West Lodge Care Homes Limited

West Lodge Care Home

Inspection report

Peases West
Billy Row
Crook
County Durham
DL15 9SY

Tel: 01388763305
Website: www.westlodgecarehomes.co.uk

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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

West Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during the inspection.

West Lodge accommodates up to 60 older people in one building. People are accommodated over three floors, each of which have separate adapted facilities. The service provides both nursing and residential care. On the day of our inspection there were 59 people using the service.

The inspection took place on 4 December 2017 and was unannounced. This meant staff did not know we were visiting.

We last inspected West Lodge on 7 October 2015 and rated the service as 'Good'. At this inspection we found the service remained 'Good'.

The service had a registered manager who was on duty during the course of our visit. They had worked at the home for several years as a nurse but became the registered manager earlier in 2017. The registered manager was also a registered nurse. 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 and the management team understood their responsibilities with regard to keeping people safe and staff members had been trained in safeguarding adults. People we spoke with and their relatives told us they felt very safe at the home. The registered manager shared learning from feedback and safeguarding events with the staff team through recorded meetings.

Where potential risks had been identified an assessment had been completed to keep people as safe as possible. Health and safety checks were completed and procedures were in place to deal with emergency situations.

The home was clean, and we saw staff followed good practice in relation to wearing personal protective equipment when providing people with care and support. The environment was homely, accessible and dementia focussed. For example, one person who used to be a gardener was enabled to spend considerable time in the accessible garden and greenhouse area.

Medicines were managed safely. We saw medicines being administered to people in a safe and caring way. People confirmed they received their medicines at the correct time and they were always made available to them. We saw nursing staff working with community professionals to ensure end of life anticipatory medicines were available to people when needed.

We found there were sufficient care staff deployed to provide people's care in a timely manner. We saw that recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people. People told us their needs were attended to very promptly.

Staff received the support and training they required. Records confirmed training, supervisions and appraisals were up to date.

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 gave positive feedback about the meals they were served at the home. People received the support they needed with eating and drinking by the kitchen team who were trained in the support of people with nutritional needs.

We saw people's healthcare needs were well monitored and records in relation to the monitoring of people's health, nutrition and pressure care were recorded.

People were supported by care staff who were aware of how to protect their privacy and dignity and show them respect at all times. The home had a dignity champion who was committed to the role and had ensured people were involved in the day to day running of the service. End of life care was provided by compassionate and well trained staff and the service was working towards the accredited GOLD standards framework for palliative care.

People's needs were assessed before they came to live at the service and then personalised care plans were developed and regularly reviewed to support staff in caring for people the way they preferred.

An activities coordinator provided a range of activities and support for people to access the community.

People and staff were very positive about the management of the home. Many staff had worked at the service for a number of years and this added to the feeling of a caring, well-run home.

The provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint. Feedback systems were in place to obtain people's views about the quality of the service. We saw a suggestion book and surveys had been recently carried out.

The service had good links with the local community and local organisations. The local community had recently praised the home for enabling several residents to attend the recent remembrance service with staff support.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

West Lodge Care 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 inspection took place on 4 December 2017 and was unannounced. This meant the provider did not know we were coming.

One inspector and an expert-by-experience carried out the inspection. A special professional advisor is someone who has a specialist knowledge or background; in this case our advisor was a registered nurse. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. We used information the provider sent us in the Provider Information Return. 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 improvements they plan to make. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Commission know about.

We contacted the local authority safeguarding and commissioning teams. We also contacted the clinical commissioning group (CCG) and the local Healthwatch. We contacted community nurses and nutrition and infection control leads for care homes in the area. We used their comments to support the planning of the inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We placed a poster in reception so that people and any visitors would be aware an inspection was taking place and who to contact.

During the inspection we spoke with seven people who used the service and six relatives/visitors. We also

spoke with the registered manager, a nurse, two senior care staff, the clinical administrator, four care staff, and one housekeeper. We looked at a range of records which included the care and medicines records for five people, recruitment and personnel records for six care workers and other records relating to the management of the service.

Good

Is the service safe?

Our findings

Without exception, every person we spoke with told us they felt safe living in West Lodge. They also said they felt safe with all members of staff. Visitors also said they felt their relatives were safe. People told us; "I feel safer here than I did at home," "I feel safe here the staff are first class," and "I feel safe, the staff here are good to me."

