Mrs M Page

Totham Lodge Residential Home for the Elderly

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 23 August 2016 and was unannounced. The home provides accommodation and personal care for up to 28 older people, some of whom may be living with dementia. On the day of the inspection, there were 26 people living in the home. Four of the bedrooms were for shared accommodation for two people.

The service had a registered manager. 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 felt safe and there were systems in place to safeguard them from the possible risk of harm. Risks to each person had been assessed and managed appropriately, and there were risk assessments that gave guidance to staff on how risks to people could be minimised.

The service followed safe recruitment procedures. However, people were at risk of harm because there was not always staff to supervise them in the lounge and dining room. There were safe systems for the management of people's medicines and they received their medicines regularly and on time.

People were supported by staff who had received the relevant training but did not demonstrate that they had the skills required to support people who were living with dementia. Individual needs were not met by the design and decoration of the building. The service was not dementia friendly. Staff received supervision and support from the management.

Staff were aware of how to support people who lacked mental capacity to make decisions for themselves and had received training in Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards.

People's nutritional needs were met and they were supported to have enough to eat and drink. However, choice in the menu had not been provided.

They were also supported to access other health and social care services when required.

People were treated with respect but their privacy and dignity was not always promoted. People and their relatives were involved in decisions about their care and support they received.

People had their care needs assessed, reviewed but not always delivered in a way that mattered to them. They were not supported to pursue their social interests and hobbies and to participate in activities provided at the home. There was an effective complaints procedure in place.

There were systems in place to seek the views of people, their relatives and other stakeholders. Regular checks and audits relating to the quality of service delivery were carried out. However, the systems in place were ineffective.

The provider was not meeting some of the regulations. We also recommended that the provider needed to review and act on current guidance on creating dementia friendly environment. You can see what actions we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were at risk of harm because there was not always staff to supervise them in the lounge and dining room.

There were systems in place to safeguard people from the possible risk of harm.

People's medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not have the skills and experience to support people living with dementia.

Individual needs were not met by the design and decoration of the building

People had enough to eat and drink but choices in the menu had not been provided.

People's consent was sought before any care or support was provided and staff understood their roles to provide care in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported to access other health and social care services when required.

Is the service caring?

Requires Improvement

The service was not always caring.

People who shared bedrooms' privacy and dignity had not been promoted.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not provided with meaningful activities throughout the day.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs. However, people were not always supported quickly with their personal care.

The provider had an effective system to handle complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The systems in place to monitor and assess the quality of service were ineffective.

The manager provided effective support to the staff and promoted a caring culture within the service.

People who used the service, their relatives and professionals involved in their care had been enabled to routinely share their experiences of the service and their comments were acted on.

Totham Lodge Residential Home for the Elderly

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 23 August 2016 and was unannounced. The inspection team was made up of one 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.

We reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection we spoke with 18 people who used the service, five relatives, four staff, a care manager and the registered manager. We carried out observations of the interactions between staff and the people who lived at the home. We also carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records and risk assessments for seven people, checked medicines administration records and reviewed how complaints were managed. We also looked at six staff records and reviewed information on how the quality of the service was monitored and managed.

Requires Improvement

Is the service safe?

Our findings

On the day of the inspection we observed people sat in their chairs in the dining room and the lounge without a member of staff present at various times of the day. Staff presence was mainly when serving a drink or when bringing other people to the lounge. We spoke with the registered manager about their staffing level. They told us that recruitment was a problem. The registered manager also told us that the morning shifts were rostered to have five care staff with the afternoon shift with at least three members of staff. Some of the staff we spoke with told us that staff shortage was a problem and they were rushed with the routine of the day to ensure that people were dressed and ready. However, others told us that there were always sufficient numbers of them on duty and that they called on staff who lived locally at short notice, and used regular agency staff when required. A relative said, "There's always staff around."

