ARMSCARE Limited

Terrington Lodge

Inspection report

2 Lynn Road
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Tel: 01553829605

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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

Summary of findings

Overall summary

Terrington Lodge is registered to provide accommodation and personal and nursing care to up to 25 people, some of whom may have dementia.

This comprehensive inspection took place on 22 November 2016 and was unannounced.
At the time of this inspection care was provided to 21 people.

The provider is required to have a registered manager as one of their conditions of registration.
A registered manager was in post at the time of the inspection and had been registered with the Care Quality Commission (CQC) since 19 February 2016. A registered manager is a person who has registered with the CQC to manage the home. 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.

Care plans gave guidance to staff on how to meet people's care needs. However, some care plans did not always contain full details about the support that people needed.

People were kept safe and staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service. People were helped to take their medicines by staff who were trained and had been assessed to be competent to administer medicines.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access health care services and their individual health and nutritional needs were met.

The CQC is required by law to monitor the Mental Capacity Act 2005 [MCA 2005] and the Deprivation of Liberty Safeguards [DoLS] and to report on what we find. The provider was aware of what they were required to do should any person lack mental capacity. People's mental capacity was assessed and care was provided in their best interests. Staff were trained and knowledgeable about the application of the MCA.

People were looked after by staff who were trained and supported to do their job.

People were treated by kind, respectful staff who enabled them to make choices about how they wanted to live. People and their relatives were given opportunities to be involved on a day-to-day basis about their planned care.

There was a process in place so that people's concerns and complaints were listened to and were acted upon.

The registered manager was supported by a team of management staff and care staff. Staff, people and their relatives were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action was taken where improvements were identified.

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.

Risks to people had been identified and staff knew how to minimise the risks

People were supported to take their prescribed medicines.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Good

The service was effective.

The provider was acting in accordance with the Mental Capacity Act 2005 legislation to protect people's rights.

Staff were trained and supported to enable them to meet people's individual needs.

People's health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

People were looked after by kind and attentive staff.

People's rights to independence, privacy and dignity were valued and respected.

People were involved and included in making decisions about what they wanted and liked to do.

Is the service responsive?

Good

The service was responsive.

Care plans gave guidance to staff on how to meet people's care needs. Some care plans did not always contain full details about the support that people needed.

People were encouraged to maintain hobbies and interests and join in the activities provided at the home and in the community.

People's views were listened to and acted on. People, and their relatives, were involved in their care assessments and reviews.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who had developed an open culture in the home and welcomed ideas for improvement.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

People, their relatives and staff were asked for their views about the service and these were listened to and acted upon.

Terrington 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 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 22 November 2016 and was unannounced. It was carried out by 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. Their area of expertise was in caring for older people and those living with dementia.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

The provider completed a Provider Information Return (PIR) and sent this to us before the inspection. 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.

Prior to the inspection we made contact with a local authority quality assurance manager to help with the planning of the inspection and to gain their views about how people were being looked after. We also made contact with some healthcare professionals to obtain their feedback on the quality of the service.

During the inspection we spoke with five people and three relatives. We also spoke with the registered manager, a senior care worker and three care staff.

We looked at three people's care records, medicines administration records and records in relation to the management of staff and management of the service, including audits.

Due to their complex communication needs some people were unable to say to us about their experience of being looked after. Therefore, we observed care to assist us in our understanding of the quality of care

people received.

Good

Is the service safe?

Our findings

People told us that they felt safe because staff were always around. One person said, "Yes, I feel safe but I hadn't even thought about it." Another person said, "I feel safe because there is always plenty of staff around." A relative said, "I've no concerns about safety; there's keypad control on the [front] door, restrictors on the windows and there's always staff moving around." (staff were always busy meeting people's needs).

Staff we spoke with were aware of their roles and responsibilities and knew how to keep people safe from the risk of harm. Staff received training and were able to describe the types of harm that people might experience. They also told us about the actions they would take in response to any event where a person was at risk of harm. This included reporting the concerns to the management team of the home and to external agencies, which included the local safeguarding team. Members of care staff were also able to demonstrate their knowledge regarding the signs to look out for that people might experience if they were being harmed. A member of care staff said, "I would be looking for bruising. A person's behaviour may change." Another member of care staff gave a similar response and added that people may become quiet and withdrawn.