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. Training records showed staff had received safeguarding training which was regularly updated.

We saw staff using personal protective equipment such as gloves and aprons when dealing with people's personal care needs or when dealing with food. We saw that housekeeping staff had cleaning schedules they completed to ensure the service was kept clean and the potential for catching an infection was minimised. The registered manager told as part of their, along with the general manager, review of the service in 2017 they had increased the hours of the laundry and cleaning staff to ensure standards were maintained.

On this visit we asked people if they felt there was enough staff. Five people told us that the staff attended straight away, one person said staff attend within a couple of minutes and one person told us that when help was really needed it was immediate. One visitor indicated their relative was unable to use the call button when in their room but went on to say that the bedroom door was always open and that they had observed that staff passed all the time. They found that staff regularly enquired as to how their relation was feeling and whether they required any assistance or wanted anything.

We observed that although the service was busy, care was not rushed and call bells were answered quickly. We discussed with the registered manager that the nurse call alarm system fitted around the home sounded on every floor when it was rung in only one area. This meant the bells sounded quite often and staff told us it could be frustrating that they had to check the alarm only to find it was on a different floor. The registered manager said they were aware of this but it was an unfortunate design fault when the system was installed.

We looked at the management of medicines. We spoke with a senior carer who was administering medicines on the lower ground floor. Medicines were securely stored in a locked treatment room on each floor and were transported to people in a locked trolley when they were needed. Nurses and senior care workers had completed relevant training and had been assessed as competent. We observed staff explain to people what medicine they were taking and why.

A family member told us that their relation used to refuse medication when at home but now they had observed that staff watch them to ensure the medication had been taken. People were given the support and time they needed when taking their medicines. People were offered a drink of water and staff checked that all medicines were taken.

The clinical administrator was responsible for ordering medicines, liaising with the pharmacy and GP service and conducting audits to ensure medicines were stored safely. They told us, "It works really well as we input directly onto the SystmOne online ordering service between the GP and local pharmacy. We have the advanced nurse practitioners coming in regularly so we can quickly get any medicines prescribed if we feel someone is becoming unwell."

The senior carer told us the service had introduced a new form, supplied by the pharmacy, to assist staff accurately records the administration of topical medicines . This meant the service could evidence people received their medicines as prescribed.

The provider had effective recruitment procedures to ensure new care workers were suitable to work at the home. These included carrying out a range of pre-employment checks. For example, requesting and receiving two references and Disclosure and Barring Service checks. These checks were carried out to ensure prospective staff did not have any criminal convictions that may prevent them from working with vulnerable people.

Risk assessments were held in relation to the environment and these were reviewed on a regular basis by the registered manager. The five care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling, skin integrity, falls, and a nutritional screening tool. We saw that people or their families agreed to the care plans and risk assessments that were in place and this was recorded.

We saw a robust process for accident and incident monitoring was in place to ensure any trends were identified. The registered manager undertook this and we saw that detail such as times and areas of falls and accidents could be linked together. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

We saw that the registered manager had shared learning from feedback, complaints and safeguarding events with the staff team through meetings. They told us one of the staff members who was the infection control champion, had attended a regional learning event where the cleanliness of treatment rooms had been raised as an issue. The service decided to develop a checklist as the main areas in the rooms were cleaned by domestic staff, but they delegated responsibility for cleanliness of the drug trolleys to the nursing team to ensure the safety of medicines wasn't compromised. This showed the service was willing to listen and take on board feedback and to make improvements.

Good

Is the service effective?

Our findings

People told us that staff knew their needs and were also trained to deliver good care. Comments included, "They definitely have the right skills they know what they are doing," and "The staff have the right skills I can't praise them enough."

Following an initial assessment, care plans were developed for people's daily needs such as physical well-being, diet, mobility and personal hygiene. These gave specific information about how people's needs were to be met and gave staff instructions about the frequency of interventions.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that appropriate assessments were undertaken to assess people's capacity and saw records of best interests' decisions which involved people's family and staff at the home and healthcare professionals when the person lacked capacity to make certain decisions. The registered manager showed us they had written to all families to ensure they had evidence if someone had a Lasting Power of Attorney authorisation in place. They also told us, "When I started as manager, some capacity assessments and emergency health care plans weren't in place so we have worked to ensure that people's rights and preferences are upheld and recorded.

