

Wakefield MDC

# Flanshaw Lodge

## Inspection report

Flanshaw Lane  
Wakefield  
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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We carried out this inspection on 16 and 18 September 2015. The inspection was unannounced.

The service provides accommodation for up to 26 older people, all of whom are living with dementia. On the day of our visit there were 19 people living at the home. Accommodation at the home was provided in single bedrooms set over two floors.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe and well cared for in Flanshaw Lodge and we found there was a homely, friendly atmosphere.

Staffing levels were supportive of people's needs and staff had a good understanding of safety in the home.

# Summary of findings

Staff were working in line with the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Care was person-centred; staff treated people with kindness and demonstrated high levels of respect and dignity for people. Staff were mindful that this was people's home, rather than staff's workplace.

Best practice was encouraged and staff were supported well through supervision.

Opportunities for formal staff training were not always available, although managers were creative in finding other ways for staff to develop their skills and knowledge.

People had access to meaningful activities and staff understood each person's individual preferences and interests, although these were not always recorded on the care plans.

Procedures were in place to manage concerns, complaints and compliments about the service.

Processes were effectively in place for monitoring the quality of the provision.

We did not identify any breaches in regulation.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe and staff knew how to maintain people's safety.

Systems for managing medicines were safe.

Staffing levels were supportive of people's needs.

Good



### Is the service effective?

The service was effective.

Systems for supporting staff were in place.

Staff were working in line with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People enjoyed the food at the home.

Good



### Is the service caring?

The service was caring.

Staff treated people with kindness and demonstrated a good understanding of the need to treat people with respect and dignity.

People felt well cared for and the environment was homely and welcoming.

Good



### Is the service responsive?

The service was responsive

Person centred care was demonstrated throughout the home.

People enjoyed meaningful activities.

Procedures were in place to ensure complaints and concerns were managed.

Good



### Is the service well-led?

The service was well led.

Processes were in place for auditing the quality of service provision.

Lines of responsibility were clear and there was an open and transparent culture.

Teamwork was evident and staff worked well together to meet people's needs.

Good



# Flanshaw Lodge

## 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

This inspection took place on 16 and 18 September 2015 and was unannounced.

The inspection was carried out by one Adult Social Care inspector. Before the inspection we reviewed the information we held about the service. This included looking at any concerns we had received about the service and any statutory notifications we had received from the service.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with eight people who were living in the home and three visiting relatives. We also spoke with four members of staff, the assistant manager and a visiting nurse.

We looked in detail at three people's care records and observed care in the communal areas of the home. We looked at two staff recruitment files and staff training records. We also looked at records relating to the management of the service including policies and procedures. We looked around the building including people's bedrooms, bathrooms and communal areas.

# Is the service safe?

## Our findings

We asked people if they felt safe in the home and they all said they did. One person said: "Of course I am safe here, it's my home". Another person said: "It's a comfort to know there's always someone there". One relative we spoke with told us their family member's safety in the home was "the one thing that gives me peace of mind, knowing they're safe". Another relative said: "I don't worry about their safety, that's a given".

Staff were observant of people's mobility and encouraged people to do things for themselves whilst being on hand to support if needed. Where people were unsteady when walking, staff made sure they had the equipment and support they needed to stay safe.

We spoke with three staff who told us they would be confident to report any concerns if they were worried about a person's well-being. Staff knew the signs of abuse and said they would always report to their manager, or to other relevant agencies if necessary. Staff said they would always report any poor practice if they witnessed this, to ensure people in the home were safe. We saw staff protected people from possible abuse. For example, when one person who was living with dementia was verbally aggressive towards another person, staff quickly intervened to prevent the situation escalating.

The Care Quality Commission had received notifications from the registered manager of safeguarding referrals they had made to the local authority. This demonstrated that policies and procedures were in place for reporting safeguarding issues.

Accidents and incidents were appropriately recorded and monitored to establish if trends or patterns occurred. The registered manager had done IOSH training (Institution of Occupational Safety and Health) and was responsible for monthly health and safety monitoring. We saw up to date risk assessments for people's individual safety within the home.

Staff we spoke with told us what they would do in the event of an emergency, such as if a person fell or if there was a fire. We saw people each had a personal emergency evacuation plan (PEEP) on their file which showed how their individual safety would be maintained.

We saw staffing levels were supportive of people's needs and staff were able to spend time with people in meaningful ways as well as carrying out physical care tasks. Ancillary staff, such as kitchen staff worked closely with care staff to ensure people's needs were met.

We looked at recruitment files for two members of staff. We saw that files contained evidence that suitability checks had been completed prior to employment and there was a recruitment checklist to show when these had been completed.

We looked at the systems that were in place for the receipt, storage and administration of medicines. We saw that the temperature of the medicines fridge was recorded on a daily basis to make sure that medicines were stored at an appropriate temperature. We found medicines were stored safely and only administered by staff that had been appropriately trained. Keys to the medication storage were only retained by senior staff.