People told us they felt safe and that they were supported well by staff. One person said, "I feel safe here. There is always staff around." Another person said, "I have no worries. I feel safe. If I don't feel safe, I will pull the buzzer." A relative said, "It is safe here. My [relative] is very safe here and I have no concerns."

The provider had detailed policies in relation to safeguarding and whistleblowing that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Information about the local safeguarding procedures, including on how to report concerns and the contact details of the relevant local authorities was not prominently displayed within the home. Staff confirmed that they had received training in safeguarding people and they demonstrated good understanding and awareness of safeguarding processes. One member of staff said, "People are definitely safe here and I have no concerns about their safety." They described the various types of abuse and knew what to do to ensure that people were protected from the possible risk of harm. They said they felt confident that if they reported any concerns, it would be dealt with appropriately. The registered manager was knowledgeable on how to report any safeguarding concerns to the appropriate authorities such as the local authority, police and the Care Quality Commission (CQC). The manager confirmed that no safeguarding referrals had been made since the last inspection.

Each person had individualised risk assessments in place which detailed how to safely manage any avoidable risk of harm. The risk assessments gave clear guidance to staff on any specific areas where people were more at risk. These assessments identified risks associated with people being supported to move, risks of developing pressure area damage to the skin, people not eating and drinking enough, and risk of falling. This helped staff to identify and minimise any potential risks in order to support people safely. People told us that staff had discussed with them about their identified risks. One person said, "Staff talk to me about the risks. They told me to get up slowly and use my walking trolley." One relative said, "[Relative] not eating and drinking but staff are trying to encourage [them] with fluids so [they] do not become ill." Staff confirmed they were aware of their responsibility to keep risk assessments current and to report any changes and act upon them. One member of staff said, "A resident has a pressure ulcer on their ankle. They have pressure relieving equipment. The district nurse visits them a few times a week." We observed staff using equipment to support and move people safely in accordance with their risk assessments.

The service also kept a record of all accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of recurrence. For example, to prevent injuries to a person who needed to be transferred by the use of a hoist, we saw that two members of staff were required and they supported the person safely.

There were processes in place to manage risks associated with the day to day operation of the service so that care was provided in a safe environment. There was evidence of regular checks and testing of electrical appliances, gas appliances, and fire fighting equipment. Each person had a personal emergency evacuation plans (PEEPS) which gave staff guidance about how people could be evacuated safely in the event of an emergency. On the bedroom doors of people who were unable to move independently in an event of a fire we noted a sign stating 'ski evacuation sheet' to be used.

The service had robust recruitment and selection processes to make sure staff were safe and suitable to work with people. Staff records showed that all the required checks had been carried out before an offer of employment had been made. We noted that all the relevant pre-employment checks had been done, including obtaining references from previous employers, checking each applicant's employment history and identity, and requesting Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People told us they received their medicines regularly and on time. One person said, "The staff give me my medicines." People's medicines had been stored safely and kept locked in medicine trolleys. There was one person who received medicines that needed to be crushed for ease of swallowing. This decision had been agreed in the person's best interest by their relatives, their GP and the pharmacist. People's medicines were managed and administered safely. The system used was robust and enabled a full audit of the management of medicines to be undertaken. Staff's training was kept up to date to ensure they understood and were competent to administer medicines to the people who required them. Staff sought consent from people before medicines were administered and ensured that they took their medicines as prescribed.

Requires Improvement

Is the service effective?

Our findings

We observed staff did not demonstrate that they had the skills to meet the needs of people who were living with dementia. For example, we saw that a person walking in the dining room with the walking frame and they suddenly stopped. They said, "I do not know where I am going." Staff passed by until the registered manager came and guided them to their chair.

We did not see evidence that consent had been obtained from everyone who shared rooms. Although the manager had sent us information to clarify our concerns that a person had been moved into a shared room without their consent and the agreement of their relatives, we were still unsure if consent had been sought for the rest of the people who shared rooms.

