

Country Lodge Nursing Home Limited

Country Lodge Nursing Home

Inspection report

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Date of inspection visit:
07 February 2022

Date of publication:
10 March 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Country Lodge Nursing Home provides personal and nursing care to up to 26 people with a range of health care needs in one adapted building. At the time of our inspection there were 23 people using the service.

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

People were safe living at Country Lodge Nursing Home. One person said, "The staff, and the food, are superb. We are being attended to by a group of ladies who will do anything for you". Staffing levels were sufficient to meet people's needs. Staff attended to people's needs promptly when they used their call bells. People received their medicines as required.

People were complimentary about staff and a relative told us, "She loves them all. They are very attentive and treat everyone as an individual. They accommodate any meal requests people have. For example, my Mum had a marmalade sandwich for breakfast as this is something she can manage better than toast or cereal. Anything she wants, they will make it for her". People had access to healthcare professionals as needed.

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 registered manager was sensitive and responsive to people's needs. Residents' meetings enabled people to make suggestions which were listened to. One person told us, "I suggested we choose a small, medium or large meal when we order our lunches to avoid unnecessary waste. They haven't started it yet, but they did say they would do". Audits had been implemented to monitor the quality of care and the home overall.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 April 2020). At this inspection we found improvements had been made and the rating has improved to good.

Why we inspected

We undertook this inspection to see whether improvements had been made following the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Country Lodge Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Country Lodge Nursing Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by an 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

Country Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Country Lodge Nursing Home is a care home with nursing care. 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, including statutory notifications which the registered manager is required to send to us by law. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight people and three relatives about their experience of the service. We spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We also spoke with the registered manager, the clinical governance lead, a registered nurse, two care staff, the chef and the housekeeper.

We reviewed a range of records including nine care plans and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people.
- At this inspection improvements had been made. People who had bed rails to mitigate the risk of falls also had bumpers on the rails to prevent the risk of entrapment. Air mattresses were monitored and settings were checked to maintain accuracy within the electronic care planning system.
- Risks were identified, assessed and managed safely. Monitoring charts were completed as needed, for example, with bowel management, food and fluid intake. Monitoring charts were reviewed to identify whether any action was needed, such as a referral to a dietician if a person's food intake was poor.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm at Country Lodge Nursing Home.
- One person told us, "I feel that you can trust the staff. You can rely on them to help you when you need them".
- Staff had completed safeguarding training and understood what to do if they suspected a person was at risk of harm. One staff member explained, "Basically if I see something dangerous or suspected abuse, I would go to [named registered manager] or higher than her. Incident forms are completed and I might sign as a witness".

Using medicines safely

- At the last inspection, guidance on when to give medicines as required [PRN] was not recorded to support effective and safe administration. When a delay occurred in the administration of a medicine, such as when a person was asleep, the time it was actually given had not been recorded.
- At this inspection improvements had been made. Guidance within the provider's PRN protocol was observed. We saw the nurse on duty had recorded why PRN medicines had been administered and the outcome, for example, if a person required pain relief.
- People received their medicines as prescribed. One person said, "They look after my medication for me. I'd forget to take it otherwise". Another person commented, "If you have anything wrong you just tell them and you get something to help. I often have pain relief for my arthritis and they call the doctor if they don't know what is wrong".
- All aspects of medicines management were undertaken safely.

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs.

- One person said, "There is always someone about [pointing to their call bell], you can push that and they come right away". Another person felt there were not enough staff on duty at night and related an incident that had occurred the night before. We followed this up with the registered manager who investigated the concern, discussed this with the complainant, and provided assurance that a similar situation would not occur again.
- We observed staff were prompt to attend to people's needs when they pressed their call bells or in communal areas when they required support.
- New staff were recruited safely. All necessary checks were completed including Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers to make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The housekeeper told us, "We've worked really hard to keep infection as low risk as possible. 'I am clean' stickers are used on equipment then attached to commodes and hoists after being thoroughly cleaned".
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- Lessons were learned if things went wrong.
- The registered manager provided an example when one person's dementia had advanced resulting in an increased number of falls. Advice was sought from healthcare professionals, including the falls team. It was decided that this person's needs could no longer be met at the home as they required a different kind of care. The registered manager liaised with this person's relatives and other professionals to identify an alternative, more suitable care home that specialised in dementia care.

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 our last inspection we rated this key Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At the last inspection, the management of some risks relating to eating and drinking was not robust. One person's dietary needs were different to those recorded in their care plan and the care plan had not been updated. Fluid monitoring charts were not consistently completed.
- At this inspection improvements had been made. Care plans had been reviewed and updated to ensure information about people's nutrition and hydration needs was current. Monitoring charts were completed appropriately.
- People told us that drinks and snacks were offered regularly. One person said, "Food and drinks in the daytime is in abundance; they really cannot do enough for you in the daytime". Another person told us, "I don't like fancy food. They are happy to make me other things like beans on toast. I feel a nuisance asking, but they don't seem to mind".
- We talked with the chef who demonstrated a good understanding of people's dietary needs. A relative told us about their family member who required a soft diet and information on this was recorded on a board in the kitchen.
- At lunchtime the food was presented nicely and looked inviting. Tables were attractively laid-up with cloths and little vases of fresh flowers. People were encouraged to try out different menus. For example, the Chinese New Year had been recently acknowledged with meals reflecting that culture. Staff who came from overseas shared their experiences of foods enjoyed in their countries. One person's spiritual beliefs meant they followed a vegan diet and they received food that had been prepared especially for them.

