

Wakefield MDC

# Flanshaw Lodge

## Inspection report

102 Flanshaw Lane  
Flanshaw  
Wakefield  
West Yorkshire  
WF2 9JE

Tel: 01924302250  
Website: [www.wakefield.gov.uk](http://www.wakefield.gov.uk)






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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The inspection took place on 28 December 2017. There were 24 people living in the service at the time of the inspection. We previously inspected the service on 15 September 2015 and gave a rating of good. At this inspection we found there were some areas in need of improvement and we identified a breach in regulation 12. This was because risk assessments and control measures for managing risks were not robustly completed or reviewed.

Flanshaw Lodge is a care home for people living with a diagnosis of dementia. There is a registered manager in post who has been running the service for a number of years. 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.

Staff understood how to keep people safe, although not all individual risk assessments were thoroughly completed in people's care records.

Systems and processes were in place for managing medicines although improvements were needed in some areas of recording and auditing.

Accidents and incidents were appropriately recorded, analysed and safeguarded where appropriate.

Staff were suitably trained and supported to carry out their work and they were confident and competent in their role.

There was good support for people's nutrition and hydration and people enjoyed their meals. Staff linked appropriately with other professionals as required and there was effective communication to support people's needs.

Staff had a good rapport with people and engaged in kind and compassionate interaction. Staff responded well to meet people's needs and they involved people in their care and support. People and their relatives said they felt well cared for.

There was a homely and friendly atmosphere in which staff understood people's individual needs well.

Care records required some improvement as there were gaps and a lack of consistency in recording of people's care and support.

There was very visible leadership through managers' presence, and clear direction for staff; managers were involved in people's care and knew the needs of the service well. Audits were in place although not always completed effectively to identify areas to improve.

You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Improvements were needed to the recording and auditing of medicines.

Individual risk assessments in people's care records were not always completed.

People said they felt safe and staff understood how to ensure people were safeguarded from abuse.

### Is the service effective?

**Good** ●

The service was effective.

Staff were trained and supported to carry out their work.

People enjoyed the meals and there was effective support for nutrition and hydration.

People's healthcare needs were met and they had access to a range of other professionals.

### Is the service caring?

**Good** ●

The service was caring.

There was a friendly, caring and supportive rapport between people and staff.

Staff involved people and promoted their independence.

People's dignity was promoted and staff were respectful of people's individual rights.

### Is the service responsive?

**Requires Improvement** ●

The service was responsive, although improvements were needed to care documentation.

Staff understood people's individual needs and personal

preferences, and care practice was person centred.

Activities were meaningful and people told us they enjoyed what was available at Flanshaw Lodge.

People and their families found staff approachable to raise concerns if they wished to.

**Is the service well-led?**

The service was well led, although some improvements were needed to the quality of audits and care documentation.

People, relatives and staff felt the service was well managed.

There was an open transparent culture and staff worked well together.

The management team were aware of the strengths of the service and the areas to improve.

**Requires Improvement** 

# 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 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 28 December 2017 and was unannounced. There was one adult social care 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. The expert by experience had experience of caring for someone who uses this type of care service.

We looked at the provider information return, notifications sent to us by the provider and we reviewed information shared with us by other stakeholders.

We spoke with 11 people who used the service, their relatives and friends. We spoke with the service manager, the registered manager, three care staff and the cook. We made observations of people's care and reviewed records. We looked at four people's care records and documentation to show how the service was managed.

# Is the service safe?

## Our findings

Individual risk assessments in people's care records lacked detail or were not always completed. For example, some people had falls risk assessments whilst others did not. For one person who had had two falls in the same day, there was a falls management record but no risk assessment. This person's care record showed they needed a texture modified diet due to the risk of choking, but there was no risk assessment. We observed tubs of thickening agent unattended on the tea trolley which may have posed a hazard to some people. One person's fire risk assessment made no reference to them being deaf and having a visual alarm system, although this was noted elsewhere in their care record. Another person's risk assessment for nutrition was only partly completed.

People said that that they received their medication on time. One person said, "I get my medication just when I need it". We looked at systems and processes for managing medicines. Staff we spoke with had a clear understanding of their roles and responsibilities when supporting people with medicines and we saw people were always asked if they would like their medicine, with clear explanation as to what each one was for. Staff stayed with each person to ensure their medicine was safely taken before recording this.

Where people needed medicine 'as required' there were clear guidelines for staff to follow so this medicine could be given appropriately, such as for pain. Care plans we looked at showed non-verbal signs people might be in pain.

