

Grangemoor Care Homes

The Lodge Nursing Home

Inspection report

106 Cannock Road
Burntwood
Staffordshire
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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 ●

Summary of findings

Overall summary

We inspected this service on 2 March 2016. The inspection was unannounced. Our last inspection took place on 9 September 2013 when we found the provider was meeting all the standards we inspected.

The Lodge Nursing Home is registered to provide accommodation and nursing care for up to 10 people.

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.

Some improvements were required to ensure the quality of the service was monitored to drive change. There was insufficient information provided to explain when people might need 'as required' medicines. People were protected from avoidable harm and abuse because staff understood their responsibilities and the actions they needed to take to protect people. People's risks were assessed and there were management plans in place to ensure people were supported appropriately. Medicines were stored, recorded and administered correctly which ensured people received the treatments prescribed for them.

There were suitable recruitment checks in place to ensure staff were suitable to work within a caring environment. Staff received training and support to enable them to care for people effectively. People were able to choose nutritious meals and were offered frequent drinks to maintain their health and wellbeing. The advice of healthcare professionals was sought and implemented for people whenever specialist advice was required.

The provider recognised the importance of gaining consent from people and the requirements of the Mental Capacity Act 2005. There were arrangements in place to support people when they needed help with decision making.

Staff were kind, attentive, caring and showed an interest in people and their families. Staff understood people's right to privacy and promoted their dignity by offering support and delivering personal care in a discreet way. Relatives were welcomed and supported by staff.

Staff knew people well and offered a personalised approach to care. People were encouraged to participate in hobbies and activities which interested them. Staff spent time socialising with people on a one to one basis.

People, relatives and staff felt supported by the registered manager and the acting manager. There were opportunities to share views on the service as there was an open and transparent ethos in the home.

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 were supported by staff who understood how to protect them from abuse and avoidable harm. There were a sufficient number of suitably recruited staff to support people and keep them safe. People's medicines were managed, administered and recorded correctly to ensure people received their prescribed treatments.

Is the service effective?

Good ●

The service was effective. People were cared for by staff with the knowledge and skills to support them effectively. Staff understood and worked within the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People received nutritious food and drinks of their choice.

Is the service caring?

Good ●

The service was caring. People received care and support from kind and caring staff who demonstrated an interest in their wellbeing. Staff recognised and promoted people's privacy and dignity. People were supported to maintain the relationships which were important to them.

Is the service responsive?

Good ●

The service was responsive. People received care which recognised their preferences because staff understood what was important to them. People were encouraged to take part in hobbies and social activities to prevent them from becoming socially isolated. People and their relatives were supported to share compliments, concerns and complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led. Improvements were required to the way the quality of the service was monitored. More guidance was required for staff on medicines used occasionally. People, their relatives and staff had opportunities to discuss changes in the home and their opinions were encouraged and when necessary, acted upon.

The Lodge Nursing 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.

This inspection took place on 2 March 2016 and was unannounced. There were 10 people living in the home at the time of our inspection. The inspection was undertaken by one inspector.

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 the PIR and the information we held about the service including statutory notifications the provider is required to send us by law.

We spoke with two people who used the service, three relatives, the deputy manager and three members of the care staff. We did this to gain views about the care and to check that the standards were being met.

We looked at two care plans to see if the records were accurate, reflected people's care and were up to date. We also looked at three recruitment records and information relating to the management of the service including quality checks, training records and staff rotas.

Is the service safe?

Our findings

Staff understood the importance of keeping people safe from abuse and harm. A relative told us, "I visit twice a week and I've never seen anything that has worried me". One member of staff told us, "We know people well and we'd notice if there was something wrong". Another member of staff told us, "I'd let the manager know straight away if I was concerned about someone". The staff had identified people's risks associated with their care and support needs. We saw there were management plans in place to ensure everyone received the correct level of support and we saw that when people were assisted to move, this was carried out in line with the care planned for them.

Some people when they were anxious or frightened, presented with behaviour that challenged their safety and that of others. Staff told us they tried to distract people when they became challenging and moved them away from harm. A relative told us, "The staff understand when [the person who used the service] is becoming agitated and distract them. It's much better in a small home. Staff know where they are all the time without obviously watching their every move". We saw that staff recorded people's behaviours, what may have triggered the behaviour and the success of the support they had provided. This ensured that staff knew the most appropriate way to support people with consistency.

People's medicines were managed to ensure they received the right treatments at the right time. We saw that people were supported to take their prescribed medicines. Staff administered people's medicines with patience and encouragement and ensured that they had taken them successfully before moving on to the next person. We saw that medicines were stored and recorded correctly and staff monitored the accuracy of the systems they had in place. An external audit had been completed by the pharmacy which provided medicines to the home which confirmed that the medicines were managed correctly.