Individual needs were not met by the design and decoration of the building. For the number of people living with dementia, the service was not dementia friendly. There were no signs highlighting the way to their rooms and no objects or items of times gone by which people with dementia would relate to. Not all bedrooms were personalised. There were no reminiscence objects next to people's doors to remind them where their rooms were and the home did not dedicate the environment to people living with dementia. The manager showed us a small room leading to a bedroom which she said was a 'sensory' room. This meant that access to the bedroom was through the sensory room and it was difficult to establish how the sensory room was used without restricting access to the bedroom.

We recommend the provider reviews and act on current guidance on creating dementia friendly environment.

People told us and we noted that it was very hot in one of the lounges due to the sunlight. A cooling fan had been provided but this was not effective. Although there were curtains, staff did not draw them to prevent the sun light coming through to reduce the heat, and the room did not have a thermometer to alert the staff of the temperature. One person said, "It is quite hot in here."

We noted from the menus that there were no choices offered in the main course except for alternatives such as sandwiches if people did not like the meal offered. We spoke with the registered manager regarding the provision of choices and they said that they would be reviewing their menus to add choices. The main meal of the day was provided at lunch time. One person said, "The food is nice." Another person said, "I like the food." People who required additional nourishments had their food and fluid intakes and weights monitored. People were offered and encouraged to have enough to drink throughout the day. We observed how people were being supported at lunch time and noted that they were assisted with their meals in a discreet manner. We also observed good interactions between staff and people using the service at lunchtime. People could choose where they took their meals and most chose to use one of the dining room and the lounge.

People told us that staff knew them well and supported them in meeting their needs. One person said, "The staff know how to look after me. The staff are helpful and nice." Another person said, "The staff are very good

and they listen to you." A relative said, "'They're skilled and my mother's health care needs are met. I can always discuss any issues with the manager." We observed that members of staff supported people in a positive way. For example, we observed one member of staff supporting a person with their mobility by standing nearby and giving them encouragement to walk. One relative said, "They know my [relative] well here. The staff know how to support [them]."

Staff received a variety of training to help them in their roles. One member of staff said, "We do a lot of in-house training via the DVD." The training records for staff showed that they had completed the relevant training to enable them to provide good care and support people appropriately. The training included yearly updates on topics such as medication, fire safety, manual handling, dementia awareness, challenging behaviour, infection control and food hygiene. Staff told us that following each training, they had been assessed by the senior staff to check how they applied in practice what they had learnt, and whether they were competent or not. We noted that staff had received on-going regular formal supervision and appraisal so that their work and performance was assessed. Areas identified for training had been discussed and provided. The manager said they made sure that all the staff received the relevant training they needed to ensure they had the right skills and knowledge to support people in meeting their needs.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). 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.

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). The service had assessed whether people were being deprived of their liberty (DoLS) under the Mental Capacity Act and made applications where it was felt to be appropriate. The registered manager told us that DoLS applications had been submitted where necessary, and judgements were being awaited from the local authority supervisory board.

People were supported to give consent before any care or support was provided. Staff understood their roles and responsibilities in ensuring that people consented to their care and support. There was evidence that where a person did not have capacity to make decisions about some aspects of their care, mental capacity assessments had been completed and decisions made to provide care in the person's best interest. This was done in conjunction with people's relatives or other representatives, such as social workers. We noted in the care records that consent to medication and sharing information with other health care professionals had been obtained.

People told us they were supported to access other health and social care services, such as GPs, chiropodists, district nurses, dietitians and hospital appointments so that they received the care necessary for them to maintain their wellbeing. One person said, "I do see my doctor if I need to." A relative said, "The doctor comes once a week, I think every Wednesday." Another relative said, "They do call the doctor out if they need to and they'll always ring me and tell me."

Requires Improvement

Is the service caring?