Medicines were stored securely and there was a key safe which only authorised staff had access to. The medicines room was consistently locked and the medicines trolley, controlled drugs cupboards and refrigerator were secured. Room and refrigerator temperatures were recorded to ensure medicines were stored safely. Staff had access to medicines safety leaflets and information to help them know the possible side effects of each medicine.

Medicines to be returned to the pharmacy were stored securely. We looked at the medicines administration records (MARs) and saw there were no gaps. However, it was not possible to see what time people had their medicine because the MARs only showed 'breakfast' 'lunch' and 'tea' rather than specific times. Staff we spoke with said they were aware to ensure correct time spacing between doses, although the records did not evidence this. Where people needed time specific medicines, such as 30 minutes before food, it was not clear from recording this happened, because times were not noted on the MARs.

Audits of medicines only addressed stock balances, rather than the whole systems for managing medicines and the registered manager told us this was something currently being addressed.

The above examples illustrate a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw, and staff rotas confirmed, staffing levels were appropriate to meet people's needs in a timely way and we heard no one express current concerns about this. Recruitment procedures were robust and all

necessary checks carried out to ensure new staff were suitable to work with people before they commenced their post. Staff stated that they had undertaken regular checks with the Disclosure and Barring Service (DBS). Staff told us, "We have to have regular DBS checks to help keep people safe", "The managers are focused on the safety and of the residents" and "I had to have a DBS check before I could start working here" (new starter).

Staff we spoke with said they knew people well and understood their individual abilities and any risks with their care and support. We saw when people were walking round the home, staff reminded them to use their walking equipment where necessary and staff made sure this was in reach. We saw safe moving and handling practice and staff used individually named slings when hoisting people. Staff were confident when supporting people with their mobility and encouraged them to be as independent as was safely possible.

Staff we spoke with clearly understood their roles in safeguarding vulnerable adults and they said they had regular training to ensure their knowledge of the procedures was up to date. Staff confidently described the whistleblowing procedure and said they would have no hesitation to report poor practice if they saw this. Staff were also clear about who they should seek out if they had any safety worries. Safeguarding information was displayed in the entrance for staff and visitors. One member of staff said, "I would have no hesitation in whistle-blowing; I have had training in this."

Everyone we spoke with said they felt safe. All relatives and friends we spoke with had no concerns and were confident that their loved ones were safe and well cared for. Relatives were clear that they could turn to any of the staff if they had any concerns.

People's comments included: "I am safe here, this is just where I want to live", "I am very happy here, this is my home now", "The more I settle here, the safer I feel", "There seems to be enough staff to help us with everything"

One relative told us, "I can absolutely say this is a safe place" and another relative said, "There always seems to be enough staff".

The premises and equipment were regularly maintained and we saw documentation was clearly filed in relation to checks made. Fire exits were clear and staff understood what to do to support people in the event of an emergency evacuation. Individual people's emergency evacuation plans (PEEPs) were on the back of people's bedroom doors and in a file in the office. We saw, however, some people's PEEPs were last dated May 2015 and there was no evidence of a more recent review, which the registered manager said they would address. We saw at one point in the day the dining room doors were secured with a tablecloth preventing people's access, although the provider later explained this was during the time the floor was being mopped and people living with dementia may not understand a wet floor sign. The registered manager told us garden area was identified as being in need of improvement and this was a planned project due to take place imminently. In the meantime a notice on the door to the garden reminded people it may be not be suitable for use.

The home was visibly clean and free from odours. Staff made appropriate use of personal protective equipment such as disposable gloves and aprons. There were daily cleaning records in place and up to date and audits paid attention to infection prevention and control, such as catheter care and mattresses. Relatives we spoke with complimented the home on the cleanliness. One relative told us, "It's clean but not clinical, like home should be." Another relative said, "The cleanliness in this home is good" and another relative said, "The domestic team are great and they care too."



# Is the service effective?

## Our findings

Staff told us and the training matrix showed, they had regular opportunities for training and updating their skills. New staff shadowed more experienced staff until they felt confident in their role.

Staff had suitable support through supervision and appraisal. Communication within the staff team was good. We saw handover information was thorough and detailed regarding each person, and was shared clearly between shifts. Where other professionals had been involved, such as the person's GP, this was discussed and any advice shared in support of people's continuity of care.

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 care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood the legislation and guidance around people's decision making and we saw evidence of best interest decisions and appropriate safeguards in place where people were deprived of their liberty.

People enjoyed their meals and we saw staff were very attentive to ensure each person had the right level of support for their needs. Where people needed one to one assistance with their meal, staff sat patiently and exclusively with each person and engaged in high quality interaction, to ensure person-centred support and a positive dining experience. The staff were seen to be very calm and patient when delivering meals. Our observations showed staff ensured people were seated or positioned correctly, and were comfortable to eat their meal. The meal time was a very pleasant and calm experience. People had regular access to drinks and staff encouraged people constantly.

