

Western Mount Lodge Limited

Western Mount Lodge Nursing Home

Inspection Report

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Summary of findings

Overall summary

Western Mount is a care home with nursing, providing accommodation for 18 people. There were 15 people in residence when we visited, and one person was in hospital. The service provided care and support to adults who had enduring mental health needs.

The service had a registered manager in post. There were clear management structures offering support and leadership. This meant the home had a positive, empowering culture. Records showed that CQC had been notified, as required by law, of all the incidents in the home that could affect the health, safety and welfare of people.

People told us the staff understood them; they confirmed the staff were kind and thoughtful and treated them with respect. People spoke positively about the care and support delivered to them.

People using the service were consulted about the management of the service and could influence the service delivery.

There were systems and processes in place to protect people from the risk of harm. People were protected against the risk of restraint because the provider had made suitable arrangements for staff to respond appropriately to people whose behaviour may challenge others.

People were supported to take informed risks to ensure they were not restricted and had the capacity to do so.

The Mental Capacity Act (MCA) 2005 was being adhered to, to ensure staff made decisions based on people's best interests. The Act was introduced to protect people who lack capacity to make certain decisions because of illness or disability.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards. People's human rights were therefore properly recognised, respected and promoted.

The home environment was safe and well maintained. There were enough staff to support people safely and meet their needs.

The staff were kind and respectful to people when they were supporting them. There were policies, procedures and training in place to support staff to respect people's privacy and dignity.

Staff were able to describe examples of where they had responded to what was important to individuals living in the home. People knew who to speak to if they wanted to raise a concern and there were processes in place for responding to concerns.

There were effective systems in place to monitor and improve the quality of the service provided. Action plans, in response to audits and incidents were followed up and ensured continuous improvement. Staff were supported to challenge when they felt there could be improvements, there was an open and transparent culture in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People told us they were treated respectfully and that their privacy and dignity was maintained. The staff talked knowledgeably about the people they supported. People using the service told us they were well cared for. One person said, “We couldn’t be looked after any better.”

The home’s safeguarding and whistle blowing policies and procedures were comprehensive and up to date. People using the service told us they felt safe. One person said, “I am safe here, I know the staff well.”

We saw recruitment records demonstrated there were systems in place to ensure the staff were suitable to work with vulnerable people.

Staff had received training in the safeguarding vulnerable adults. They had also received training on the Mental Health Act (1983), Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). The staff demonstrated a good understanding of the principles of the legislation. CQC is required by law to monitor the operation of the DoLS. We found the provider was meeting these requirements.

Care records contained risk assessments which were regularly reviewed. These guided the staff about the actions to take to protect people using the service from risk.

The provider took people’s care needs into account when making decisions about the staff numbers, qualifications, skills and experience required. This helped to ensure people’s needs were met.

Complaints and concerns were listened to and used to develop the service.

Are services effective?

People’s health, care and support needs were assessed with people using the service and/or their relative or advocate. This involved writing their plans of care and support. We saw people’s support plans were up to date and reflected individual current needs. One person told us, “I saw the optician last week.” Another person said, “I have seen my dentist.” Some people considered they had not seen their GP but when we looked at care records we saw visits had been facilitated when needed. We also spoke with the district nurse who confirmed the provider made appropriate referrals.

Summary of findings

People using the service had care records which showed how they wanted to be supported. The information we read in the care records matched the care and support delivered to people. We knew this because we asked the staff to tell us about the care they provided to specific people. We then looked at the care records and saw the information recorded reflected what people using the service and the staff had told us.

People told us they felt happy discussing their health needs with staff and had received suitable support. This included ensuring an occupational therapist or district nurse had been involved when needed.

Staff received on-going support to ensure they carried out their role effectively. Formal supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People had the opportunity to remain in their bedrooms, use the main lounge or the quiet lounge during the day. People were free to leave the property as and when they chose. This meant people's privacy was suitably considered.

Are services caring?

People using the service told us they were listened to, treated kindly, and with respect. People told us their views were listened to and acted upon. During our inspection we saw staff made sure that people's privacy and dignity was upheld. They closed doors when people received personal care and people could spend private time in their bedroom or quiet lounge as they chose.

We spent some time in communal areas observing interactions between staff and people who lived at Western Mount. We saw staff were respectful and spoke to people kindly and with consideration. They were unrushed and caring in their attitude towards people.

