

Country Lodge Nursing Home Limited

Country Lodge Nursing Home

Inspection report

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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

Country Lodge Nursing Home is a care home with nursing. The people living there are mostly older people with a range of physical and mental health needs such as Parkinson's disease, multiple sclerosis or stroke. Some people at the service are living with dementia. The home is part of an old Sussex barn dating back to around 1805 and is located within the South Downs National Park. It has been converted to offer accommodation for up to 25 people; at the time of our visit there were 17 people living at the home. There is a large communal sitting room and dining room which overlook beautiful landscaped gardens and many bedrooms have ensuite facilities.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People and their relatives felt that Country Lodge Nursing Home provided safe care and that premises and equipment were well maintained. Staff responded to people's needs promptly and had been trained to recognise the signs of potential abuse; they knew what action to take if they had any concerns. Risks to people were identified, assessed and managed safely by staff. Staffing levels were sufficient to meet people's needs and safe recruitment practices were in place. Medicines were managed safely to ensure people received their medicines as prescribed.

People received effective care from staff who had completed extensive training in a range of areas. Registered nurses completed additional training. Staff had regular supervisions with their line managers and attended staff meetings. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were supported to have sufficient to eat and drink and had access to a range of healthcare professionals and services.

Positive, caring relationships had been developed between people and staff. Staff genuinely cared for people in a kind, friendly and sensitive manner. People and their relatives spoke highly of the care on offer. People were supported to express their views and to be involved in all aspects of their care. They were treated with dignity and respect.

Care plans provided detailed information to staff on how people wished to be supported. Activities were offered and minibus outings enabled people to access the community. Complaints were managed in line with the provider's policy.

People and their relatives were involved in developing the service; their views were sought and acted upon. People, relatives and staff all spoke highly of the provider and the management team. Communication was good and staff felt valued. High quality care was evident and complimentary feedback was recorded from a range of people. Systems were in place to monitor and measure various aspects of the home and the service overall.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Country Lodge Nursing 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 checked 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 was a comprehensive inspection.

The inspection took place on 28 March 2017 and was unannounced.

The inspection was undertaken by an 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 expertise in older people and dementia care.

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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including four care records, three staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection, we met with four people living at the service, spoke with three relatives and one friend of a person living at the service. We chatted with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with the registered manager, the deputy manager, a

senior care assistant, two care assistants and the assistant chef.

Is the service safe?

Our findings

People, without exception, told us they felt safe living at the home. One person said, "It's absolutely perfect. I've only got to buzz this [showing their call button] and they're here straight away". A second person said, "I feel very safe here and that makes me comfortable". Relatives confirmed they were happy with the safety at the home. Staff had been trained to recognise the signs of potential abuse and knew what action to take. They provided examples of different types of abuse they might encounter. One staff member said, "I'd report any concerns I had straight away to the nurse in charge and document. The nurse would investigate and go to the people involved or it might go further, say to the police or CQC". Safeguarding training was also provided as a refresher so staff could update their knowledge on the topic on a regular basis.

Risks to people and premises were in place. We saw risk assessments relating to people's moving and handling, skin integrity, emergency evacuation in the event of a fire and bed rail assessments. We observed staff moving people safely using hoists where required. Turning charts were in place for people at risk of developing pressure areas. A staff member said, "We always look at the care plan and if we see any changes in people, we will report to the nurse". People's consent had been sought in relation to how their risks were managed. Risk assessments relating to fire extinguishers, fire safety, lifts, gas and electrical safety and water hygiene were all in place.

There were sufficient numbers of staff on duty to keep people safe. During the morning, five care staff were on duty and in the afternoon, three care staff. In addition, on weekdays, at least two registered nurses were available. At night, two care staff were on duty were supported by one registered nurse. Staffing rotas we checked confirmed these staffing levels were in place. The registered manager said staffing levels were assessed based on people's support needs. One person said, "I sometimes have problems during the night when I wake up and can't breathe. I make the buzz and someone is here in seconds. They give me the right tablet and in a short time I'm asleep again".

Safe recruitment practices were in place. Staff files we checked showed that potential new staff had completed application forms, received a job specification, two references had been obtained to confirm their suitability and good character for the job role and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and help prevent unsuitable staff from working with people in a care setting.

Registered nurses administered people's medicines. The deputy manager told us they carried out regular checks of medicine stocks, disposal of medicines and that Medication Administration Records (MAR) had been completed to show people had received their medicines as prescribed. However, there were no written records to show regular checks of medicine stocks had been undertaken. We discussed this with the registered manager, who agreed to put a system in place whereby medicines audits would be formally recorded in the future. The supplying pharmacist undertook six monthly audits. Overall medicines were managed safely.

Is the service effective?