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 MCA 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.

- At the last inspection mental capacity assessments had not been completed appropriately. People's capacity to make specific decisions had not been assessed or recorded. A DoLS for one person had expired and needed to be reviewed and renewed by the local authority.
- At this inspection improvements had been made. People's capacity to make specific decisions had been assessed as needed. The majority of people living at the home had capacity, so assessments were not required.
- We observed that people were consistently asked for consent before staff provided any sort of intervention.
- Staff had completed training on the MCA and DoLS. One member of care staff explained, "It's whether someone's assessed as having capacity to make their own decisions or choices. After assessment you might have to do extra checks and ensure people are safe, such as with best interests decisions".
- Two people were subject to DoLS at the home, including one who was awaiting a psychiatric assessment. Paperwork was completed in line with government guidance.

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

- People's needs were assessed before they were admitted to the home.
- Admissions plans identified people's care and support needs, and included their wishes and preferences.
- Health conditions, such as diabetes, were fully documented with advice and guidance provided to staff, which was followed.
- The registered manager consulted with families before people moved into the home. Information provided by relatives formed the basis of the care plan.

Staff support: induction, training, skills and experience

- Staff completed an induction programme and a range of training when they commenced employment at the home. Training was refreshed as needed. Staff had the skills and experience to undertake their roles. One member of care staff told us about their induction and how they shadowed experienced staff. They said, "I had a good induction. I needed time to build confidence and I always try my best".
- Staff explained the range of training they received and the plan for future training was arranged annually.
- Staff received supervision from their line managers. One staff member said, "We discuss any training need and any problems or issues with work". Records confirmed that staff had supervision meetings.

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

- People had access to a range of healthcare professionals and services. The home worked with a range of agencies to support people's healthcare needs.
- People told us about the appointments they attended with health professionals, including a chiropodist; these were agreed and arranged by staff. No-one had any concerns and confirmed any appointments were made in a timely manner.
- One staff member said that GPs conducted virtual consultations by phone. They added, "A lot happens over the phone, but we do have some physios coming in".
- On an external care home review website, one person stated, 'This was my first experience of a stay in a nursing home and I was very happy during my stay there. Unfortunately, on the second day I was taken ill. The male charge nurse at the home was extremely efficient and called the ambulance very quickly. Fortunately, I was not kept in and the rest of my stay at Country Lodge Nursing Home was excellent. I would certainly stay there again if the need arises'.

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

- Country Lodge Nursing Home has been designed and decorated to meet people's needs and preferences.

- A lift provided access to the first floor. Spacious communal areas, including the dining room and lounge, provided access and panoramic views of the South Downs National Park. The gardens were well maintained and accessible for people.
- Plans were underfoot to extend the accommodation at the home and provide additional bedrooms with en-suite facilities.
- People were involved in choosing colour schemes for their rooms and bedrooms were comfortably furnished to a good standard.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- At the last inspection issues identified by the inspection team were addressed promptly and an action plan was implemented. The sustainability of the plan could not be reviewed until all the improvements were acted upon and embedded over time.
- At this inspection, improvements had been made. Care planning was personalised and monitoring of risks and partnership working had been instigated and developed.
- A robust system of audits monitored and measured the quality of care and the home overall. These included care plans, staff files, water safety, and accidents and incidents. Where improvements were identified, actions were taken and recorded.
- Weekly management governance meetings were held and used for reflective practice on topics such as: COVID-19 impact, staffing, building plans, and premises maintenance. The chef involved people in menu planning and asked people about their mealtime preferences.

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

- The registered manager had a good understanding of duty of candour and had incorporated this into their working practice. They told us, "Being honest and transparent. For example if someone were to leave the building, I would raise a safeguarding and inform CQC. I would inform the relatives and tell them what had happened and of the extra security we would put in place to prevent it from happening again".
- All regulatory requirements had been met and statutory notifications had been received by the Commission as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff were actively engaged in developing the service. Residents' meetings were organised. One person said, "[Named registered manager] has been supportive; it's been a horrible time for me personally, but she's been so kind and supportive. You can tell it is a good place to work because the staff are always the same. My husband used to be here you see so I got to know them before I came here, that's why I chose it".
- The activities co-ordinator had left recently and had been replaced, but in the meantime, care staff were organising activities with people; this was observed at inspection.

- A relative had written to the home and said, 'I am really struggling to find the words to express my gratitude to all the staff for the wonderful care given to my Mum. It was amazing to see the dedication at all levels, and in such extraordinary difficult times. The staff worked happily and that made it comforting for us as a family, knowing she had the best care in a wonderful environment'.
- On an external care home review website we read several reviews about the home and all were very positive.
- Staff were happy working at the home and felt listened to by the management team. One staff member said, "I have worked in bigger homes, but I like the atmosphere of a smaller home. It's like a family and close-knit. [Named registered manager] is a good manager and we have staff meetings where we can make suggestions". Another staff member said, "They would listen to any suggestions. Things changed in the kitchen with the new owners. They do what is best for the residents and always ask the staff about any ideas".
- People's diverse needs were catered for. For example, one person practised meditation and staff ensured their door was closed, so they had privacy, time and space to reflect. The housekeeper explained how important the view from their bedroom window was for this person, so staff ensured the window sill was clear of objects that might impede the view.

Working in partnership with others

- The home worked in partnership with others.
- A range of healthcare professionals provided advice and support, for example, for people with life-limiting conditions and end of life care.
- The registered manager was a member of various local managers' forums and joined social media pages for care home managers.