Procedures were in place to keep people safe from the risk of harm. People had detailed individual risk assessments which had been reviewed and updated. Risks identified included, but were not limited to: people at risk of falls, moving and handling risks and poor skin integrity. Where people were deemed to be at risk, these risks were monitored. We saw 'repositioning charts' for people with poor skin integrity who required regular assistance or prompts from staff to change position. People at risk of malnutrition had documents in place to show that they were weighed on a regular basis. Where there had been an issue and a person was at risk due to their weight loss, staff had made referrals to the relevant healthcare professionals such as dieticians. Records gave clear information and guidance to staff about any risks identified as well as the support people needed in respect of these. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

People were looked after by sufficient numbers of staff although this varied at times. Two members of care staff told us that there was always enough staff in the morning. Staff we spoke with told us that sometimes people had to wait for their needs to be met around tea time as there was one less member of staff available. This was because a member of care staff worked in the kitchen to help with meal preparation. A number of people required two staff to support them and as there were only two members of staff working on the floor at teatime, other people may have to wait for assistance. The registered manager agreed to review the staffing levels at teatime. One person said, "Response to the alarm call is very quick." Another person said, "If they have a free moment they will sit and talk." A third person said, "The staff are really kind and are as generous with their time as they can." A relative said, "Whatever you ask them, there's never a problem." Staff we spoke with and our observations showed that there were always two members of care staff to assist people with their moving and handling needs, by means of a hoist.

Measures were in place to cover staff vacancies or staff absences and to ensure that people received a

continuity of care. The registered manager and the staff we spoke with confirmed that that regular staff would work extra shifts. Staff responded to people's call bells in a timely manner and people were looked after by unhurried staff.

We checked and found that there were recruitment systems in place to vet prospective staff before they were deemed suitable to work to at the home. Staff confirmed that they did not start to work at the home until their pre-employment checks, which included a satisfactory criminal records check, had been completed. One staff member told us that they had an interview and had to wait for their references to be returned before they would start work at the home. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work.

People told us that they were satisfied with how their prescribed medicines were managed and received them at the appropriate times during the day. One person said, "Yes, my medication comes on time and I am watched while I take them." Another person said, "Medication is regular and they [staff] ensure that I take it." We saw that people were asked if they wanted to take their medicines and were given a reason for them to do so. In addition, people were asked if they needed any of their prescribed medicines to ease any discomfort that they might be experiencing. Protocols were in place for medicine that was given as required. This provided staff the detail of why a person may need to take it. If they were able to ask staff for if or if staff needed to look out for signs and symptoms that gave staff an indication that this medicines may be required to be administered. People were helped to take their medicines safely by staff who were trained and assessed to be competent with this aspect of people's care. Medicines administration records were completed to show that people had taken their medicines as prescribed. Medicines were kept secure so that only authorised staff had access to people's prescribed medicines. This showed that procedures were in place to keep people safe from the risk of unsafe management of their medicines.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in registered services are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had made applications to the local appropriate authority when they believed a person was being deprived of their liberty. The applications were based on the registered manager's assessments of people's capacity to make informed decisions. These included, for instance, decisions where they were to live and how they were to be looked after. They had received one authorised application for a person and were awaiting the outcome of other applications that had been submitted to the local authority.

Members of care staff told us that they had attended training in the application of the MCA and demonstrated an awareness of the application of this piece of legislation. A member of staff said, "[The MCA] is to protect people who are deemed not to have [mental] capacity." Staff were aware that people were looked after in their 'best interest.' This included, for example, administering people's medication when the person was assessed not to have mental capacity to make such complex decisions.

People were having their needs met by staff who were trained to do so. One relative said, "The staff know [family member] very well and what they need." Staff told us that they had attended training in a range of topics. One member of care staff described their induction training and this included working alongside more experienced staff members. They also told us that their induction training included fire safety, safeguarding and moving and handling. On-going training included caring for people living with dementia and health and safety training and infection control. The registered manager confirmed, and staff training records showed, that all of the staff had attended the provider's required training.

People were being looked after by staff who were supported to do their job. One relative said "[Family member] has been well cared for so far." Another relative said, "I've seen no evidence of a lack of care, staff appear well supported." Members of care staff told us that they had the support to do their job, which they said they enjoyed doing. They told us that they worked well as a team and had support from the management team. This support included informal and one-to-one support. The one-to-one support included discussions about staff training needs and the standard of their work performance. A member of care staff said, "Training needs are picked up at supervisions. We can also ask for training that we think is relevant and this is usually arranged if it's possible."

