

Wakefield MDC

Flanshaw Lodge

Inspection report

102 Flanshaw Lane
Flanshaw
Wakefield
West Yorkshire
WF2 9JE

Tel: 01924239381
Website: www.wakefield.gov.uk

Date of inspection visit:
07 March 2019

Date of publication:
26 March 2019

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

About the service:

Flanshaw Lodge is a residential care home that was providing personal care to 22 people living with dementia aged 65 and over at the time of the inspection.

- People were happy living at Flanshaw Lodge.
- Staff were caring and compassionate, and treated people with respect. People were given choices and were supported to make decisions about their daily lives.
- People received personalised care and this was reflected in how well staff knew their individual needs. People were meaningfully engaged in activities appropriate for their interests and needs and staff used everyday opportunities to engage people in conversation.
- Staff were recruited safely and there were enough staff to meet people's needs. Staff training and supervision was regular so staff felt supported in their roles.
- Staff understood individual risks to people and knew the safeguarding processes to follow to ensure people were safe.
- People liked the meals and they enjoyed a variety of food and drinks. People's health care needs were well managed and they received their medicines when they needed them.
- The home was clean and well maintained, with a refurbishment plan which ensured the premises were in a good state of repair and décor.
- A complaints procedure was displayed. Complaints and concerns were dealt with appropriately.
- The registered manager was committed to providing person centred care and there were regular audits and quality checks to ensure the service ran well.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published 8 March 2018). At this inspection, the provider had made sufficient improvements to improve the rating to Good.

Why we inspected: This was a planned inspection to check this service had improved.

For more details, please see the full report, which is on the CQC website at www.cqc.org.uk.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well led.

Flanshaw Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one adult social care inspector.

Service and service type:

Flanshaw Lodge provides accommodation and personal care for up to 26 older people, who have a diagnosis of dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced and was carried out on 7 March 2019.

What we did:

We reviewed information we had received since the last inspection. We used information the provider had sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make. We checked information held by the local authority commissioning and safeguarding teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with three people who used the service and three family members. We spoke with four staff, the assistant manager, the registered manager and the service manager.

We looked at three care records for people who used the service, four staff files including recruitment, training and supervision records and records relating to the quality assurance of the service.

The provider sent us some additional information by email following the inspection, which included staff training information, premises maintenance checks and minutes from meetings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- At the last inspection there was a breach of regulation 12 Safe care and treatment because risk assessments were not robustly reviewed and updated. The provider had made improvements to this domain to ensure the rating was good. Risks to people were more consistently assessed and recorded. Staff understood how to care for people according to their individual risks. For example, they made sure people who were at risk of skin damage used pressure relieving equipment and people at risk of falls had necessary walking aids, such as frames and sticks.
- Equipment and the environment was safe and well maintained and work was ongoing to ensure improvements were in place.
- Personal evacuation plans were in place for people to be safely supported in an emergency situation.

Staffing and recruitment

- There were enough staff to meet people's needs. The registered manager monitored this closely and adjusted staffing levels flexibly according to the changing needs of individuals.
- The registered manager had the ability and discretion to stop further admissions to the home in order to maintain safe staffing levels when needed.
- There was good teamwork to ensure people's needs were met.
- Staff were recruited safely with all required checks completed before they worked with people.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training. They knew how to identify and report the signs of possible abuse and protect people from harm.
- Accidents and incidents were reported and recorded, with any necessary referrals made to the local authority safeguarding team.

Using medicines safely

- Medicines were ordered, administered and disposed of safely.
- People received their medicines when they needed them and this was confirmed in the medicine records we reviewed. Staff patiently spent individual time with people whilst they had their medication and there was good communication to support people or check whether they had any pain.
- Staff followed guidance when administering 'as required' medicines, ensuring people received these appropriately. Some medicines were prescribed with variable doses, such as 'take one or two'; Senior staff told us they were working to address this with prescribers to make this a clearer directive for staff.
- One person's record showed they may refuse their medicines. Protocols showed if this happened, staff could administer their medicines covertly (hidden in food or drink). The registered manager told us this had been agreed as a best interest decision, although it was not clear from the person's care record who had

been involved in this decision. The registered manager told us they had not yet given the person medicines covertly, but agreed to make the decision-making record clearer should they need to do so. The medication policy was in the process of being reviewed and so this was to be included in the review.

- Staff had completed training in medicines administration and their competency was regularly assessed.
- The registered manager had improved the medicine audits since the last inspection so they were more robust and enabled any issues to be identified and dealt with promptly.