All staff we spoke with told us they were provided with training that enabled them to do their job and meet people's needs and that they had up to date training, including on line training and hands on moving and handling training. Staff mandatory training was up to date. Mandatory training is training the provider deems necessary to support people safely. This included moving and handling, health and safety, food hygiene, first aid, safeguarding, mental capacity, dementia, medicines, fire safety, infection control, and end of life care. One of the senior carers at the service told us they were being supported to undertake their National Vocational Training at Level 5. They said, "I get a lot of support from the manager and the nursing staff, everyone has said they will support me."

New staff completed a comprehensive induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. One family member described to us how a relatively new member of staff was being supported and mentored by other carers and in their words was, "Learning the craft of interactions and behaviours with residents. They will bend over backwards to help anyone."

Records we viewed showed regular supervision sessions were carried out and staff had an annual appraisal.

Supervision and appraisals are used to review staff performance and identify any training or support requirements. Staff informed us that they felt very supported by the management team. We saw supervision records were also used to get the views of staff and so staff members were asked if their supervisor listened to them well, whether their supervisor was prepared for their session and were staff members clear about the expectation of their role.

People were supported to receive a healthy and nutritious diet. Information relating to any specific dietary needs was included in people's care plans. Everyone we spoke with was positive about the food at the home. Comments included, "The food is good and the cook is very good and there is plenty of choice," "The cook needs a gold star", "The food is good and I always enjoy it" and "The food is good, they give me what they know I can eat and I enjoy it." People also told us about their specific dietary needs and how this was met by the cook. One person said, "I am a diabetic and the staff know exactly what to give me," and another person told us, "At times when I am not so well I get fortified drinks."

The Malnutrition Universal Screening Tool (MUST) was used to complete individual risk assessments in relation to assessing the risk of malnutrition and dehydration. This helped identify the level of risk and appropriate preventative measures. Fluid intake charts were used to record the amount of drinks a person was taking each day and intake goals and totals were recorded. All charts were fully completed and analysed, which showed staff were effectively monitoring people's intake and taking action, as required. A family member told us staff had informed them that their relation had lost weight and they had therefore put them on a food regime that resulted in them regaining the weight they had lost. This showed the service acted and monitored any risk to malnutrition.

We observed the lunchtime meals served in two sittings where people were well supported and offered choices in a calm and sociable atmosphere. Because the service had implemented two sittings it meant people could be supported on a 1:1 basis by staff. We observed on one floor, There were eight people in the dining room and four people were receiving one to one support and staff were encouraging and allowing people to eat at their own pace.

Records confirmed that staff supported people to access healthcare services. We saw that handover records were good and recorded people's current healthcare status so that staff were clear on what people's needs were from one shift to the next. People also had their observations such as blood pressure, pulse and temperature recorded monthly as a matter of routine and more often where any concerns were found. We read in care records that people saw their GP, consultants, dentists, dietitians, opticians, podiatrists and speech and language therapists and behaviour support as and when needed and regular clinics were held at the home by the community nursing teams. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were met to maintain their health.

We saw that the environment had greatly improved since our last visit. The registered manager explained they had worked to ensure colours were used to enable people to orientate themselves to the environment, which is good practice in relation to dementia care. For example, corridors had been painted in different colours and table clothes were coloured to people could differentiate their plate more clearly. We also found people were in involved in choosing the décor. People told us they had wanted a fireplace and so this had been incorporated into the lounge. There was also large swatches of wallpapers on the wall which staff told us they were using to record who liked which design.

Good

Is the service caring?

Our findings

We asked people if they were happy with their care at the service and received the following responses; "The staff are so kind, and anything I want they get for me like they go into town for my shopping," and "I am well looked after, very much so, the girls are lovely and I can remember all their names, every one of them are kind and they can't do enough for you." One relative we spoke with said, "I am absolutely happy with the care my mam receives, the care is 'tip top' and she is treat like a queen."

The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. Overall, people looked well presented in clean, well-cared for clothes with evidence that personal care had been attended to and individual needs respected. People were dressed with thought for their individual needs and had their hair nicely styled.

The service had worked to promote dignity and respect. Two family members told us that when they were visiting their relatives and they needed the toilet, staff tell them they could stay if they wished but respectfully requested them to leave the room as it was more dignified for their family member. Another family member indicated that her relation was incontinent and went on to describe how staff were very discrete in transferring them from the lounge to their bedroom to be washed and changed, providing reassurance all the time that they had nothing to worry about.