We observed some people being given their medicine during our visit. Staff sat with each person and said why they were there, what the medicine was, what it was for and offered a drink to take the medicine with. All this was conducted by the staff member in a calm, kindly manner. Where people needed their medication covertly, this was clearly documented with GP authorisation.

Staff responsible for giving medication told us they stayed with each person until they were sure the medicine had been taken. However, we noticed a small half tablet on the floor under one of the dining tables. Staff picked this up, identified the tablet and who it belonged to and explained the process for disposing of this and recording in the person's records. The staff member told us that occasionally the person would remove their tablet once given and said they would be extra vigilant for this happening again.

We saw the Medication Administration Record (MAR) charts included details of the medicine, what it was for, the dosage and how the medicine should be taken. We also saw that where people needed PRN (as required) medicine for pain, staff knew when and how this would be given, with clear recording of the times. Staff told explained they looked for clues in people's facial expression and demeanour where they were unable to communicate verbally, that may indicate they were in pain.

# Is the service effective?

## Our findings

People we spoke with were complimentary of the staff and how they were cared for. One person said: “Oh they know me well, they are a big help to me you know”. Another person said: “They do alright, I think they know what to do”. The relatives we spoke with said the staff knew their family members’ individual needs well. One relative said: “I’m sure it’s not easy but they do a grand job. It takes some skill to work with people when they’ve got dementia, but these lasses do good”. Another relative said they thought staff had taken time to get to know their family member and this meant they provided high levels of personalised care.

We observed that staff knew the needs of the people living at the home and they demonstrated this in the way they supported them with their care. For example, one person was unable to hear but could lip read and staff made sure they spoke clearly and at face to face level, accompanied by gestures and facial expressions.

Staff we spoke with said they considered they were supported to undertake mandatory training for their role. We saw the training matrix showed staff had received training relevant training, although we noted that some training had not been undertaken for some time. For example, fire safety training for staff had been carried out in 2013 and training in the Mental Capacity Act 2005 had been done in 2011. The assistant manager told us financial restrictions meant training opportunities were more limited. However, she told us in house training was organised wherever possible and they looked for other ways to support staff in their knowledge. For example, they had been given some information about people’s diet and nutrition and the use of thickener and pureed foods.

We also saw from staff records that all staff were qualified to a minimum of NVQ level 2. The registered manager was qualified in dementia care and we were told good practice in dementia care was modelled and disseminated throughout the staff team.

Staff supervisions had taken place at regular intervals and staff confirmed they felt well supported in this process.

Staff we spoke with were confident about the handover process from shift to shift and said these provided information about each person and any relevant points for staff to note.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We found staff understood the legislation regarding MCA and DoLS and how this impacted upon their role in supporting people’s rights. It was clear from people’s care records their mental capacity had been assessed and due consideration had been given to any deprivation of liberty issues. This meant that staff were working in line with the requirements of the MCA and DoLS.

We saw people enjoyed the food in the home. One person said: “The food is lovely, we always have plenty to eat”. Another person told us staff knew what they liked. One person said: “It’s usually very tasty”. We saw people had choices of what they ate and staff worked around people’s preferred times to eat. For example, when people chose to get up later staff asked them what they would like for breakfast and enabled them to enjoy their food at their own pace. Staff encouraged people’s independence at mealtimes and were aware when people needed support. For example, one person needed reminding to eat their food and staff gave prompts whilst still encouraging the person to help themselves. We saw people had plenty to drink and staff gave regular choices of drinks throughout the day.

We saw some people had coloured crockery to help them distinguish the food on their plate. Tables were set nicely with condiments and crockery which preserved people’s dignity and choice. Staff were very observant of people’s dietary intake, particularly when people were identified as being at risk of malnutrition and food and fluid intake was recorded promptly for accuracy. People told us they were weighed in the home and we saw this was happening during the inspection. However, we saw people’s care records did not always show when reviews of their weight were carried out. For example, one person’s records noted ‘review in one week’, and although staff said this person’s weight was being reviewed, this was not recorded.

Staff told us where people needed extra calories, fortified drinks were provided with high calorie snacks, such as for people who spent a lot of time walking. We heard staff share information with one another to make sure people

## Is the service effective?

had suitable diet for their needs. The cook showed us how pureed food was stored in the freezer and separately served so people could distinguish between tastes. Staff were aware of which people needed thickener adding to their drinks and they supported people on a one to one basis to eat, where appropriate.

We noticed consideration had been given to support and orientate people living with dementia. There were signs with symbols and text on the toilets we saw and the dining room and lounge had text signs by their doors. There was

clear distinction between people's bedroom doors and service doors as people's doors were decorated 'front door' style. There were hand rails to aid people's independence and safety whilst walking around the home.

We saw from care records that healthcare professionals were contacted as required to support and advise staff in meeting the health care needs of people who lived at the home. These included GPs, district nurses and mental health specialists. During our visit we saw a district nurse and a best interests assessor visited people living at the home. We heard staff discuss with one another when they were concerned about a person's health and they agreed to ring the GP.