The staff knew the care support needs of people well. We found the staff spoke with us about the people they supported in a caring and knowledgeable way. Some of the staff on duty were dignity champions. These are staff who are signed up with the national dignity council. They are committed to taking action to create a care system that has compassion and respect for those using its service.

Are services responsive to people's needs?

People had detailed care records relating to all aspects of their support needs. They contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. People's preferences and needs were recorded in

Summary of findings

their care records and we saw the staff were following the plans in practice. We spoke with a visiting district nurse who said, “We have never had any problems here. The treatment is good and they alert us as needed.”

The staff were trained in the Mental Health Act (1983), Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). This meant they were aware of how to support people who could not make decisions for themselves when required.

People had access to activities in their own home and also in the community. They had been supported to maintain or forge relationships with friends and relatives. One person said, “We have lots of activities here.” Advocacy services had been used to ensure people were able to make informed decisions.

Concerns and complaints raised by people were recorded and responded to effectively.

Are services well-led?

The provider had a quality assurance system in place. We saw records which showed that these where problems had been identified these addressed promptly. As a result the quality of the service was continuously improving.

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to people using the service and helped the service to continually improve and develop. We found the provider notified CQC of any of the necessary incidents that occurred.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the service and knew there were quality assurance processes in place.

Summary of findings

What people who use the service and those that matter to them say

We spoke with 11 people using the service. Comments included, "I feel that I am treated with dignity and respect." "Staff are very helpful and there are enough staff." "Staff understand my needs and have loads of qualifications."

We also spoke with a district nurse who offered positive feedback about the service. They were complimentary about how staff worked with them and always used their advice in the care and treatment of people's health needs. They said, "People here are safe, I have no concerns about Western Mount."

People and their relatives told us the staff were friendly, professional and kind. One relative said, "They are great, all the staff are tremendous. My relative has learnt new skills, I never thought they would be able to do the things they can now do."

We looked at the other ways people expressed their views about life at the home. This included thank you questionnaires and records of meetings. One comment was, 'It's 100% here.'

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Detailed findings

Background to this inspection

We visited the service on 2 May 2014. This inspection was unannounced which meant the provider and the staff did not know we were coming. The inspection team consisted of one inspector and an expert by experience. Our expert by experience had experience in enduring mental health services and spoke with people to gain their views.

At the time of our inspection Western Mount provided accommodation and nursing care to 16 people, one of these people was in hospital at the time of our inspection. We spoke with 11 people using the service, three staff, two healthcare professionals, a family member, the registered manager and the provider.

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Through a process called 'pathway tracking,' we looked at three care records, spoke with two staff about the care people received and observed the staff on duty when they provided support. Pathway tracking helps us understand the outcomes and experiences of selected people and the information we gather helps us to make a judgement about the service.

We reviewed all the information we held about the service and looked at the provider information return (PIR). This was information the provider had completed for us before our inspection. This helped us to decide what areas to focus on during our inspection. We looked at policies, care records and auditing processes. This was to gauge how the provider led and monitored the service.

At the last inspection in November 2013 the provider was compliant with the Regulations we looked at.

Are services safe?

Our findings

People told us that they felt safe living at the home and had no concerns about how staff treated them. One person told us, "I've only got to call the bell and they come quickly." A relative we spoke with was complimentary about the care and support provided and felt that staff at the home kept their relative safe. A visiting professional told us, "I have no concerns, the home is welcoming and safe. People look well looked after and well fed."

Staff we spoke with knew their responsibilities in the event of witnessing accidents, incidents or any concerns they had about people's safety. We saw they had received training in recognising abuse and safeguarding vulnerable adults. One member of staff said, "The training is really good and we all know what to do in these circumstances." There were a range of procedures in place to keep people safe and protect them from the risk of abuse. Staff had a good understanding of how to protect people from abuse. They understood the types of abuse and knew how to report any safeguarding concerns and were confident that concerns would be appropriately dealt with to ensure people were protected from harm.

We found the atmosphere at the home was relaxed and people were comfortable around the staff that provided support to them. We observed interactions between staff and people and they were attentive and respectful. The practices that we saw showed that staff promoted a culture of inclusion and safety.

Staff we spoke with told us that they would not hesitate to refer people to health or social care professionals to reduce any risks and protect people from harm. During the day we saw that a district nurse visited one person living at the home because the staff had noticed a deterioration. This showed staff were proactive in the promotion of people's needs so that identified risks were reduced to benefit people's abilities and quality of life.