People and relatives were complimentary about the food. People said that they could have cooked food for breakfast if they wanted it and we saw a wide and varied range of choices. The staff were seen and heard discussing the menus for the day. If people did not prefer the main menu on offer an alternative was offered. The dining tables were neatly set out and looked welcoming with napkins, flowers and a range of condiments. The cook took the lead on serving food from an open serving hatch.

Relatives' comments included, "We are really pleased with the change in [our family member] since [they] came to live here. [They] have put weight on, this is a good thing", "[Our family member] is eating so much better than [they were] at home." One family stated that they were not happy that their family member was prescribed a pureed diet at meal times. They acknowledged that this had been assessed by a speech and language team but felt they needed to discuss it further with the managers. They said that they were

confident to do this. Staff we spoke with were aware of the family's concerns and were dealing with this appropriately. Another relative said, "The meals here are absolutely marvellous, my [family member] would not have eaten half as well if they lived alone."

People's comments included: "The food here is just how I like it", "You can have anything you like to eat, the cook is smashing", "The cooks come to see me every day - they know just what I like", "Nothing is too much trouble for the cooks" and "We have had some lovely food over Christmas."

We spoke with the cook who understood people's dietary needs. They told us, "The menus are discussed at the residents meetings. I then get a copy of the minutes."

We make the changes immediately as a result of the residents meetings. All the catering staff will do whatever they can to accommodate people's choices at mealtimes. I am fully informed of people's dietary needs and special medical conditions. This is a great place to work; I couldn't be more supported. I absolutely love my job."

The care and support people received was good. People who used the service praised the standards of care provided by the staff. All the people spoken with said that the staff looked after them well and saw a range of healthcare professionals and specialists. One relative told us about the improvement their family member had made since moving into the service. One person told us, "They make all the arrangements for me to see my specialists" and another person said, "I see the district nurse regularly, they make sure of that."

Relatives' comments included: "We are so impressed with Flanshaw Lodge; the staff support our whole family", "I believe the staff are trained to a good standard."

"They always keep us informed about any medical appointments", "When [our family member] needs to go to the hospital they let us know when the appointments are" and "The staff call me if ever there is a problem."

# Is the service caring?

## Our findings

There was a calm and homely atmosphere at the service. People, who were able to verbally communicate, happily chatted to us as they went about their day. Some people were unable to verbally tell us about their experiences, however, their behaviour and body language showed that they felt cared for.

People and relatives made positive comments about the staff, such as "Staff are so welcoming", "The staff show such patience and understanding" and "The staff are so happy, I can say that every single one of them are wonderful."

Observations showed that staff treated everyone with dignity and respect. The interaction between staff and people demonstrated a genuine mutual respect, with good humour, appropriate touch and an understanding of specific communication needs.

People were very happy living at Flanshaw Lodge. People we spoke with told us, "I am so well looked after here", "I love living here" and "Without exception, the staff are kind to me."

We saw staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. Where people needed support with the toilet, staff assisted them very discreetly. We saw one person had spilled food on their clothing and staff subtly suggested they might like to wear a different jumper.

People were encouraged to be as independent as possible and staff supported them to be as able as they wanted to be, whilst being on hand to assist if needed. People determined their own pace for support and staff respected this so people did not feel rushed or hurried. We saw examples of when staff gave good explanations to people about their care and waited patiently for people to respond in their own time. Staff were seen to be highly motivated to provide the best and most suitable support to people they worked with. Staff were not rushed, were focused and spent time on an individual basis with people. Staff demonstrated an in-depth appreciation of people's individual needs, enabling them to take the lead in their care and have support in line with their unique preferences.

The staff had a good rapport with people and their families. We saw there was a lot of laughter and friendly banter between people. People said that staff were good at listening to them and meeting their needs. Relatives and visitors were also welcomed in a caring and friendly manner, as were other members of the community who passed by. For example, staff smiled and greeted visitors and their families. When the newspaper delivery man arrived he was thirsty and staff supported him with a drink. The member of staff said, "We care for everyone you know, inside the home and out."

Staff told us, "This is a really lovely place to work", "The staff and the residents are all like one big family", "It is important that people make choices about their daily lives" and "These lovely people are what it's all about."

