J.E.M. Care Limited

Tollington Lodge Rest Home

Inspection report

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Weston Super Mare
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Tollington Lodge Rest Home is a care home providing accommodation for up to 25 older people, some of whom are living with dementia. During our inspection there were 23 people living in the home. The home is a detached property set out over two floors and is situated in a residential area of Weston Super Mare.

The inspection took place on 25 November 2015 and was unannounced.

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. The registered manager was leaving the service in December 2015 and the provider had appointed another manager who would be applying for the registered manager's position with us.

The provider had an improvement plan that detailed areas for service improvement. The plan did not identify all of the shortfalls in the service. The director and manager had plans to introduce a system to audit the service.

A recruitment procedure was in place and staff received pre-employment checks before starting work with the

Summary of findings

service. One staff members personnel file did not contain evidence of a pre-employment check, the manager provided us with evidence confirming this was in place following our inspection.

Staff received training to understand their role and they completed training to ensure the care and support provided to people was safe. New members of staff received an induction which included shadowing experienced staff before working independently. The induction did not link into the Care Certificate Standards which are standards set by Skills for Care to ensure staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff received supervision and told us they felt supported.

Where people lacked capacity to make decisions for themselves the Mental Capacity Act 2005 code of practice was not always followed.

People and their relatives told us they or their relatives felt safe at Tollington Lodge. Systems were in place to protect people from harm and abuse and staff knew how to follow them. The service had systems to ensure medicines were administered and stored correctly and securely. There were enough staff available to keep people safe and the provider had plans to recruit staff to cover activities, the laundry and assist in the kitchen.

People and their relatives told us they were happy with the care they or their relative received at Tollington Lodge. One person told us, “I have had nothing but kindness”. Staff interactions with people were positive and caring.

People were complimentary of the food provided and had access to food and drinks throughout the day. Mealtimes were a sociable experience. Where people required specialised diets these were prepared.

People and relatives were confident they could raise concerns or complaints with the manager or provider and they would be listened to.

The provider sought the views of people and relatives to gauge satisfaction and make improvements to the service.

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?

Good 

The service was safe.

People were protected from the risk of abuse because staff were trained and understood how to report it.

People were protected from the risk of abuse because the provider followed safe recruitment procedures.

People's medicines were administered and stored safely.

Risks to people's safety were identified and care plans identified the support people required to minimise the risks.

Is the service effective?

Requires improvement 

Some aspects of the service were not effective.

People's rights were not always protected because the correct procedures were not always followed where people lacked capacity to make decisions for themselves.

People received care and support from staff who had the skills and knowledge to meet their needs.

People's nutritional and hydration needs were met and their choices were taken into account.

People's healthcare needs were assessed and they were supported to have regular access to health care services.

Is the service caring?

Good 

The service was caring

People and their relatives spoke positively about staff and the care they received. We observed that staff were caring in their contact with people.

Staff provided care in a way that maintained people's dignity and upheld their rights. Care was delivered in private and people were treated with respect.

Staff knew the people they were supporting well and had developed good rapport with people.

Is the service responsive?

Good 

The service was responsive.

One person's care plan did not contain enough information for new staff to support them. Staff supporting people were aware of their needs.

People and relatives views on the service were sought to gauge their satisfaction and make improvements.

Summary of findings

People enjoyed the activities and the provider had plans to offer a range of activites to meet people's needs.

People knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Is the service well-led?

Good 

The service was well led.

The provider had an action plan in place identifying improvements needed to improve the quality of the service provided to people. The action plan did not identify all of the shortfalls in the service.

The manager and provider promoted an open culture and were visible and accessible to people living in the home, their relatives and the staff.

People were supported and cared for by staff who felt supported by approachable managers.

Tollington Lodge Rest 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 25 November 2015 and was unannounced.

The inspection was completed by two inspectors.

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 looked at the information in the PIR and also looked at other information held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 10 people and six relatives about their views on the quality of the care and support being provided. We also spoke with one of the directors, the manager, the deputy manager and six staff including the chef. Some people were unable to tell us their experiences of living at the home because they were living with dementia and were unable to communicate their thoughts. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the way staff interacted with people and looked at the records relating to care and decision making for four people. We looked at records about the management of the service. We also spoke with two visiting health professionals during our visit.

Good

Is the service safe?

