

Cleveden Care Limited

Teesdale Lodge Nursing Home

Inspection report

Radcliffe Crescent
Thornaby
Stockton On Tees
Cleveland
TS17 6BS

Tel: 01642612821

Website: www.cleveden-care.co.uk

Date of inspection visit:
15 August 2019

Date of publication:
03 September 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

Teesdale Lodge Nursing Home is a residential care home providing personal and nursing care to up to 40 older people, younger adults and people with a physical disability. 23 people were using the service when we inspected. People were supported in one purpose-built building.

People's experience of using this service and what we found

People received kind and caring support and were treated with dignity and respect. Staff ensured people's voices were heard.

Medicines were managed safely. Risks to people were assessed and actions taken to reduce them. People received support from stable staffing teams, who had been safely recruited.

Staff were supported with regular training, supervision and appraisal. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received personalised support based on their assessed needs and preferences. Activities took place but we received mixed feedback on these. The registered manager and nominated individual said they would be reviewed. The provider had an effective complaints process.

The provider had effective governance processes, including a range of quality assurance audit. Feedback was sought and acted on. The service worked effectively in partnership with other organisations.

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

Rating at last inspection

The last rating for this service was requires improvement (published 13 September 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Teesdale Lodge Nursing Home

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

An inspector, assistant inspector, specialist advisor nurse and specialist advisor pharmacist carried out this inspection.

Service and service type

Teesdale Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

What we did before the inspection

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection

We spoke with three people who used the service and one relative. We spoke with seven members of staff, including the nominated individual, registered manager, kitchen, activities and support staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and 14 medicine administration records (MARs). We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training documents they sent us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider review their medicine administration guidance and audits. The provider had made improvements.

- Medicines were managed safely. Systems were in place to order, store and monitor medicines.
- MARs were usually completed accurately. Where they had not been the provider's audit and governance processes ensured action was taken to address this.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider review their guidance and practice on managing wounds and skin integrity. The provider had made improvements.

- Risks were assessed to ensure people were safe and staff took action to reduce the chances of them occurring. One person said, "They look after me and keep me safe."
- The premises and equipment were monitored to ensure they were safe to use. Required test and safety certificates were in place.
- Procedures were in place to support people in emergency situations. Fire drills were carried out, and the provider had a business continuity plan.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse. Staff received safeguarding training and said they would report any concerns they had.
- Where issues had been raised they were appropriately investigated and managed.

Preventing and controlling infection

- The premises were clean and tidy and staff understood and applied the principles of infection control.
- Staff received infection control training and engaged with local infection control services to ensure they were aware of current guidance and best practice.

Staffing and recruitment

- Staffing levels were monitored to ensure there were enough staff to provide safe support.
- People said there were enough staff. One person told us, "They always seem to be there when you need them."
- The provider's recruitment process reduced the risk of unsuitable staff being employed. This included obtaining references and completing Disclosure and Barring Service checks.

Learning lessons when things go wrong

- Effective systems were in place to learn lessons when things went wrong. These included analysing accidents and incidents to see if improvements could be made to keep people safe.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we recommended the provider review its mealtime practice to create a positive dining experience. The provider had made improvements.

- Systems were in place to ensure people received effective support with eating and drinking. Specialist diets were catered for and people's nutritional health was monitored.
- We observed people enjoying lunch together. People spoke positively about eating and drinking at the service. One person said, "The food is fine."

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

- A detailed assessment was carried out before people started using the service to ensure appropriate support was available. This involved people and relatives.
- Advice was sought from external professionals to ensure support was delivered in line with latest guidance and best practice.

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

- People were supported to access external professionals to maintain and promote their health.
- Care plans incorporated advice received from external professionals to ensure people received the support needed.

Staff support: induction, training, skills and experience

- Regular training was provided to ensure staff had the skills needed to perform their role.
- Newly recruited staff had to complete the provider's induction programme before they could work unsupervised. This included Care Certificate training for those who were new to care. The Care Certificate is a nationally agreed set of standards that sets out the skills expected in the health and social care sectors.
- Staff were supported with regular supervisions and appraisals. These allowed staff to raise any issues they had and reviewed their training and knowledge.

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

- The premises were adapted for the comfort and convenience of people living there. This included appropriate signage to help people move around the building.
- People were supported to customise their own rooms to ensure they reflected their personal tastes.
- Some communal areas and furniture looked dated or tired. The nominated individual said the provider had a redecoration programme to refresh and update the entire service.

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

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for their care and treatment
- DoLS were appropriately applied for and monitored.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the support they received and praised staff. Comments included, "The staff are nice. They've been good to me" and, "The staff are like my family now."
- A relative we spoke with said people were well treated by staff. They told us, "They (staff) are very friendly."
- We observed numerous examples of kind and caring support being delivered. These included staff having enjoyable conversations with people and reassuring them when they became anxious.
- Staff valued and treated people as equals. This included respecting people's wishes and preferences and ensuring these were acted on.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard.
- Feedback was sought from people, relatives and staff. More informally we saw staff regularly asking people how things were going.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence whilst supporting them with personal tasks. One person told us, "[Named member of staff] encourages me to do what I can, she doesn't force me, she encourages me."
- People were supported to achieve their goals and live as full a life as possible. For example, one person was being supported to take the steps needed to move on from the service.
- People were treated with dignity and respect. Staff had close and friendly but professional relationships with the people they supported.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that reflected their needs and choices.
- People were involved in writing and reviewing their care plans to ensure their voices were heard. Care plans contained lots of detail on how people wanted and needed to be supported.
- Effective handover systems were in place to ensure staff had the latest information on people's support needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication care plans were in place and contained information on how staff could effectively engage with people. We saw staff applying this guidance.
- Documentation and signage were produced in formats people could understand and engage with.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had employed an activities co-ordinator and the amount of activities taking place in the home had increased. However, we received mixed feedback on the range of activities on offer. The nominated individual and registered manager said activities would be reviewed to ensure they responded to people's preferences.
- People were supported to maintain relationships of importance to them. This included staff supporting people to visit partners and maintain their social groups.

End of life care and support

- Nobody was receiving end of life care when we visited but policies and procedures were in place to provide this. These included ensuring plans of care reflected people's choices and wishes.

Improving care quality in response to complaints or concerns

- Complaints were managed effectively. The registered manager took steps to resolve complaints to people's satisfaction.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found further and sustained improvement was needed in the provider's governance processes. The provider had made improvements.

- The registered manager and provider carried out a range of quality assurance audits to monitor and improve standards. Where issues were identified action was taken to address them.
- The provider and registered manager had submitted required notifications in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The ownership of the provider had recently changed and a new nominated individual had been appointed. They had taken the time to get to know people and staff and were critically reviewing all aspects of the service.
- Most people we spoke with said they were happy living at the home and with the support they received. One person told us, "I think it's a good place."
- Staff were positive about the culture and values of the service. One member of staff said, "This is my most favourite home I've ever worked in."
- The service was open and transparent in its communication with people and relatives. A relative told us, "They ring me up if there is anything to tell me."

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

- Feedback was sought and acted on using surveys and at meetings. Survey results and any actions arising were displayed in communal areas.

Continuous learning and improving care; Working in partnership with others

- Staff worked effectively with external professionals to ensure they were aware of latest guidance and best practice.
- The service had a number of community links that benefited people living there. These included links with disability and dementia advocacy and rights groups.