Preventing and controlling infection

- Infection control was managed well; staff had responded well to an influenza outbreak and communicated this clearly to relatives, staff and visiting professionals.
- Staff had completed infection control training and followed safe practices; washing hands and using gloves and aprons appropriately. Additional precautions and deep cleaning had taken place in response to the recent influenza outbreak.
- The home was clean and there were no unpleasant smells. Cleaning staff were attentive and thorough and understood how to minimise the potential for the spread of infection.
- Audits and spot checks were in place to ensure standards of hygiene were maintained.

Learning lessons when things go wrong

- The registered manager analysed all accident, incident and near miss reports for themes or trends. Where improvements needed were identified through inspections of the provider's other services, changes were implemented throughout all the locations.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- The 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The service was working within the principles of the MCA.
- The registered manager had systems in place to monitor and keep track of DoLS applications, authorisations and conditions. All the people had DoLS authorisations in place or applications in progress.
- Staff had completed training in the MCA and DoLS and understood how to protect and promote people's rights.
- Where people lacked capacity to make a particular decision, capacity assessments and best interest decisions had been taken, although these were not always robustly recorded. The registered manager agreed to review this to ensure all recording reflected where specific decisions had been made and agreed.

We recommend the recording of mental capacity assessments and best interest decisions is reviewed in line with good practice guidelines.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home to ensure the service was suitable for their individual requirements. Flanshaw Lodge cares only for people with a diagnosis of dementia and so their life history was carefully detailed to ensure staff cared for the person, not their condition.
- People's needs were regularly reviewed to ensure the care they received met their choices and preferences. Relatives told us they were kept involved and informed where appropriate.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had regular visits from healthcare professionals such as the GP, chiropodist, dentist and district nurse and details were recorded in individual care records.
- Staff worked well to provide effective care to people. Handover meetings were detailed and informative so each new team on shift understood people's needs.

- Relatives told us staff were 'on the ball' when their family member was ill or needed to go to hospital. One relative said, "They are really good here, as soon as anything's up they let me know and I know my [family member] is in good hands."
- The registered manager told us they were aware of the need to ensure people had prompt care and treatment, whilst being aware of the potential distress of going to hospital and they tried to ensure only necessary hospital trips were made.

Supporting people to eat and drink enough to maintain a balanced diet

- People had a good choice of food and drinks which met their needs and preferences. Where people needed a particular diet this was known by staff and prepared by the cook. For example, one person was supported with a well presented pureed meal which was moulded to give the appearance of normal consistency. People who needed individual support with meals had close and consistent attention from staff to help them enjoy the experience.
- At lunch people were helped to make their choice of meals. Staff were patient and reminded people of their choices, and were observant and encouraging when some people forgot to eat. Dining utensils were used where needed for supporting people living with dementia, so they could eat and drink with dignity and independence.
- People were offered a choice of drinks and snacks throughout the day. One relative told us, "The meals are spot on, there's always plenty and I'm welcome to stay. The cook is always baking and the cakes are the best."
- People's weight was monitored for any changes and details were recorded in people's care records, with referrals made to the GP and dietician where necessary.

Adapting service, design, decoration to meet people's needs

- People were kept informed about improvements to the premises and environment. New carpets, chairs and decorating had been carried out since the last inspection.
- People's bedrooms were personalised with items of their own, such as family photographs. People's bedroom doors were decorated in 'front door' style.
- The provider had an ongoing refurbishment plan and work was being done to replace floor covering and redecorate areas as the need arose.