# Is the service caring?

## Our findings

People and their relatives told us staff cared about them. One person said: “The staff are all marvellous”. Another person said “Nothing is too much trouble”. One relative said: “You can tell staff really do care. You can feel it. It’s not just that they care for my [family member] they care for me too.” This relative told us: “When my [family member] came here I didn’t lose them, I gained a bigger family”.

We saw a letter containing spontaneous feedback from this relative that referred to ‘gentle care, compassionate and understanding’. This sentiment was echoed by another relative who gave praise for the way staff supported them as well as cared for their family member. Relatives’ views were in keeping with the service’s mission statement which stated ‘we will be able to assist those living with dementia, and their families to meet the challenges that this life altering disease brings to their lives’.

We saw that staff were kind and caring in their approach to people and they spoke with them respectfully. Staff took time to speak with people at an appropriate pace and used friendly faces and tones of voice when chatting with them. Staff respected people’s privacy and we saw they were discreet when offering assistance with personal care.

Staff gave compliments to people on their appearance and we saw on one person’s care plan it stated they liked to be

complimented and to look smart. We saw staff took time to make sure people’s appearance was as they would like; ladies with co-ordinated clothing and jewellery and gentlemen clean shaven.

Staff made sure people did not feel rushed or hurried by providing reassurance and a calm attitude to care. We heard one person had difficulty hearing and we saw staff communicated patiently with the person, listened attentively and responded appropriately.

Staff showed an awareness of people’s individual personalities and change in mood and they noticed when one person was becoming anxious. We saw staff spent time with the person listening to them and helping them to feel calm.

Staff showed a good awareness of people’s talents and spoke with one person, who enjoyed singing. Staff spoke with the person about their favourite singing artist and helped them choose music that was in keeping with their taste. We saw there was friendly appropriate banter as staff engaged people with respectful humour and there was spontaneous warmth between staff and people, illustrating trusting relationships.

It was not always clear from people’s care plans whether they had expressed any end of life care wishes, although staff we spoke with knew whether such conversations had been held with people.



# Is the service responsive?

## Our findings

People told us they had plenty to do in the home. One person said they liked reading the local paper and we saw this was readily available for them. One person showed us a photograph on the wall, of a donkey that had visited the home and they said it 'was marvellous'. Another person spoke about a seaside trip they had been on and we saw photographs of the summer trip in which people had enjoyed eating ice cream on the sea front.

We saw staff engaged with people on a one to one basis and asked whether they would like to go on an outing to the garden centre. We heard a member of staff invited on person to go and buy a budgie for the home and they made arrangements to do so.

One person in a lounge area spontaneously began to sing. Staff chatted with them about their favourite singers and made sure the appropriate music played for them to enjoy. Another person said: "I do like the music we have on, it's better than that modern rubbish". People told us they enjoyed a movement/exercise session organised every two

weeks and said they were looking forward to the next one. We saw photographic evidence of these sessions taking place as well as photographs of people spending time in the garden.

Staff spoke knowledgeably about people's life histories and they had a good understanding of people's lives and the things that were important to them. We saw in people's care records, life histories were not always recorded, or only partially completed. However, staff recounted to us discussions they had with people's families and it was evident they had sought useful information relevant to people's lives.

People we spoke with said if they were unhappy they would speak with staff and let them know. Relatives were confident that staff and management would deal with any concerns swiftly and said everyone who worked in the home was approachable.

The complaints procedure was accessible to people and we spoke with the assistant manager about how complaints were managed. We saw the complaints record and there had been no complaints, only compliments. The assistant manager confirmed there had been no complaints raised, but assured us the procedure would be followed in line with corporate procedures.

# Is the service well-led?

## Our findings

People and their relatives told us the home was well run and that managers were always visible in the service. It was evident through our observations that management had a good knowledge of and relationship with the people living in the home.

At the time of our inspection the registered manager was on leave and the assistant manager was in charge. The home was well managed and there was visible support from senior managers within the organisation.

We found there was an open and transparent culture within the home and there were clear values that were understood and upheld by staff. The mission statement said Flanshaw Lodge provided 'highly personalised quality care' and was 'committed to improve the lives of those living with dementia'. The service was establishing links with the dementia alliance action group as well as being chosen to be part of 'Vanguard', a national improvement programme funded by the NHS to develop enhanced models of care for people in residential and nursing homes.

The aim of this programme is to promote and provide enhanced health in care homes, offering older people better joined up health, care and rehabilitation. Staff had been asked their views on these initiatives and involved in group discussions.

Staff we spoke with said they felt valued in their work and consulted in the running of the home. Staff meetings and meetings with people and their families helped to enhance communication. We saw staff worked well as a team and communication was open and clear at all levels and between all members of staff. Staff appeared to be motivated and happy in their role and all staff without exception said they would be very happy for their own family member to live at Flanshaw Lodge.

Documentation to support the running of the service was up to date and well maintained. Policies and procedures were in place and staff were familiar with these. Systems for auditing and monitoring the quality of the provision were effectively in place. Other professionals we spoke with as part of the inspection process were complimentary about the standards of care and leadership within the home.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.