Our findings

People received effective care from staff who had been trained in a range of areas. For example, the staff training plan showed staff had completed training in safeguarding, nutrition and health, food safety, fire safety, moving and handling and equality and diversity. Registered nurses completed additional training in areas such as tissue viability and pressure area care, wound care, certification of expected death and compassion awareness. A relative said, "The staff are definitely very experienced. It's very obvious to me that they are aware of [named family member] needs. They are extremely skilled". New staff completed an induction programme, including studying for the Care Certificate, which is a work-based approach to training. The registered manager told us, "We try and keep staff up to date by providing good training. I value my staff. The residents have the same staff so it's consistent. That makes a huge difference as well".

Staff had regular supervisions with their line managers. One member of staff explained, "We have supervisions every three or six months, unless there's a problem. Appraisals happen every year. Management are really approachable". In addition staff meetings were organised and were held three or four times during the year. Staff found supervision and staff meetings helpful and told us they were encouraged to express their views on all aspects of the home.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied to the local authority for DoLS where people had been assessed as lacking capacity and where measures had been put in place to keep them safe. No DoLS had been authorised at the time of this inspection and the registered manager was awaiting response from the local authority. Staff had completed training on MCA and DoLS and had a good understanding of this legislation. One staff member said, "You don't judge people if they're able to make their own decisions. You should always ask them".

People were supported to have sufficient to eat and drink and we observed the lunchtime experience at Country Lodge Nursing Home. Tables were attractively laid up with cloths and small vases of fresh flowers. Staff were all on hand to provide assistance to people where needed; their manner was kind and efficient. One person said, "I have such a tiny appetite, I usually send half back. It's not because I don't like it, I do, it's just too much for me. We have a good choice and if there wasn't something there I liked, they'd always knock me up an omelette or something else". Everyone we spoke with was complimentary about the food on offer. Special diets were catered for and food was provided of the right consistency for people with swallowing difficulties. People's likes and dislikes were all recorded and any food allergies.

People were supported to maintain good health and had access to healthcare professionals and services. One person said, "I see the chiropodist regularly and the hairdresser comes once a fortnight; I can just make an appointment to see her. On Tuesdays, the physio chap comes and he helps me walk". A relative said, "Recently, they've had to call the GP out and things were addressed quickly. We visit more or less every day and I can see just how pro-active they are".

Is the service caring?

Our findings

We observed that all staff genuinely cared for people and treated them with respect and compassion. Staff were friendly and patient when offering or providing support to people. When staff used hoists to transfer people, they provided reassurance throughout the process. People were covered with blankets during the hoisting process to maintain their dignity. When staff spoke with people, they lowered themselves down to each person's level and made eye contact. The atmosphere at the home was warm and friendly and a sense of humour prevailed. Whilst the majority of people were happy to sit in the sitting room watching television, or were just immersed in their own thoughts, none were ignored. Staff regularly went around to ensure people had drinks and had drunk them and enquired of people that all was well. Relatives and friends could visit at any time. One staff member said, "You have to love caring. I look at them as if they're my nans and grandads. Just seeing people smile makes my day". The registered manager told us, "I'm nursing on the floor as well and see the relatives and residents regularly. I know everyone well".

We asked people if they felt well cared for and how they were involved in decisions relating to their care. A relative told us how happy they were with Country Lodge Nursing Home and that their family member was well cared for. They said, "There is no doubt they are caring". Another relative told us, "All the staff are very caring and all good in their own right. [Named one care staff] has been outstanding; she has been a godsend, an angel". They added, "When it's someone's birthday, they make a cake and bring it out here and everybody sings and joins in the celebrations". The assistant chef told us that flowers were ordered for people's birthdays and that relatives could use the dining room to arrange birthday parties. One person said, "The laundry is absolutely first class".

Staff told us they would always support people to express their views. One staff member explained how they consulted people on day-to-day decisions, such as what to wear or whether they would like a wash. They explained, "Sometimes people are tired and say 'No'. We freshen people up, change their pads and cream them. If people want to stay in bed they can. We leave them and they can have their breakfast later". People discussed their care and care plans with the nursing staff. The registered manager said that people were involved in drawing up their care plans on admission and that relatives were encouraged to be involved too. They added, "We try and get a profile done of people's history with the person or their relatives. We add things to the care plan as we go along".

Staff explained how they treated people with dignity and respect. One said, "I close the door and draw the curtains. I put towels around them and tell them what I'm doing. The way you speak to them is very important as well. They're elderly people and have a different background". A relative told us, "The staff are very respectful, always saying what they are going to do. They are very professional. If they are in with her attending to personal care, the door is always closed. I've seen them adjust clothing and cover up where skirts have ridden up to protect modesty". Another relative said, "The staff are discreet as they ask me to pop out for a few minutes if I'm visiting mum in her room and they need to do any personal care for her".

Some people spent their last days at Country Lodge Nursing Home and staff had been trained in end of life care and compassion awareness training. Where possible, care staff attended people's funerals. One staff

member said, "The owner goes to every funeral and we go as much as we can". A relative had complimented the quality of care and written, 'We cannot fault the care that my mother received in this home. The staff are very attentive, caring and friendly. Her room overlooked the garden and South Downs and although bedridden most of the time, she enjoyed the view which was a regular topic of conversation. Mum couldn't have better care anywhere and when the time came, it was dealt with extremely sensitively. As a family we were always welcome and made to feel part of things'.

