discreet manner. People were dressed in clothes of their own choosing. One person told us they liked to look smart and we saw they were dressed formally in the style they preferred.

People's rights to independence and privacy were promoted. One person told us they went out for a walk whenever they wanted and said, "I do a lot of walking. I go on my own". Another person told us, "I go back to my room when I want to". We saw that staff noticed quickly when people were not maintaining their own privacy, for example we saw staff responded on behalf of people who had not closed bathroom doors behind them. This demonstrated that staff understood the importance of maintaining people's privacy.

People were able to maintain relationships which were important to them. We saw there was a telephone that people could use to make calls whenever they wanted. One person told us, "I speak to my relation every day". Another person said, "When you get visitors you can go and chat to them wherever you want". Relatives we spoke with confirmed they were welcomed when they visited. One relative said, "The staff make us feel welcome and they keep us informed about our relation".

Is the service responsive?

Our findings

People's care was planned to meet their preferences. We saw that care plans contained information about the person their social history and important relationships. If people had been unable to provide this information for themselves we saw that relatives had been involved on their behalf. We saw that people's care plans were reviewed regularly and updated when their care needs changed. People were encouraged to participate and be involved in their review if they wanted to be. One relative told us, "We were invited to our relation's review".

Staff were knowledgeable about people and understood what was important to them. One member of staff told us, "We try to get people involved with planning their care but some people, because of their mental ill health are suspicious and we have to accept that". Staff received updated information about people including important changes in their care during shift handover and memos which they signed to confirm they had seen. We saw one memo which read, 'Please read [name of person's] care plan thoroughly as they are very complex' and we noted it had been signed by all the staff involved in the person's care.

People were supported to spend their time as they wished. One person told us, "The staff take us out, we go shopping and to the pub". Another person said, "I don't like alcohol but I do like going to the pub". We saw other people sitting together in the communal sitting room and playing a game together. Staff encouraged people to join in but respected their wishes if they refused. A relative told us, "There are always events and outings going on and when it's someone's birthday they have a special meal". There was a noticeboard for people to read about upcoming events including activities in the home and outings available for people to join in with. We saw handicrafts were on display around the home and people drew our attention to them and admired the creative skills of the people who'd worked on them.

There was a complaints procedure in place. People told us they felt happy to raise their concerns. One person told us, "I'd speak to [the registered manager]; she'd do something about it". A relative said, "I have no complaints but I would definitely feel comfortable to raise concerns if necessary". We saw that when complaints were received they were shared with staff as a learning opportunity for them. One person had complained that they were given a cake which was in a wrapper but not a plate. We read that this information had been shared with staff and the provider told us, "We encourage people to raise problems. If they see we listen to them they're more likely to come to us with the bigger things".

Is the service well-led?

Our findings

Everyone we spoke with told us the home was well managed. We saw that people spoke with the registered manager and one of the providers with familiarity and looked at ease with them. A relative told us, "This is the best home my relation has been in".

People had regular meetings to speak about their satisfaction about the care they received. People were able to contribute their views about the way the home was run and voice any changes they would like to see. One person told us, "We have meetings. We talk about the food, outings, everything really". We saw that the provider had an annual development plan for the home which included plans to replace bed linen and complete some internal decoration. The provider told us, "The plan is discussed with people. We say, this is what we're planning to do, what do you think?." There were satisfaction surveys for people, their relatives and healthcare professionals visiting people to complete and share their views of the service. We looked at the responses which had been received and saw these provided positive comments about the care, the home environment and the support people received from staff. This demonstrated that the provider encouraged people to be involved in decisions about their home.

There were arrangements in place to monitor the quality of care and the safety of the home environment. The provider's quality monitoring system included checks on how the service was provided. We saw the results of the audits were analysed so that the provider could, where necessary, make improvements to the way care was provided to people.

Staff told us they were well supported by the management arrangements. One member of staff told us, "The managers will do anything to help you. The home is run lovely and there's a nice atmosphere". Another member of staff said, "The managers are very supportive, very good". There was an on call system in place to provide staff with managerial support. One member of staff told us, "We can ring the managers at any time. They'll come in if we need them". Staff told us there were whistle blowing arrangements for them to raise concerns about poor care or management behaviour, anonymously if necessary. One member of staff told us, "I've not felt the need to use it but I definitely would do and I know I would be supported. We must treat everyone with respect".