We saw that people were cared for in a safe environment. Systems were in place that ensured the building and the equipment within it was in good condition and working order. These systems included regular checks of the home's gas appliances, water temperatures and fire procedures.

The provider had completed personal evacuation plans for people. These provided staff with the individualised information required to make sure that each person was safely evacuated from the building in the case of a fire.

The staff had received training in the Mental Capacity Act 2005 (MCA). Staff we spoke with knew how to assist people who may be unable to make their own decisions. We saw risk assessments clearly identified the rationale and the person's consent.

We looked at the recruitment and selection procedures and spoke with staff about their own recruitment. We saw evidence in one staff file that the relevant employment checks had been completed before the staff member started work. We asked a new member of staff about their experiences of recruitment practices. They told us that they had completed appropriate documentation about themselves before they started their employment. This demonstrated that appropriate checks had been completed and the staff were suitable to work with vulnerable people.

The staff we spoke with told us there were enough staff to meet people's dependency needs. One member of staff said, "We never feel rushed, people can have the time they need. We are really well supported too."

The provider had ensured staff and people using the service had current information. The new way of inspecting, national patient safety reports, and the most up to date DoLS information was readily available. The provider said, "We make sure the standards are met, it's all about the safety of the people who live here."

Are services effective?

(for example, treatment is effective)

Our findings

We asked people how they were treated by staff and their involvement in making choices about their care and support. One person told us, "The staff have time for me, they help me to make decisions." People using the service were given the opportunity to express their views as to what was important to them in relation to their care.

We found that personal information was gathered from people and/ or their representatives when they came to live at Western Mount. This meant that any care and support provided to people considered their diversity and preferences, as part of planning to meet their care and support needs. For example, people's beliefs and religious needs had been discussed to ensure choices and preferences were respected. We saw these preferences and dislikes were written down in care records to ensure people received care in the way they preferred.

During our inspection we observed staff gaining people's views and promoting choices, such as asking people what they would like to wear and what they would like to do. Where people were less able to immediately express what they wanted or needed, staff showed patience by spending time involving people as much as they could. They explained what was going to happen and why. We observed the lunchtime meal and the staff ensured people had what they wanted to eat and where and when they wanted to eat it.

We found that relevant health professionals were involved where needed and outcomes were clearly recorded and incorporated into care records. We spoke with a health professional who visited the home on the day. They were complimentary about the staff and told us that their instructions were always followed and people were well looked after. They added that they would be happy to have a relative living at the home.

We saw that people had an initial nutritional assessment completed on admission to the home. We looked at the assessment of one person who had recently come to live at the home. We saw that staff had explored the person's dietary needs and preferences and their underlying medical condition. People were weighed as part of the checks completed, we found that people's weight was recorded on a monthly basis. This meant that practices were in place that ensured staff had the most up to date information to meet people's needs.

Staff received on going support to ensure they carried out their role effectively. Formal supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs. One staff member said, "I have regular meetings and an appraisal. We get on going support here." This meant the staff were suitably supported.

Are services caring?

Our findings

People were being cared for by kind and compassionate staff who understood their individual needs and who treated them with respect. People were listened to and equality and diversity was recognised and respected by the service. The staff spoke with people using the service in a calm, dignified and adult manner. We saw the relationships between people and the staff were strong. One person told us, "The staff are kind."

We found that the service had policies in place in relation to equality and diversity and we saw that people's cultural, religious beliefs and practices were respected and catered for. There was a diversity in care policy in place which provided guidance to staff. The staff had a good understanding of equality and diversity and knew how to protect people's human rights.

The home had staff who were dignity champions. One staff member said, "I always carry the information in my pocket so I can refer to it. It is a good tool and a reminder of making sure we care for people in a way we would want to be treated."

During our inspection people using the service came to the registered manager on numerous occasions to ask for help and advice or to simply let them know of their plans. People were listened to and the registered manager demonstrated that they treated people with respect and understood their individual needs and preferences.

People told us they were happy and content and there was evidence to demonstrate people were well cared for. A relative told us, "X (person using the service) is able to do so many things now, things I thought they would never be able to do."

The staff were friendly and professional in their approach and interacted confidently with people. We observed the staff as they supported the people they cared for. We saw there was a relaxed atmosphere in the home and people were comfortable with the staff.

The district nurse told us, "The staff are aware of people's needs. I have seen appointments are made quickly."

During the inspection we saw staff provided companionship to people using a range of communication techniques. Staff were interested in people and ensured they were occupied and happy. We asked staff about people's individual needs and preferences and found staff had a good understanding about each person's care needs that we asked them about.