Staff support: induction, training, skills and experience

- People were supported by staff who had regular training. Staff were qualified to NVQ level 2 and new staff were undertaking training towards the care certificate. The care certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide compassionate care.
- Staff had regular opportunities to discuss their individual work and professional development within supervision and appraisal meetings. They said they felt well supported by the management team.
- Staff induction procedures ensured they were trained and had chance to shadow more experienced colleagues when getting used to the work. Experienced staff worked closely with new staff, explaining how people's care was provided and leading by example.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were very happy with the care they received and said staff were caring. One person said, "I love these girls [staff]." Relatives said staff cared about the people they looked after. One relative said, "Nothing is too much trouble and they're all so lovely with [my family member]."
- People's care records included information about their religious and cultural needs and preferences as well as other individual requirements for staff to understand. Church services were held as part of people's expressed wishes.
- Staff were very motivated and engaged with people in friendly, kind ways. Staff smiled and chatted with people at their face level, to make good eye contact. They used appropriate touch in caring gestures, such as holding a person's hand or stroking their shoulder to reassure them.
- People's relatives said they had been involved in discussing the support their family members needed.
- Staff patiently encouraged people to express their own views and make decisions for themselves. People were kept informed and involved through meetings enabling their voices and views to be heard, as well as quarterly newsletters.
- Staff had equality and diversity training and understood how to treat people as individuals, consulting them about every aspect of their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity in discreet ways, such as helping them to adjust clothing or assisting them to the toilet.
- People were supported to take as much time as they needed to move safely or when being assisted from their wheelchair into an armchair. One person needed additional support and patience and the member of staff gently encouraged and guided them to sit down safely, all in their own time and at their own pace.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care from staff who knew them well. All care staff facilitated activities for individuals and groups of people as part of their caring role. Staff knew what people liked and tailored conversation around this. For example, one person told staff how much they loved dancing and this triggered some reminiscing conversation about local dance halls.
- Care records reflected people's care needs and preferences. Staff were in the process of developing a 'wish tree' to support people with their ideas for meaningful activities.
- Staff understood people's needs. When one person became upset, staff were quick to acknowledge their feelings and then divert their attention until they felt better. Staff we spoke with had empathy for people living with dementia and showed understanding of each person's viewpoint on a given situation.
- People engaged in activities on a one to one basis as well as planned and organised events. One person enjoyed a board game with a member of staff and another person sat with some magazines. A group of people watched a cowboy film and there was some social chat about the actors.
- Staff acknowledged people's special events and helped them celebrate. For example, one person's birthday cards were displayed and staff chatted with one relative about celebrating a special wedding anniversary in the home.
- People's visitors were welcomed at any time. One relative told us they had been upset because they were unable to visit their family member during the influenza outbreak. They said staff had supported them by helping their family member to make telephone calls instead so they could stay in touch.
- Where people had particular communication needs the service had access to an accessible information guide, with available support from interpreters and sign language staff.

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed for people, relatives and visitors.
- Records showed complaints received had been investigated and the complainants informed of the outcome. Compliments were also noted and shared with staff.
- People and relatives said they had no complaints but were confident if they raised any issues these would be dealt with appropriately by the registered manager or any of the staff team. One relative said, "You can go to any of them, they're all good. They listen."

End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. The service had support from GPs, district nurses and the palliative care team.
- Staff were sensitive and compassionate regarding people's deteriorating health and understood how to provide support people at the end of their life, taking into account the needs of their families.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in post who had managed the home for 14 years. They were supported by an experienced assistant manager. People, relatives and staff spoke positively about the management team and said they thought the home was well run.

Work had been done to ensure improvements to the quality of people's care records, risk assessments and audits since the last inspection.

- The management team was very involved and active in people's care, leading practice to staff by example and forming support for staff. Staff were not required to wear uniform in order to create a respectful, homely environment without showing authority and thereby creating a family atmosphere.
- Staff said they felt respected and valued. Staff were motivated and happy in their work with people.
- Quality assurance systems were in place and were regular and consistent, contributing to the service improvement plan. Audits identified areas for improvement and action plans showed these were acted upon.
- The service manager visited regularly to assess the quality of service provision and provide support to the registered manager. Visits were supportive and identified any actions required. Where additional scrutiny was needed in order for the provider to be objective in managing the home, they utilised registered managers from their other services to provide this.
- The provider had submitted notifications about events they are required to inform CQC about.

Working in partnership with others

- The registered manager worked in close partnership with others, such as the safeguarding team and visiting health and social care professionals. They welcomed feedback and were keen to drive improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider held regular meetings with people, relatives and carers to keep them informed of any developments and to gain their feedback on all aspects of the service.
- Surveys were sent out to obtain people's views. One relative told us they were always asked for feedback. They said, "I feel we can have a say in things and I'd tell them if I thought any changes were needed."
- Staff said the management team was approachable and there was an open door policy which was freely used by staff, people and relatives.

- The registered manager held regular staff meetings with a clear focus on improving the quality of care for people. They valued individuals and promoted autonomy, with all people and staff.

Continuous learning and improving care

- The registered manager understood their legal responsibilities. They maintained their own knowledge and understanding of their role through networking with other registered managers. They attended relevant meetings to share practice ideas and conferences to look at the quality of dementia care. Any new learning was shared with the staff team.
- The provider had an ongoing action plan to drive improvement throughout the quality of the service. Where any learning could be shared from inspections of the provider's other services, this was done to ensure consistency and improvement.