One person referred to the dignity tree displayed in the dining room as an example of how they thought people were treated with the right respect and dignity. Large dignity trees formed part of the recent decoration of the dining rooms and there were a number of statements/ reminders to staff of what dignity meant to people. Examples included "Remember our residents do not live in our place of work we work in their home", "Choices do matter", "Dignity means people taking time to listen to what I have to say", and "Dignity means not being made to feel as if I am a nuisance." We met with the designated dignity champion within the home. They told us about the establishment of the resident committee to involve people in all aspects of the home as well as the dignity trees and other initiatives they had introduced such as larger napkins for mealtimes. They told us these were less obvious than bibs but ensured peoples clothes were kept clean. They told us, "The focus is on them not us," and they went on to show us the research and plans they had to continue to promote dignity at West Lodge. We were impressed with their enthusiasm and dedication to their role.

We saw all staff interacted with people over the course of the visit. Interactions were always positive and caring and there was also a lot of laughter and kindness shown towards people. A family member told us that the staff showed not only kindness towards their relation but in the way they talked to her showing empathy, understanding and respect. Another family member described in detail how staff interacted by way of not being afraid of showing genuine affection, providing reassurance, holding hands or offering a cuddle and prepared to kneel down so that they were on eye level. They also commented that staff had an inbuilt capability of softening their voice when people were in distress or low mood.

All staff told us they gave people as much choice as they could around their daily life from when they got up, to meals, activities, having their hair done and bedtimes. One person said; "Staff listen to me and if I have any query they are there straight away." Another person told us, "Staff listen they are very good day and night". This person concluded by telling us, "Life in here is pretty good."

Staff told us they encouraged people to be as independent as possible. We saw that people were supported to be as independent as much as possible including going out into the community and carrying out tasks such as dressing and washing with staff support if needed. One person told us "Staff promote independence, they try hard to keep me going."

People told us their relatives and friends were encouraged to visit them within the home at any time of day or night.

Good

Is the service responsive?

Our findings

One of the senior carers explained the handover and communication processes to ensure the staff team were aware of people's health and care needs. The shift handover documentation covered the following areas: appointments, details of accidents and incidents, any person causing concern requiring observation, changes to medication or treatment regimes, and any other relevant information. This meant that staff were kept up-to-date with the changing needs of people who lived at the service.

A personal care plan for people's individual daily needs such as mobility, personal hygiene, nutrition and health needs was written which detailed the care needs, support, actions and responsibilities of the care staff and nursing team. We saw that these were regularly reviewed with people to ensure people's needs were met and relevant changes added to individual care plans. We saw daily records were kept for each person. These were concise and information was recorded regarding basic care, hygiene, continence, mobility, nutrition, activities and interests. Where people were supported by additional monitoring such as food, fluid or skin care charts we saw these had been well completed. This meant that people were appropriately cared for and supported as records were complete.

People's care records were personalised to reflect their individual preferences, support and what they could manage for themselves. The care planning system was found to be easy to follow, with risk assessments and care plans and evaluations. There was information about people's life history, such as key events in their life, work history, spirituality, hobbies and interests.

We noticed that care plans were situated in each of the person's rooms with their consent and a number of people made reference to this fact. People we spoke with said, "I have seen my care plan and if anything happens or there are any changes I sign to agree," and "The care plan is in my room and if something changes they tell you." Another person told us, "I am involved and everything is there in the care plan, I read it and know that they are kept up to date."

We saw care plans recorded whether someone had made an advanced decision on receiving care and treatment. We saw end of life care plans for people where a person had clearly detailed their wishes and requests. The registered manager told us that the service had joined the GOLD standards framework. This is a national training and co-ordination centre promoting excellence in palliative care and services can work towards accreditation with them. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met and staff were supported with the process.

We spoke with the nurse manager who told us, "We try and make things easier for the relatives, we have developed a checklist for after someone has died because relatives often did not know what to do next so we helped them with writing about registering a death and other information they may need to turn to as a difficult time and its easier having something written down rather than people telling you."