We saw staff knocked on people's doors before entering and ensured dignity was maintained when providing support. Staff we spoke with provided us with examples of how they ensured people's dignity and privacy were maintained.

The service continually reviewed its practice to make sure that people's individual needs were suitably managed, and people were empowered to take control of their lives. The provider worked well with other professionals and the local community to ensure the correct levels of support were in place at all times.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People using the service told us they felt listened to. One person said, "The staff listen to me and help me." Another person said, "This place is very precious."

People had detailed care plans relating to all aspects of their care, treatment and support needs. They contained a good level of information setting out exactly how each person should be supported to ensure their needs were met.

The staff were trained in the Mental Capacity Act 2005 This meant they were aware of how to support people who could not make decisions for themselves when required. People using the service were regularly consulted about their care and their views and opinions were listened to. People were involved in reviewing their plan of care and treatment and were involved in the delivery of their care on a daily basis. We saw evidence that regular meetings were held for people using the service and records from these meetings showed that people were encouraged to express their views and that these were being listened to.

We heard the registered manager on the telephone discussing the discharge arrangements for a person using the service who was in hospital and whose needs had changed. The information they discussed matched the information recorded in the plan of care. It was evident the registered manager was ensuring the discharge was appropriate, and that all the necessary requirements were in place before the person returned home.

Staff timetables were based around supporting people appropriately. We saw evidence the provider had a flexible approach to ensuring people could undertake the activities they wanted to on a particular day. This included going out into the community as well as undertaking activities in the home. People using the service offered positive comments which included, "We can do card games, arts and crafts, baking, quizzes, knitting and go shopping." Another person said, "I go out into the community and to church, and the staff encourage me to do this."

We found that there was a complaints policy and procedure in place at the service. This outlined a clear procedure for people to follow should they need to complain. The procedure gave information on how people could complain, timeframes for how and when these complaints would be responded to. They gave information to people on where they could go if they were not happy with the response from the service. The complaints procedure was displayed in the communal hallway and this information was readily available to people using the service. We saw records to demonstrate people's views had been listened to and concerns were investigated and responded to. The provider ensured people were aware of advocacy services and promoted their use. We saw literature was available which offered support and advice.

People using the service had been involved in the development of job descriptions and the requirements they were looking for when new staff were interviewed. This showed people using the service were suitably involved in the recruitment of new staff.

Are services well-led?

Our findings

The provider had systems in place for regular checks of the quality and safety of the care people received at Western Mount. They included care planning and medicines systems, cleanliness and infection control, staffing and maintenance arrangements. They also reviewed and updated policies and procedures. This meant that the registered manager and provider had an effective system in place to regularly assess and monitor the quality of the service.

Records showed that people's well being and any known risks to their health and welfare were checked and analysed monthly. These included risks from falls, weight loss and inadequate nutrition. Accidents, incidents and near misses were checked and analysed to see whether changes or improvements were needed. This demonstrated there were suitable and sufficient systems in place to monitor the care, treatment and support provided. Where any actions were needed plans were in place which showed a timescale for their achievement and who would be responsible. Progress was also being monitored by the provider to check whether actions were met.

We found that people using the service, their representatives and staff were regularly asked for their views about their care and treatment and their comments were acted on. Formal satisfaction survey questionnaires were regularly circulated to each of these groups of people,

seeking their views about their care and services provided at the home. The collated results showed that people were very satisfied with the care and support provided. One questionnaire said, "I think everything is run pretty well."

Four people told us about meetings that were regularly held in the home. Minutes of these meetings showed people's comments were recorded. One person had said, "I'm 100% happy.' We saw that suggestions were acted on. For example in relation to the arrangements and choice of activities and meals. This meant the provider responded to how people wanted the service to be managed. Staff we spoke with said they received the support they needed, which included formal supervision. Staff said they were often asked for their views about people's care and received feedback about any changes or learning from incidents or investigations. One staff member said, "We work as a team, we all know everyone really well." There was an 'open door' policy with people using the service entering the office freely at any time. Relatives told us they were always made welcome and were contacted regularly. They said the staff empowered people using the service by listening and responding to their comments.

There was evidence of continual monitoring of the service detailing any meetings, complaints, incidents and key risks which had emerged. This meant the provider ensured learning and improvements were regularly reviewed and considered.

There were policies in place in relation to whistleblowing. The staff we spoke with understood the procedures and were aware of the action to take should they have concern.