Our findings

The service was safe. A recruitment procedure was in place to ensure people were supported by staff with the experience and character required to meet the needs of people. We looked at four staff files to ensure checks had been carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant had any convictions that may prevent them working with vulnerable people. Staff told us these checks were completed prior to them starting work. We found one of the staff files did not include a DBS certificate number. We discussed this with the manager who told us they were sure the DBS had been completed and they would forward us the information relating to this following our inspection. Following the inspection the manager provided us with information relating to the staff members DBS check that had been completed prior to them commencing work.

People, their relatives and staff told us staffing levels had improved since the provider had taken over the service and they thought there were now enough staff available to meet people's needs. Comments from relatives included; "Since the new owners have taken over there are more staff" and "The staffing levels have improved". A visiting health professional told us the home had experienced staffing issues and that at times it had been difficult to locate staff members, however then went on to say they felt people were safe.

One staff member told us, "Staffing has got better" and another commented "Staffing levels are so much better". The director told us they had increased staffing levels from two to three staff on each shift including an allocated shift leader. They said staffing levels were set based on the amount of people living in the home. They said they would listen to the manager and staff and increase staffing if required to meet people's needs. We looked at the staffing rotas and confirmed the staffing levels were being consistently met. The manager was available to help out as additional support if required. During our inspection we observed staff were busy. Staff appeared rushed particularly before lunchtime when they were supporting people to go to the dining room, the area appeared congested however people were not waiting for long periods for support. The provider acknowledged this and told us they were putting an advert out to recruit a part time kitchen and laundry assistant to help out during the day.

People and their relatives told us they or their relatives felt safe at Tollington Lodge. One person told us, "Yes, I feel safe here". Comments from relatives included; "My relative is most definitely safe here" and "I can walk away knowing my relative is safe".

Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. Staff described how they would recognise potential signs of abuse through physical signs such as bruising and changes in people's behaviour and mood. They told us this would be reported to the manager or owner and they were confident it would be dealt with appropriately. One staff member told us, "I am definitely confident the manager would respond". Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside of Tollington Lodge if they felt they were not being dealt with. One staff member told us, "I am not afraid to report things, at the end of the day we are here for the residents".

People told us they were happy with their medicines, with one person commenting, "I get my medicine on time". Relatives told us they were happy with their family member's medicines and made aware of any changes by the staff. Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed.

People received medicines safely from staff who were trained in administering them. We observed staff supporting people with their medicines; this was completed in an unrushed manner. Medicines administration records had been completed, which gave details of the medicines people had been supported to take. People's medicine records were accurate and medicines were stored safely. Training records confirmed senior staff had received training in the safe management of medicines. The manager told us they planned to complete medicines competency observations and

Good

Is the service safe?

assessments for all staff designated to administer medicines. A review of people's medicines took place annually with the GP or as required to ensure that people continued to receive the correct medical treatment.

Assessments were undertaken to identify risks to people who used the service, these assessments were reviewed by the manager. The assessments covered areas where people could be at risk, such as moving and handling, falls, social isolation and specific health conditions. The risk assessments included details of how to reduce the risks and staff were following these. Relatives told us they were aware of these assessments and kept up to date with any changes. One relative told us, "Following any incidents they are on the phone within 10 minutes".

People had emergency evacuation plans in place for staff to support them in the event of an emergency and there was a contingency plan in place in the event of the home not being available as a result of this.

Requires improvement

Is the service effective?

Our findings

The service was not always effective.

Staff received an induction when they joined the service and records we saw confirmed this. Whilst the induction covered staff training and them familiarising themselves with the layout of the home and people that lived there, it did not link into the Care Certificate Standards. The Care Certificate Standards are standards set by Skills for Care to ensure staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. We discussed this with the provider and manager and they agreed to look into linking their induction to The Care Certificate. Staff told us the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. One staff member told us, "They were happy to extend my induction for a further week at my request" and another said "If I needed any help it was there".

Relatives told us they thought staff were trained to meet the needs of their family member. One relative told us, "Oh yes, the staff are trained". Staff felt they had enough training to keep people safe and meet their needs. Training included core skills training that the provider had identified such as moving and handling, safeguarding adults from abuse and fire safety. Staff also received training in caring for people living with dementia and end of life care. One staff member described the training they had received as, "Very good". We looked at the training matrix and identified there were some staff who needed updated refresher training for some subjects. The manager had arranged for training to be delivered to these staff.