We missed the activity co-ordinator on the day of our inspection as they were on a day off but they write to

us following the inspection to tell us about their role. We saw activities were provided each day at the home including weekends which was positive. People told us about armchair aerobics, visits by singers and school choirs, dominoes and board games as well as outings to a shopping centre and the local pub. In particular, a number of the people we spoke to told us that they enjoyed, and looked forward to the weekly visit of a mobile food outlet selling fish and chips. People told us, "There are all sorts of activities," and "We get some good do's, they are good in that way."

An activity planner for the month was displayed in the premises and displayed a wide range of activities and was supplemented with a number of activities in association with the lead up to Christmas. We saw that a programme of activities via newsletter was shared with everyone at the home each week by the activity coordinator.

People we spoke with said they felt listened to. People told us that they thought staff took time to speak with them and listen to what was important to them. One person said, "I get time to talk and sometimes when I am down they enquire what's wrong and comfort me". Another person told us, "Staff take time to listen as to what is important to me."

A family member told us that there was usually somebody around to take the time to talk about their relation's care and what was important to them. They also said that there were occasions when if more time was needed, they had requested and been given appointments to discuss matters in detail with senior staff members.

We saw records of regular meetings that took place for people living at West Lodge and their relatives. One person told us; "I attend meetings where they ask you for suggestions and comments and they are acted upon." This meant the service listened and responded to the views of people who used the service.

We looked at the home's record of complaints and there was a clear record of investigations and outcomes recorded. The registered manager and senior team stated they dealt with any issues quickly and as they arose, but would enable anyone to progress to using the formal complaints process if they wished. People we spoke with told us, "I would know how to make a complaint, I am a straight talking person and I would speak my mind," and "I would be comfortable approaching the manager and know she would do something about it, this lady puts residents before anything else."

Good

Is the service well-led?

Our findings

The registered manager and senior care team we spoke with told us about their philosophy to develop a family style home that was person centred and provided a high standard of care. One person told us, "The atmosphere is very friendly and caring and you feel like you are at home". This person went on to explain that when on a recent outing the registered manager attended and helped the care staff and had taken the time to sit down with the people and have tea. They told us they felt the registered manager was very involved with people using the service.

People told us the registered manager was very visible around the home and would sit and talk to people, comments included, "The atmosphere is good, the manager comes round every day", and "The home is well managed as the manager would see to things straight away."

The registered manager was very open and honest about their areas for improvement since they began managing the service earlier in 2017; this included supporting the development of staff, care practices, getting activities going as well as upgrading the environment. Everyone we spoke with stated the introduction of consistent staff on each unit had benefitted people and the staff team. It had led to better communication and consistency of care. A family member spoke positively about the introduction of floor managers saying that it showed that the service reviewed their practice and in their opinion gave stability and consistency in the care delivered. They also told us that the registered manager had made changes since her appointment and was always evaluating if things could be done better. We saw that the introduction of unit managers had also involved these staff receiving training in leadership. The nurse manager told us, "The morale has really improved, it's more homely and we have moved away from an institutional service to a service with choices."

The registered manager explained how they routinely carried out audits that covered the environment, health and safety, care plans, and medicines as well as how the service was managed. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled.

We saw the service was working closely with healthcare professionals and the registered manager told us about how the service was involved in the local community. The local community had praised the service recently for becoming more involved in local life and attending church and the recent remembrance day event.

Staff told us they had regular meetings and we saw that both nursing and care staff met and issues such as care planning, health and safety and rotas had been discussed. All staff signed to show if they could not attend the meeting then they read the minutes. All staff we spoke with said they felt supported by the management team and nurses. Staff were regularly consulted and kept up to date with information about the home and the provider. Staff we spoke us told us they felt supported by the provider and management team. They told us, "[Registered manager] has put everything in place", "[Registered manager] is very good at getting everything organised", "[Management] are very approachable" and "[Management] are great to

work for. They are easy to go to if you have any problems."

Relatives and people who used the service were involved in the review and planning of the service. We saw that regular meetings and surveys were carried out. One person told us, "I have filled in a survey and attend resident meetings and they ask you for any suggestions, any concerns or complaints you have, any changes you wished to see and activities you want to see." A family member told us that as well as completing questionnaires and being aware that residents meetings were held on each floor, believed that even when they had given feedback informally it had been acted upon immediately. A person told us that the introduction of budgerigars in one of the lounges came from a suggestion by residents. This showed people were listened to and involved in the running of the service.