Our findings

People told us that staff treated them with respect, and maintained their dignity. One person said, "The staff are always respectful. They draw the curtains; cover me up when they help me with my wash." Staff demonstrated that they understood the importance of respecting people's dignity, privacy and independence by ensuring that they promoted people's human rights. A member of staff said, "We always knock on the door and wait for a response before we go in. We ask people how they would like to be supported with their shower or bath and we try to make sure that people continue to do as much as possible for themselves. However, people who shared bedrooms were not provided with the privacy and dignity they needed. For example in one of the bedrooms shared by two people, one person had to pass through the other person's bed area if they wanted to use the toilet.

Although there were curtains to provide some privacy when attending to personal care, total privacy was not provided. For example, when staff spoke with one person when providing personal care, due to the proximity of the beds, the other person would be able to hear the conversation. At night when staff attended to one person's needs, the other person would also be disturbed by lights being switched on and staff entering the room. There was no consideration given to what provisions could be made to ensure people had dignity at the end of their life if they shared a bedroom. When all the rooms at the service were occupied, this would mean that people could not move to a different room for more privacy at this stage of their life if they or their family wished. It also meant that people who were sharing a room with someone at the end of their life would also have no option to move to a different room.

In hospital settings it is usual to have curtains to divide up communal space to afford a degree of privacy to patients. However, unlike hospital, this service was a permanent home for the people who lived there, and as such, the current arrangements did not sufficiently promote people's right to a private life or uphold their dignity. When we spoke with the registered manager regarding the shared rooms they told us that there would be a financial impact on the service if they changed the rooms to single occupancy. However, the impact on people of sharing accommodation when they were not in a relationship had not been given full consideration by the provider. Whilst people did not voice objections to sharing a room with someone they did not initially know we did not see evidence that supported how the choice to share had been made or how people with dementia had their rights to privacy and dignity protected.

People told us that staff were kind and provided care in a compassionate manner. One person said, "The staff are all very caring and friendly." Another person said, "I am very well looked after and the staff are nice." The relatives spoke very positively about the care and support provided by the staff. One relative said, "My mum is very well cared for and the staff are very good. The staff always keep me informed on mum's wellbeing. I have no concerns."

People told us they were involved in making decisions about their care and support needs. Some of them told us they had been involved in planning their care and that staff took account of their individual choices and preferences. We observed that staff knew how people wanted to be supported and respected their choices. We noted in the care records that people's likes and dislikes, choices and preferences had been

reflected and staff told us that they ensured these were respected.

Staff were also able to tell us how they maintained confidentiality by not discussing about people outside of work or with agencies not directly involved in their care. We also saw that people's care records were held securely within the staff office.

Staff were caring but lacked the skills they required to work with people living with dementia. We observed staff did not interact with people as they passed as they were focussed on attending to the daily routines. However, people were well dressed and groomed. Majority of the rooms were bright and cheerful.

Information was given to people in a format they could understand to enable them to make informed choices and decisions. People's relatives acted as their advocates to ensure they understood the information given to them and that they received the care they needed. There were 10 people where the relatives had a legal documentation to demonstrate that they had the authority to make decisions on people's behalf. Of these, five did not have the power to make decisions about their relative's health and welfare, but they were being consulted about this. When required, information was also available about an independent advocacy service that people could get support from.

Requires Improvement

Is the service responsive?

Our findings

There were no meaningful activities planned, displayed or provided for people. One person said, "No activities. I don't know what we are doing. I suppose I stay here." We observed people sitting in their arm chair sleeping nearly all day. There was very little encouragement from staff for them to do anything to stimulate their needs. We observed three people sat together all morning and afternoon with nothing offered to them to interest them or give them the opportunity to engage, just an occasional interaction when the staff passed by. We also observed two people sat next to each other holding hands and gazing around not engaged with each other or with anyone else. We asked staff if people could sit outside in the garden as it was a very bright and sunny day. Some people then did spent some time in the garden. The majority of people had their lunch where they sat in the lounges and the main dining room. The registered manager told us that they had recently appointed an activity person but they were no longer in post. However, no arrangement had been made to ensure that people were engaged in meaningful activities so that their day was varied and stimulating. For example, we observed one person had been left a bucket of playing shapes in front of them and another person sitting close to them kept taking the shapes and trying to eat them. There was no staff present to support them because the member of staff who had provided the box had left to attend to another person. Therefore, people did not receive care and support in a personalised way and they were at risk of possible harm.