Is the service responsive?

Our findings

Care plans provided detailed information and guidance to staff on how to support people in a responsive way. For example, one person's care plan included information relating to their diet, communication, sight, chiropody, mobility, falls, pressure areas, continence, cognition, nursing input, medication and hygiene. Goals had been set for this person. We read, 'Be able to interact and communicate with multi-disciplinary teams re: advanced care planning. To persuade and maintain independence and awareness. To provide safe and secure surroundings. Ongoing assessment re: nutrition and provide support to feed herself. Provide privacy and dignity to [named person] and respect her wishes'. There was information about people's hobbies and interests. One person enjoyed listening to Radio 3 so staff knew to ensure their radio was set to this station. Handover meetings occurred between shifts, three times a day. A member of staff explained, "We discuss how people have been during the night, whether their eating, their behaviour, etc". Another member of staff found handover meetings helpful and said, "We get information about people then. We're updated and read people's care plans for further knowledge". They added, "One lady has done so well that she no longer requires nursing care. We've had lots of recommendations".

People told us that various activities were organised at the home. One person said, "We have activities going on most days. On Monday, there's an exercise class and today [named staff member] will be in to do a quiz; that's usually very good. There's a list of activities on the noticeboard. I'm not religious, but up until last week we had a girl who was taken to Mass. It's available if you want it. In the summer, there are outings. I'm happy with the service I get here and there's nothing really I'd like changed, nothing at all. If a visitor comes and it's mealtime, the chef will rustle up another meal". A relative told us, "I have quite a journey to get here and like to stay as long as possible. I am always offered a meal and do accept it. This really helps the visit feel more like family time together". Minibus outings were also organised so people could go out into the community.

Complaints were managed in line with the provider's policy and were resolved within seven days. Two complaints were recorded in 2016 and both were dealt with to the satisfaction of each complainant.

Is the service well-led?

Our findings

The provider's Statement of Purpose records, 'To meet the emotional, social and physical needs of our residents by creating a relaxed, homely environment and respecting their independence, protecting their status as adults and encouraging their individuality'. From our observations, it was clear that the objectives in this Statement of Purpose had been achieved. A relative told us, "The manager is very good and the home is led from the top by [named the provider], who is very friendly and really cares about the service offered". One person said, "It is very calm here. Quite a lot of people are incapacitated, but they're encouraged to have company which is good. We have residents' meetings. The report from the one last month is on the wall. Everything is very well managed". We saw minutes relating to a residents' meeting held in February 2017. People had asked whether the catering staff could bake more small cakes, such as cupcakes and fairy cakes for afternoon tea, rather than a large cake. People had also asked for a change to creamier puddings, such as jam roly-poly. People's views had been listened to and the appropriate changes had been made. People were also asked for their feedback about the home through questionnaires which had been sent out in January/February 2017. Responses were positive. Relatives were also asked for their feedback and the majority rated the home as either 'good' or 'very good'. We asked the registered manager about the culture of the home. They said, "I think we have a nice home for the residents. We're very open with residents and relatives. We always have an open door. It's a home from home with nursing care". A person concurred with this and explained, "There is a very nice atmosphere here. I see a lot of the manager. She is very approachable and keeps a firm hand on things".

People, relatives and staff all felt the home was well led and that management were approachable. A staff member said, "[Named manager] is absolutely amazing. Staff all get on really well, we're a good bunch". They added, "The owner is really lovely and very involved I think. He's very friendly and his wife comes in sometimes too". Staff felt there was good communication within the home. Another staff member said, "I like the home and the way it's run and managed. Management are really easy to approach and they try and accommodate extra training". The registered manager felt it was important, "To value the staff. It's the little things we do, providing coffee and tea for example. I try and be flexible with the staff and their hours. I will work around staff. Our turnover of staff is very low". It was clear from our observations that staff worked well together and had a genuine respect and caring attitude for each other.

High quality care was delivered. A relative said, "It is quite a homely atmosphere. It is very clean, well maintained and much less regimented than other places I've seen. There's a mixture of chairs, nice pictures and soft furnishings. I see the manager around a lot. Everyone seems well cared for". A staff member said, "It's a nice, small friendly home and you know everyone. It's a cosy home, that's what I like about it". Another staff member told us, "I think it's a beautiful home. I would put my mum here. I recommend it to a lot of people. We've had people come from hospital with bed sores and we've cleared them up. The care is amazing". A review website undertook a survey of friends and families at the home. On the website we read, 'Extremely likely to recommend. Home is situated in beautiful grounds. On entering, the ambience is very clean and quiet and somehow very reassuring. Residents appear happy and well cared for. All staff are courteous, cheerful, efficient and very helpful. We cannot praise them enough. We have no hesitation in recommending Country Lodge'.

A range of audits were in place to monitor and measure areas of the service provided such as care, infection control, hoists, clinical waste, communication and food hygiene. These helped to drive continuous improvement.