## Is the service responsive?

### Our findings

We found care records were in need of improvement because there were some which were completed in detail, whilst others had missing information and were not consistently recorded. For example, the last review of information in some of the care plans we saw was February 2017, when other evidence showed their needs had changed. Some monthly reviews highlighted issues but with no information about when action was taken. The registered manager said they were in the process of beginning to revise the care records and we saw this was work in progress. Nevertheless, staff we spoke with were knowledgeable about people's individual needs, interests and preferences for care.

One relative told us, "Staff are very good at understanding our [family member]" and another said "The staff know my [family member] so well. They can second guess [their] needs".

There were meetings with residents to discuss their needs and preferences, although these were infrequent. Although the minutes were published and displayed for all to see, these were limited in content.

There was a dedicated activity worker employed and we found although they were not available during the morning of the visit, there was a planned activity in the afternoon consisting of visiting, professional entertainers. We saw examples of care staff actively sitting with people and chatting. During the morning people were seen laughing and chatting as they enjoyed watching a film. In the afternoon, professional singers visited and people enjoyed singing, dancing and being involved. People looked to thoroughly enjoy this event; people were laughing and smiling and joining in with the singing. Relatives came at this time to specifically join in with their loved ones and others and this was a meaningful activity for those who wished to take part.

People told us the staff planned activities such as board games, jigsaws, various entertainers and parties. People said they had particularly enjoyed the visits from the donkey sanctuary. People said that they had recently enjoyed the Christmas events. One person said, "I like the singers and entertainers. We can have a little dance, I love that", and another person said, "I really enjoyed all the festivities we had over Christmas".

One relative told us, "The people that organise the activities are wonderful. They are so positive and enthusiastic" whilst another relative told us, "There are plenty of great activities but my [family member] would like to go on outings during the winter months as well as summer". We saw evidence of a trip out in two dates on December 2017, which included a meal and entertainment, as well as summer trips to the seaside and a local beauty spot. Other comments from relatives included, "My [family member] is really encouraged to join in the leisure activities. I can't believe it, we never thought [they] would", "My [family member] enjoys the staff's company; they do make [my family member] laugh".

Staff made information available to people in ways they could understand. Staff gave clear verbal explanations to people about their care and choices and where communication was difficult, for example, if people could not hear well, staff used facial expressions and gestures to accompany speech.

People and their families were given information about how to complain and details of the complaints

procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so because the management team and all the staff were very approachable. However, people said they had not found the need to raise a complaint or concern. One person said, "I would be the first to complain if I was not happy with anything", "[Manager] is so easy to talk to. You can talk to [them] about anything", "If I had a problem I would go straight to [manager]." The registered manager said there had been no complaints about the service since the previous inspection.

## Is the service well-led?

### Our findings

There were systems in place to assess and monitor the quality of the service. For example, the service held a monitoring standards prioritisation matrix which showed regular checks and their frequency. However, some audits were not robust enough to identify areas to improve, such as the medicines audit and the auditing of information in people's care records.

There were a limited range of quality assurance methods to seek and utilise feedback; people and their relatives were uncertain about being involved in meetings or completing questionnaires about the service. A newsletter was produced to highlight success and keep people informed of changes and plans within the home and organisation, although this was only produced twice a year. From meeting minutes and speaking with relatives and friends it was not always clear that people's thoughts and ideas were acted upon. One relative said, "I am welcome to make suggestions although I'm not sure what happens when I do. They know what's needed though." Another relative said, "I am not aware of any meetings for relatives" and another said, "I have never been asked to complete a questionnaire about things."

There was a registered manager in place who had managed the service for a number of years. They were also managing another local authority service as well as Flanshaw Lodge and they told us they divided their time between the two homes. The registered manager was supported by an assistant manager within the home and there was a service manager who supported the home at regular intervals. The management team worked well together and had a good understanding of the needs of the people in the home.

There was clear direction for staff and a culture of open communication. We saw the registered manager and assistant manager were very visible throughout the home and fully involved in people's care. The people who used the service said they had every confidence in the managers. People said, "I have been invited to meetings but who needs them? I am happy with everything", "The manager is always asking us if we want anything to change", "The manager is lovely, so helpful", and "The staff know what they are doing; they care for me so well."

People, relatives and staff consistently offered positive feedback about the quality of support and care at Flanshaw Lodge. Relatives said that they had approached the managers about various matters and they felt as though they were listened to. One relative said, "Whenever I have a question there is always somebody available to answer it. They listen to me and take on board any suggestions I have about my [family member's] care". Another relative said, "The managers make a great team. You can discuss anything with them."

One member of staff we spoke with told us, "Absolutely amazing, best place I have ever worked" and another said "The manager always listens to what we have to say". Another member of staff said, "Good staff team. It's like a family environment."

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risk assessments and control measures for assessing risks were not robustly reviewed and updated.