Staff were trained in the requirements of the Mental Capacity Act 2005 (MCA). One staff member told us, "It's the legal process where you can stop someone doing something that is not safe". The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time. Where people lack the capacity to make certain decisions, a best interest decision is made on their behalf involving people who know the person well and other relevant professionals. During our inspection we found one example where a relative had signed a consent form for the use of a person's photograph. Whilst the relative would be involved in making the best interest decision we did not see sufficient evidence to satisfy us of the fact that the principles under the Mental Capacity Act 2005 and its Code of Practice had been followed and applied. Moreover, we did not see any evidence of the Best Interests process under the Mental Capacity Act 2005 and its Code of Practice having been applied in this particular case. We discussed this with the provider and manager and they agreed to review their processes of assessing people's capacity and making best interest decisions in line with the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. At the time of the inspection there were authorisations to restrict a person's liberty under DoLS. The manager had made thirteen applications to the local authority and was waiting for the outcome of these. This showed they understood and applied the principles of DoLS.

Staff told us they received one to one supervision to provide support and guidance about their work. They described supervision as supportive and constructive. On staff member said, "I like them, the manager tells me where I need to improve we get a lot of feedback and it's fair". We saw records of supervisions being carried out with staff.

People and relatives told us they were happy with the food provided. One person told us, "The food is very nice, they offer choices every day, I thoroughly enjoy it". Another commented, "Plenty to eat and drink, I have had a nice glass of sherry and when my daughters come they get a cup of tea". One relative told us, "There are lots of vegetables and the meals look beautiful and smell delicious".

There were two hot meal options on the menu daily. We spoke with the cook who told us if someone wanted something different on the day they would offer different choices. The manager and cook told us they had spent time with people reviewing the menu options and making more choices available based on people's likes and dislikes. The cook demonstrated knowledge of people's likes and dislikes and dietary needs and they had a list of these available in the kitchen. We observed people had jugs of drinks and snacks available in their rooms.

Requires improvement

Is the service effective?

Records confirmed people who were at risk of malnutrition were regularly assessed and monitored by staff and the cook had access to information where people had lost weight in order to provide more calorific meals. Guidelines were in place to ensure people received a diet in line with their needs and staff were following these. The cook told us they had plans to add in extra hot meal options for breakfast in order to offer people more choices. Whilst the build up to lunchtime appeared rushed people were not waiting for long periods of time for support and there was a calm, sociable and relaxed atmosphere in the dining room during lunchtime.

People had access to the GP regularly where required. Records confirmed staff monitored people's changing health needs and people were supported to see health professionals such as their GP, chiropodist, optician and district nurse. The manager told us a local GP visited the home when required and during our inspection the home contacted the GP for advice over the telephone. Relatives told us they were kept up to date with any changes to their family member's health. One relative told us, "My family member has had two incidents where they needed emergency medical attention, I can't fault how the staff responded and they were on the phone within 10 minutes". A visiting health professional told us they felt the home made referrals to their service where required.

Good

Is the service caring?

Our findings

People and their relatives told us they were treated well and staff were caring. One person told us, “The staff are really sweet”. Other comments included; “They look after me, the staff are all very kind, they are brilliant” and “I think everyone here has been handpicked they are approachable and responsive, they are caring”. Relatives told us; “The staff are most definitely caring, I couldn’t ask for more” and “The staff are excellent, they are all approachable and lovely with my family member”. The relative went on to say they had observed staff interacting with a person with high level needs and the staff treated the person with patience. They said this was always the way they observed staff interacting with the person. During our inspection we saw staff approached people in a caring and reassuring manner and engaged people in positive conversations.

People were supported by staff who knew them. Relatives thought staff knew their family member well. Comments included, “They know my family member well, their ups and downs they respond in a very caring way and don’t lose their patience”. Another relative commented, “They know my family member well, they always have done and they want to get things right”. One relative told us there had previously been issues with staffing in the home; however these had improved with the recent changes in the staff team. They told us there was a time when they dreaded the telephone ringing because staff used to phone them all the time as they were not able to settle their family member when they were anxious. They said this had improved greatly and staff were now able to respond to their family member’s needs.

Staff talked positively about people and were able to explain what was important to them such as family relationships and their hobbies. One staff member told us how they engaged a person in conversation relating to cricket matches as it was something they knew the person enjoyed talking about.