We checked and found that people were helped to maintain their nutritional health. People told us that they had enough to eat and drink and we saw that they chose when and where they wanted to eat. People had positive comments about the quality of the food. One person said, "The food is good but I prefer to eat alone here in my room. There is no pressure on me to eat with the others." Another person said, "The food is lovely, most enjoyable, it always is and there are usually three vegetables at lunchtime." A third person said, "I always choose porridge for breakfast." A relative said, "[Family member] is a very choosy eater and doesn't always eat much of their main course. I'm sure they are having enough to eat because they always eat all of their sweet." People were helped with eating and drinking if they were not able to do this for themselves. People's individual dietary needs were catered for which included soft and pureed diets. Information about people's food and drink allergies was obtained and shared with the catering staff. This was so that they were able to prepare meals and snacks according to people's individual dietary needs. We saw that a member of staff came round with a drinks trolley and people were asked what they would like. Although staff already knew what they liked to drink they still asked each person what they would like. This showed people were still offered a choice of drink Relatives were also offered a drink. One person told us, "They bring round a trolley with drinks every morning and in the afternoon, tea or coffee." Another person said, (when asked about refreshments) "If all the other places are half as good as this one they'll all be well off."

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, a dietician and physiotherapists. Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being. Feedback received from healthcare professionals which included, district nurses, community matrons, a physiotherapist, as well as practice medical and nursing staff, all said they were very satisfied with the running of the service and the care provided at Terrington Lodge. One relative told us "If [family member] needs a doctor they [staff] are quick to sort it out. They're so on top of it."

Good

Is the service caring?

Our findings

People were being looked after by kind and caring staff. People and their relatives had positive comments about their experience of the home. One person said, "I can't fault the staff. If they walk by and you say 'excuse me', they're there (to help me)." Another person said, "I haven't got a bad thing to say about this place." A third person told us, "I thank God every day for being where I am." A relative said, "The staff, I highly recommend them." Another relative said, "The staff are all nice and friendly."

People's choices of how they wanted to be looked after were valued by staff. This included choices in relation to their medicines and what they liked to eat and where to eat. Members of care staff were aware of people's rights in making choices. One person said, "The staff know me as a person and know what I like and don't like." A member of staff said, "I always give people a choice. It's about getting to know the person over time. We can then help them make choices from what they used to like. Especially where someone has forgotten what they liked."

People's right to independence were promoted and maintained. One person said, "They always ask before they do anything personal." One member of care staff went on to explain how some people needed time to do things for themselves. They said, "We could do it for them as it's quicker but then that's not maintaining people's independence." Another member of staff said, "We just need to be there if they require any extra help and not take over. We need to give people time." Provision of equipment and encouragement from staff maintained people's independence as much as possible.

People's rights to privacy were upheld and maintained. There were various communal areas where people could sit alone or with their family. People also had the privacy of their own room. One person said, "There is always someone around if you want to have a chat. You can also be on your own. Staff are very good at leaving you if you want some peace and quiet." Another person said, "Sometimes they come to put me to bed while I'm watching television and if I say 'can you come back later' there's never a problem."

People were allowed to receive their visitors when and where they wanted. Relatives told us they were always made to feel welcome and were offered hospitality. One relative said, "I come nearly every day to see [family member] and I am always made welcome by the staff."

Staff knocked on the doors to the rooms and waited for a response before entering. Staff then checked and asked for the person's permission to enter. One person told us, "The staff always ask me what help I need before helping me. They [staff] are all very good." We also saw staff ensured the doors to rooms and areas where personal care was being provided were closed when people needed any additional help with their personal care. People's rooms had been personalised, with ornaments, pictures and some small pieces of furniture people had chosen to bring in with them.

Observation at lunch time saw people were able to be as independent as possible with eating and drinking. People had access to aids such adapted cutlery and plate guards in order to assist them eat their food independently and at their own pace. Staff offered people with additional help whenever they felt this might

be needed in relation to their eating and drinking. The meal time was unhurried and staff sat next to people they were providing support to. Some people chose to eat their meals in their rooms and this was respected.

The registered manager and staff we spoke with told us about the importance of respecting personal information that people had shared with them in confidence. Staff confirmed that the provider had a policy and guidance in place for confidentiality. They were also able to demonstrate how they put it in to practise. We saw that people's care records were stored securely. These arrangements ensured that people could be assured that their personal information remained confidential.

The registered manager was aware that local advocacy services were available to support people if they required assistance. However, the registered manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Good

Is the service responsive?

Our findings

People, and their relatives, said that staff met people's care needs. One relative said, "They take great care of [family member]." Another relative said, "The staff are always around although they are very busy. I come most days. I see them [staff] looking after [family member] really well." Overall, we saw that people were happy with lots of smiles and laughter and people confirmed they were well looked after. One person said, "I am well looked after. Couldn't be any better here."

Each person had a care plan in place, which gave staff guidance on how people's care needs were to be met. However, some care plans that we looked at did not always provide detailed information on how people's care needs were to be met. One person's care plan, in relation to their mobility stated, 'uses full hoist and stand aid'. There was no information about the appropriate piece of equipment to be used to safely meet the person's moving and handling needs. Another person's plan stated that staff needed to remind the person to meet their personal care needs on a 'regular basis' but there was no time frame provided. On another person's oral hygiene plan there were no details of how staff were to manage this. This put people at risk of receiving care that did not meet their care and support needs. However, staff were able to describe how each person's care needs were met. We discussed these omissions with the registered manager; they told us they would carry out a review on all care plans to ensure that these records reflected people's current care needs.