We saw there were sufficient staff available to offer people the support and care that was planned for them. A relative told us, "There's always staff around to make sure [the person who used the service] is okay". Staff told us that there were recruitment checks before they were able to start working in the home. One member of staff told us, "I had to wait for my references and security check to come back before I could start". We looked at three recruitment files and saw that in each one that the checks were completed before staff commenced work. This demonstrated that the provider had processes in place to check that staff were of good character and suitable to work with people.

We saw that the provider monitored safety in the home and ensured people would be supported safely in the event of an emergency. Each person had a personal emergency evacuation plan in place which provided information about the level of support that they would need to leave the home quickly and safely. The maintenance records we looked at described the checks which were undertaken and when necessary the action that had been completed when required.

Is the service effective?

Our findings

Relatives told us staff understood their relation and knew how to provide care that was appropriate for them. One relative told us, "I always have the impression that staff know what they're doing". Another relative said, "The staff know what they're doing". Staff told us they were able to access training which provided them with the skills and knowledge they needed to care for people effectively. The acting manager told us that most of the learning was provided online however they had implemented a training support programme in the home to enhance this. One member of staff told us, "I've just done some training about continence. I learnt a lot and the two of us who attended have arranged two sessions to update the rest of the staff. We've already implemented some changes based on what we learnt".

New staff were supported to learn about people and how to provide their care when they started working at The Lodge. One member of staff told us, "I shadowed experienced staff for a month to make sure I was confident. During my induction I learnt how to operate the hoist. I got in it myself to see how it feels. I'm doing the Care Certificate; all the staff are". The Care Certificate is a national training programme which sets out the learning, competencies and standards of care that staff should meet to ensure they provide, safe, effective, compassionate which is responsive to people's needs.

Staff told us they received individual supervision to discuss anything that was concerning them, their performance and opportunities for the future development of their role. One member of staff told us, "I had my supervision a short while ago. The first thing they asked me was how I was and if I had any problems". Another member of staff said, "We have supervision but we're always talking so we get good support".

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 people's capacity and their ability to make decisions was considered through all aspects of their care. We heard staff asking people for their consent before providing care to them. For example people were asked where they wanted to sit, what they wanted to do and if they'd like to wear a clothes protector at mealtimes. There were capacity assessments in place for those people who needed them and where decisions had been made on people's behalf these were demonstrated to be in their best interest.

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 who lived in the home were unable to leave without the supervision of staff as they did not understand the risks this would present to their health and safety. We saw that the registered manager had made applications for assessment on behalf of these people to ensure that any deprivation of their liberty was legal and appropriate.

People were provided with healthy and nutritious meals, snacks and plentiful drinks throughout the day. A

member of staff told us, "People can choose what they want but if they can't tell us we'll ask their relatives. That said we know what people do and don't like". At lunchtime the food presented to people looked and smelt appetising. People who needed assistance received patient support from staff who chatted with them and ensured they ate at their own pace. We heard a member of staff say, "You're doing really well. Just try some of this and see". When people were reluctant to eat their meal, staff asked a colleague if they would try to persuade them. We saw one member of staff had another attempt to encourage a person and said, "Hello, are you ready to eat this?" We saw that the person finished their meal and received congratulations from staff for doing so well. There were adapted plates and cutlery provided to people to enable them to eat unassisted to maintain their independence. People were weighed regularly and there were assessments in place to identify when people needed a change to their meals or additional supplements to maintain a healthy diet.

People were referred to other healthcare professionals whenever additional or specific advice was required to support their health and wellbeing. A relative told us, "The staff always let us know if they're not well and if they've seen the doctor". The care plans we looked at provided information on the range of health care professionals people had regular access to and the advice staff received and followed to improve the person's health.

Is the service caring?

Our findings

Everyone we spoke with told us they were pleased with the care provided at The Lodge. One relative told us, "We're absolutely 100% happy with the care". We saw that the staff were kind to people and spoke of them with affection. One relative said, "The staff are so very caring to [the person who used the service]". Another relative told us, "The staff are kind, they're lovely. Very, very caring".

We saw that people looked happy and comfortable with staff and there was some light hearted banter between them. One person said to a member of staff, "Hello charming one, is that you?" One person was stroking the hair of a member of staff as they sat together and said, "You've got lovely hair, it's nice and clean", and then they giggled together. A relative told us, "The staff have good relationships with [the person who used the service] and us. It's lovely to hear a bit of banter". We saw that staff offered reassurance to people either verbally or through gestures for example, holding their hands or stroking their arms whilst speaking with them.

People's dignity was respected by staff. We heard staff speaking with people discreetly when enquiring about their personal needs. A relative told us, "The staff help to keep my relation clean and comfortable". Staff checked that people were dressed appropriately and ensured their clothes were still clean after they had eaten. One member of staff told us how they ensured people retained their dignity and said, "We make sure we close the curtains and keep the doors closed whilst we're providing care in people's rooms".