We observed people were treated with dignity and respect. For example, staff knocked on bedroom doors before entering and staff asked consent before providing support to people. One person told us, “Staff always knock on the door and respect my privacy” and another said, “There’s no having to get up at six in the morning, the staff are very nice here, they are not dictatorial”. A family member commented, “My relative is treated with respect and dignity”. Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. For example, covering people up whilst providing personal care, closing doors and curtains and explaining to the person what they were doing. One staff member said, “I treat people like they were my family member and how I would want to be treated”.

Each person who lived at the home had a single occupancy room where they were able to see personal or professional visitors in private. People told us they were able to choose where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. People and their relatives told us visitors could visit at any time, there were no restrictions and they were made to feel welcome. One relative told us, “You can come and go as you please”. During our inspection we observed visitors coming to the home throughout the day, there was a visitors signing in book in the reception so the staff knew who was present in the building.

We saw the compliments file that demonstrated positive comments had been received by the home from relatives these included; ‘I was always warmly greeted when I arrived, home from home, when I asked for some aid that I needed it would appear like magic’ and ‘All the staff so friendly and nothing too much trouble’.

Most of the people and relatives we spoke with told us they were happy the care plans reflected their current needs and they were involved in the assessment and planning of their care. One relative told us; “I am involved and included in the care plan”. Another relative said they hadn’t seen the care plan for a while but they were involved with it when their family member moved into the home. The manager told us where new people moved into the service the person and their relatives were fully involved in the assessment process. We saw one person’s records who had recently started using the service being involved in their pre-assessment and care plan.

Good

Is the service responsive?

Our findings

The service was responsive.

Each person had a care plan that was personal to them. One of the care plans did not contain enough information for a new staff member to support them. For example, the person required repositioning whilst they were in their bed because they were at risk of developing pressure sores. The care plan stated this was to be completed 'regularly' but did not include the detail that this was to be completed every two hours. Staff told us this was to be completed every two hours and the manager confirmed this as correct. Whilst the staff were aware of the procedures to support the person, new staff would not have this information available.

The same person required a soft diet because they were at risk of choking. Whilst this information was recorded in the dietary section of the care plan it as not recorded in the eating and drinking section. However the staff we spoke with were aware of the person's requirement for a soft diet and this information was available in the kitchen.

We discussed this with the manager who told us they were aware the care plans needed reviewing to ensure all relevant information was included and they said they were in the process of completing this. The home had introduced a new care planning format and the manager told us 12 of the care plans had been updated and transferred into the new format and 11 were left to update. The provider had an action plan in place that identified care plans required updating and it stated this would be completed by the end of December 2015. Following our inspection the manager confirmed they had updated the care plan to include this information.

Care plans contained records of people's preferred daily living routines and described their personal likes and dislikes. They included information about what the person was able to do for themselves and where they needed support. People told us staff supported them to maintain their independence, one person commented, "The staff help me to be independent, they walk behind me reassuring me".

One person told us they enjoyed the activities on offer but they felt there could be more available. Another said, "I did Tia Chi last week and I enjoyed it thoroughly, it would be good to have activities more often". Another person said, "They get people in to show us things and teach us like painting and drawing, we have lots of faith groups come here as well". One relative told us, "My family member gets involved with the activities and thoroughly enjoys them".

There had been an activity coordinator arranging activities for people, however it was not clear if they were still undertaking this role as they were self-employed and the manager had not heard from them for two weeks. In response to this the provider had advertised for another activity coordinator to be employed. During our inspection there were no formal activities on offer. People were sat in the lounge and watching the television or reading newspapers and magazines where they were able to and appeared happy and relaxed.

We saw the previous activity coordinator had completed one to one activities with people during September 2015. This involved a series of meetings with people on a one to one basis looking at photographs and reminiscing. One person had started to go out in the community with the activity coordinator and the person was involved in choosing where to go and what to participate in. An outcome of the meetings with this person was that they had started to engage more socially with people in the home and become more active.

The provider had recently invested in activity resources for the home and they told us once there was an activity coordinator in post they would offer a structured timetable of activities to meet people's preferences and needs. They also stated once they had the kitchen and laundry assistant employed this would enable the care staff to have more time to spend with people. Following our inspection the provider gave us copies of timetables of the daily planned activities for the home.