Pre admission assessments were undertaken by the registered manager. This helped in identifying people's support needs. Care plans were then developed to look at how people's needs would be met. People and their relatives were involved with their care plans as much as was reasonably practical. One person told us, "Yes, my care plan is discussed with me regularly." Where people lacked capacity to participate, input from people's families, other professionals, and people's historical information was used to assist with people's care planning. One relative said, "Yes, they keep me informed about [family member] condition and I only have to ask if I want to know more." Another relative said, "They keep my sister informed because she looks after that side of things."

The PIR stated that an improvement for the coming year was for an 'expansion of our activities programme taking into account of residents preferences'. We saw that there were various resources available for people. These included games, jigsaws, and art and craft materials for people to help themselves. People told us that they had enjoyed taking part in art and craft sessions. One relative told us, "The staff encourage [family member] to come to the lounge and take part in the activities. Sometimes they just watch what is going on. Other times they will join in."

Relatives and people we spoke with told us they would be confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the care provided. One person said, "I've never had to complain before and I wouldn't hesitate if I had to." Another person said, "I've never had a complaint but it wouldn't trouble me if I had to go to the [registered] manager."

There had been a number of compliments received, especially from relatives, thanking staff for the care and

support their family members received during their time living at the home. There was a complaints procedure which was available in the main entrance of the home for people to access if needed. We looked at the last complaint and saw that action had been taken. Complaints were discussed at staff meetings to discuss any action taken and any learning that could be put in to place for other people. This was especially around people's care and support needs.

Good

Is the service well-led?

Our findings

There was a registered manager in post and they were available in the service throughout the inspection. People and relatives knew who the registered manager was and every one told us that they regularly saw them walking around the home. One person said, "Yes, I know who the [registered] manager is and I see her around regularly." Another person said "I don't actually know who the [registered] manager is but I do know the person in charge." (When we asked them to point who they referred to they pointed to the registered manager.) A relative said, "She [registered manager] has been very helpful during my [family member's] admission." Members of staff also added that the registered manager would help them provide people with care and this would also be supporting the staff team. We saw that the registered manager came out to support staff in meeting people's care and support needs. People confirmed that this always happened.

There were clear management arrangements in the home so that staff knew who to escalate concerns to. The registered manager had put together a comprehensive action plan that looked at improvements that were being made to the quality of the care provided at the home. This allowed them to continually reflect on the action that was needed to make further improvements to the home.

The registered manager had made sure that that they had submitted notifications as required. This demonstrated that they had an understanding of their legal responsibilities as a registered person.

When we asked a relative about the culture in the home they said, "It's very open, the registered manager is personally involved and always available. Staff communication is good and they keep you well informed." Another relative said, "Oh, the [registered] manager; she's good at listening." A third relative said, "I'd have no fears about raising problems with the [registered] manager they are very open and available." One person said, "I had a problem with a new nurse [member of the care staff] but it was discussed with [registered] manager and things were fine after that."

People were provided with opportunities to tell the provider their views about their experience of the service. This included during meetings and by completing an annual survey. One relative was aware of relatives' meetings but said, "Yes there are relatives' meetings but I have not attended any."

Members of staff were enabled to make suggestions and comments during staff meetings. They said that they felt they were able to make suggestions, which included improving activities and the home's environment. Staff told us that more arts and crafts materials had been provided and this was evident in the lounge. Minutes of the recent staff meeting demonstrated that staff were reminded of their roles and responsibilities in providing people with safe care. This included, for example, when not to use personal mobile phones whilst at work.

The provider information return [PIR] was submitted when we required this. The information held in the PIR showed that the provider aimed to continually improve the quality of people's care and experience of living at the home. This included, for example, further development of the staff training programme to include delivery in end of life care.

There were effective quality assurance systems in place that monitored people's care. We saw that the registered manager completed audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such as care planning, medicines and health and safety. Where action had been identified these were followed up and recorded when completed to ensure people's safety.

Members of care staff were aware of the whistle blowing procedure and said that they would have no reservations in using this. One member of staff told us, "Whistle blowing is where you report any concerns you have if you think someone is being harmed or neglected and you feel nothing is being done."

The aim of people's support and care was to value their rights to make choices, decisions and independence. In addition to this, people were effectively supported to be integrated into the community. This was by taking part in practising their religious beliefs and taking part in recreational activities.