We noted that information about people's individual preferences, choices and likes and dislikes had been reflected in the care records. However, during the inspection there was no evidence to show that people were provided with choices. For example, we observed that staff gave people a drink without asking them what juice they preferred. Drinks were left next to them. Some people did not touch the drink and staff were not present to assist them with it. When we brought to the attention of the member of staff, they would go round to check that people has had a drink.

Care records had been written in detail. These were individualised, personalised and covered a high level of physical health care needs to ensure that people were comfortable. There was sufficient information for staff to support people in meeting their needs. However, staff did not always notice when people needed support with personal care. For example, we noted that one person who was in the lounge needed support with their personal care, but none of the staff who came into the lounge had noticed the strong odour. We brought this to the attention of a member of staff who later came and supported the person.

These were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a complaints policy and procedure in place and people were aware of this. However, there had been no complaints received. People we spoke with said they would tell the staff if they were not happy with anything. One person said, "I do not have a concern." Four relatives told us that they knew how to make a complaint but they never had to. One person said that their relatives generally dealt with any problems or issues, but they would speak to the manager if they needed to.

Requires Improvement

Is the service well-led?

Our findings

The provider had systems in place to assess and monitor the quality of the care provided. However, the systems were ineffective as these failed to identify and address the issues relating to staffing levels, lack of skilled and experienced staff to support people living with dementia, lack of daily activities to engage people in a meaningful activities and the current arrangements which did not sufficiently promote people's right to a private life or uphold their dignity provision of sharing bedrooms.

The service had a registered manager. People and relatives knew who the manager was and felt that she was approachable. Staff told us that the manager was helpful and provided stable leadership, guidance and the support they needed to provide good care to people who used the service. We saw that regular staff meetings were held for them to discuss issues relevant to their roles so that they provided care that met people's needs safely. People were complimentary of the care they received. The minutes of the most recent staff meeting held in June 2016 stated that a keyworker system was being introduced and there were discussions regarding the day to day management of the service. Staff confirmed that they found the staff meetings helpful and supportive in that they were able to air their views on how the service was run. Staff told us that they were encouraged to contribute to the development of the service so that they provided a service that met people's needs and expectations.

Regular 'residents' meetings were held to discuss issues and to inform them of future events. We noted from the most recent meeting held in June 2016 that those who attended the meeting had discussed the meals provided for them. People and relatives spoke very positively about the management of the home and about the approachability and responsiveness of the manager and her staff. One relative said, "I can see the manager anytime if I need to."

All staff without exception told us that staff morale was, "very good". They said their manager was available, visible and approachable.

We noted from the most recent questionnaire survey carried out in 2015, the feedback had been positive including the provision of a sensory room and a new carpet for the lounge.

The manager completed a number of quality audits on a regular basis to assess the quality of the service. These included checking people's care records to ensure that they contained the information required to provide appropriate care. Other audits included checking how medicines were managed, health and safety and other environmental checks, staffing, and others. Where issues had been identified from these audits, the manager took prompt action to rectify these. There was evidence of learning from incidents and appropriate actions had been taken to reduce the risk of recurrence.

We noted that records were mainly kept in relation to people's care, and we saw that further guidance had been given to staff to ensure that the daily care records contained detailed information about people's welfare and the support provided to them. The manager said that they were a learning service and were continuously seeking to improve the quality of service provision.

The service had a good professional relationship with other healthcare organisations and sought appropriate help and advice when required. We noted from the report of a recent quality monitoring visit carried out by the local authority that the service had been rated as 'good'. The majority of standards had been met with some recommendations made for improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not receive care and support in a person- centred way and they were not provided with meaningful activities.