The provider told us they had spent time meeting with people and relatives discussing any improvements, suggestions or requests and they sent us the minutes of the meetings following our inspection. Areas discussed included; the provider introducing themselves, enquiring if the person was happy at Tollington Lodge, if they had anything on their 'wish list' that could be arranged and the satisfaction with their room. We saw in the meeting minutes that one person raised a concern that their bedside light was not working and we noted that this had been recorded as mended. Another person requested they would like new curtains, they were encouraged to give their views on the colour scheme and that new bedding would

Good

Is the service responsive?

be arranged so that it would coordinate in the room. The provider had said they would arrange for this to happen on the same day and the meeting notes stated this had been completed. The provider and manager had also spent time with people discussing their preferences around meals and we saw the menus reflected their choices. One relative told us how they had requested the flooring was replaced in their family member's bedroom. They said the provider had taken their feedback on board and the flooring had been replaced. The provider and manager told us they were planning on introducing satisfaction surveys and residents meetings to gain further feedback from people and relatives.

People and their relatives said they would feel comfortable about making a complaint if they needed to. People were aware of the complaints policy and were confident if they did raise any concerns they would be dealt with by the manager and provider. One person said, "I'm sure they would do something about an important issue, I would talk to a senior". Relatives commented, "I am confident action would be taken if needed" and "I've had a few issues with the laundry, I couldn't fault the manager, issues are never brushed off they do as much as they can". This had been the only complaint received in 2015 and it had been investigated and responded to in line with the provider's policy.

Good

Is the service well-led?

Our findings

The service was well led.

The directors had a business plan in place and they told us this was to address areas in which they consider improvements to be required. The directors had taken over running the home in June 2015 and they told us their focus had been improving the quality of care, staffing levels and the environment. The action plan covered other areas such as training, medicines, health and safety and refurbishing areas of the home that required updating. During our inspection we saw improvements had been made on the areas identified in their business plan.

The provider told us they discussed detailed plans regarding weekly and monthly goals relating to the home on a daily basis with the manager.The manager told us they kept records daily of the action points raised. This system had not identified all of the shortfalls we found during our inspection. For example, they had not identified a staff members personnel file did not have a DBS number present or the home was not following the Mental Capacity Act 2005 code of practice. This was because a relative had signed a consent form on behalf of a person where they did not have the authority to do so. The provider told us this document had been completed by the previous providers. We discussed this with the director and manager and they stated they would develop a system to audit the service. They also showed us an audit system they had planned to use for auditing medicines. Records showed all accidents and incidents which occurred in the home were recorded and analysed and referrals were made to health professionals for their input where required.

The provider had an action plan detailing the refurbishment they planned to undertake on the home. During our inspection we saw work had been carried out to improve the lounges and bedrooms. They had also had plans to create a wet room, refurbish the kitchen and provide en-suite facilities in all bedrooms.

There was a registered manager in post at Tollington Lodge. The director told us the registered manager was retiring in December 2015. The provider had appointed a new manager who had been in post for one month. The director told us they would support the new manager to apply for the registered manager's position with CQC.

Staff told us the manager and directors were approachable and assessable and they felt confident raising concerns with them. Comments included; "[name of manager] has just become the manager and they are great, you can always get hold of them" and "The manager is approachable and supportive". The manager told us they spent time working alongside the staff observing them and giving them feedback to support their development and promote best practice. Staff confirmed this. They also said they had an open door policy and encouraged staff come to them with any concerns.

We looked at staff meeting records and they were held to address any issues and communicate messages to staff. Items discussed included attendance, changes to the service, expectations from the manager and provider and safeguarding. One staff member told us, "A lot of things have changed it's 100% better, we come up with ideas they listen and if it's feasible they make changes".

The manager told us they kept themselves up to date with policies and legislation by attending relevant courses. Also the area manager attended the home monthly and spent time with the manager discussing any changes in legislation and acting as a form of support. The manager told us they felt supported in their role and were planning on attending local provider forums to gain further information and knowledge.

We spoke with the director and manager about the values and vision for the service. The director told us there vision was, "To turn 'old Tollington' into 'new Tollington' a service to be proud of within the community". The manager told us their vision was, "To provide a home from home where people are respected and have their needs met". One relative told us they thought the home was "A homely, family environment". Staff told us the visions of the service were, "To promote people's independence and assist where needed".

Following our inspection we asked the director how the vision of the service was shared with the staff. The director told us they had not initially shared this with the team when they took over the service as their focus had been on managing the day to day situations in the home such as staffing issues. They said however they had since shared their vision with staff on an individual basis and through staff meeting and although they had not formalised a mission statement to consolidate their aims they were planning on completing this.