Staff recognised people's rights to privacy. We saw that some people preferred to spend time alone in their room rather than sit with others in communal areas and staff respected their choice. We heard staff updating colleagues about the person and said, "[The person who used the service] is in their room. They didn't want to come out today so we've popped in and out for a bit of chit chat".

People were supported to maintain their independence. We saw and heard staff encouraging them to do as much as they could for themselves. For example, we saw that staff motivated people to move themselves from their chairs with the minimum of support whilst still ensuring they remained safe.

People were supported to maintain relationships which were important to them. Relatives told us that they were welcomed into the home and felt supported by staff. One relative told us, "We have a good relationship with the home. One big family". Another relative said, "I just pop in when I want. The staff have helped me understand why my relation says and does some things".

Is the service responsive?

Our findings

Staff knew people well. A relative told us, "The staff know and understand my relation". We heard staff speaking with people and it was evident that they knew about their families, likes and dislikes and preferences for care. We heard one member of staff asking a person who was keen on football if they had watched a match the previous evening. Another member of staff knew how a person used to spend their holidays when they were younger and chatted with them about their experiences. This demonstrated that staff took an active interest in people and knew about information that was important to them. We saw that people had been asked about their past life when they first came into the home and staff told us they had opportunities to read through the care plans to familiarise themselves with people's tastes. People's care plans were regularly reviewed. We saw that when people's needs changed this was reflected in their plan to ensure the care they received met their current needs. For example we saw when people had an illness, for example a urine infection, a short term care plan was introduced to ensure staff were aware of their increased needs.

We saw that people were supported to take part in hobbies and activities that interested them in and outside of the home. One relative told us, "My relation was very reluctant to go out when they came to live here. The staff gently over time built up their confidence to go out for a walk". A member of staff said, "Weather permitting we try and take people out regularly". Another relative said, "The staff do little things to keep their attention to stop them getting bored". We saw that staff spent time with people chatting with ease, discussing the music they were listening to or singing along with them to the film they were watching. Some people were having a hand massage and we saw people relaxing as staff applied creams and stroked their hands. A member of staff read the daily newspaper to people and discussed the day's headlines and stories which might interest them. We saw that staff recorded how people spent their time and their response to the activities they took part in to monitor what was they enjoyed.

There were arrangements in place for people and their relatives to raise complaints, concerns and compliments about the service. A relative we spoke with told us, "I've not had any complaints, quite the opposite. If I did, I have no doubt they would sort it out". Another relative said, "I've never had a problem but I would speak to the manager". We heard a member of staff reassuring a person who raised a minor concern and said, "I wouldn't worry; we'll sort it all out for you". We saw that the complaints process was displayed in a prominent position and when concerns were raised these were investigated and responded to.

Is the service well-led?

Our findings

Some of the management records in the home required improvements. There was no guidance provided to staff to support the administration of 'as and when required medicines' for the relief of pain or to reduce people's anxieties. We saw that staff knew people well and recognised if they were distressed in any way however the guidance, known as a PRN protocols would also be used to ensure maximum doses and the frequency that medicines were used was recognised. The acting manager told us they were shortly introducing a new audit system which would expand their overview of the quality and effectiveness of the service.

The registered manager was on holiday when we visited the home. Everyone we spoke with told us they thought the home was well-led and spoke with familiarity of the registered manager and deputy manager. A relative told us, "The home is definitely well managed. Everything works well here". Another relative said, "I've got no complaints about the management, they're lovely". Staff told us the management arrangements provided them with good support. One member of staff said, "I'm really happy here. It's a great team. I never mind getting up for work, I enjoy being here". Another member of staff told us, "We're a small home and we get on well. There is an 'open door' policy and we get good support". The deputy manager and staff told us the provider was a regular visitor to the service as they had an office located next to the home. A member of staff said, "The owners [providers] come in and there always friendly with us". The acting manager told us, "The provider is very good. Anything we need for people's care, we can get".

People, relatives and staff had opportunities to offer their opinions on the service. We saw there were regular meetings for people who lived in the home. We read the minutes of the last meeting and saw that people had been asked for feedback on the support and activities provided over Christmas and the New Year period. All of the responses were positive and indicated that people had enjoyed the festive period. We saw that relatives had completed a satisfaction survey which, when appropriate had been shared with their relation. The feedback from relatives indicated they were happy and satisfied with the service that was provided. Plans to introduce a restriction on visiting during lunchtime had been discussed with and supported by relatives before being implemented. A relative told us, "I think it's reasonable to allow people to eat in peace". Staff told us they had meetings to discuss changes in the home which might affect them. One member of staff said, "We talk about upcoming events and at the last meeting we talked about dignity".