

Genesis Homes (Essex) Limited

Newstead Lodge Nursing Home

Inspection report

Warwick Road
Southam
Warwickshire
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Tel: 01926813694

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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

Newstead Lodge nursing home provides accommodation, nursing and personal care for up to 26 older people, who might live with dementia. Twenty five people were living at the home at the time of our inspection visit. At the last inspection, the service was rated good. At this inspection we found the service remained good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood their responsibilities to protect people from the risk of abuse. The registered manager checked staff's suitability for their role before they started working at the home and made sure there were enough staff to support people safely. Medicines were stored, administered and managed safely.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the identified risks. The registered manager regularly checked that the premises and equipment were safe for people to use and the provider took action to improve safety when issues were identified.

People were cared for and supported by staff who had the skills and training to meet their needs. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough to maintain a balanced diet that met their preferences. People were referred to other healthcare services when their health needs changed.

The manager and staff understood people's individual needs and preferences for care and support. People were encouraged to maintain an interest in life, to take part in social activities and maintain relationships that were important to them. Staff promoted people's independence and respected their privacy and dignity.

People and relatives knew the manager well and were confident any concerns or issues they raised would be dealt with promptly. The manager checked the quality of the service by working with staff and encouraging staff to support and engage with people as individuals.

People and their relatives were encouraged to share their opinions about the quality of the service. Staff were inspired by the registered manager's leadership, skills and experience to provide a quality service. The service people received was in accordance with the fundamental standards of care.

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.

Newstead 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.

The inspection took place on 4 July 2017 and was conducted by one inspector and a specialist advisor. The specialist advisor was an experienced nurse. It was a comprehensive, unannounced inspection. Before the inspection visit, 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 improvements they plan to make.

We reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection visit, we spoke with one person who lived at the home and a relative. We spoke with the manager, a nurse, a member of care staff, the cook and a member of staff who arranged activities for people. After our inspection visit, we spoke with another relative by telephone.

Almost all of the people who lived at the home had complex needs, which meant they were not able to tell us how they were cared for and supported. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and whether they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed how people were cared for and supported in communal areas and how people were supported to eat and drink at lunch time.

We reviewed four people's care plans and daily records to see how their care and treatment was planned and delivered. We reviewed management records of the checks the registered manager made to assure themselves people received a safe, effective quality service.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

We saw people were comfortable and relaxed in the company of staff, which showed they trusted them. Most people chose to spend time in the communal areas, where there was always a member of staff to keep them safe. People who spent time in their rooms left their doors open, which showed they felt safe in their environment. The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care.

Staff received safeguarding training to make sure they understood the signs that might indicate a person was at risk of abuse and what they should do if they had any concerns. The provider's whistleblowing policy gave staff confidence to challenge poor practice and to share any concerns with the manager. A nurse told us, "I would take any concerns to the home manager, I have no doubt that they would quickly take action. They are very hot on things like that." The registered manager had notified us when they had made referrals to the local safeguarding authority, in line with their legal responsibilities.

People's care plans included risk assessments related to their individual and diverse needs and abilities. People were enabled to maintain their independence whenever possible, and care plans were in place where people's individual risks were identified. The care plans explained the equipment, number of staff and the actions staff should take to minimise the identified risks. The manager used the risk assessments, care plans and their knowledge of people's behaviours to make sure there were enough skilled and experienced staff on duty to support people safely. Staff told us staffing had improved recently and less agency staff were being used, which meant staff knew people well. We saw there were enough staff to keep people safe and to deliver care, support and treatment according to people's needs.

The provider's policy for managing risk included regular risk assessments of the premises and testing and servicing of the equipment and essential supplies, such as water and gas. The provider had contracted with an external specialist to assess the risks associated with fire prevention and protection. The registered manager regularly checked that fire prevention measures and fire-fighting equipment were serviced and maintained and had tested staff's knowledge and understanding of the actions they should take in the event of a fire. People's care plans identified the support they would need to move to a safe zone in the event of a fire. The day after our inspection, the provider told us they reviewed the Health and Safety Executive's guidance for care homes and had taken an action to improve the safety of the premises, in line with the latest guidance.

Medicines were managed and administered safely. They were stored at an appropriate temperature, in a locked trolley and only trained and competent staff administered medicines, in line with the guidance for safe administration of medicines. Medicines were delivered from the pharmacy with an accompanying medicines administration record (MAR), which described each medicine, the amount and the times of day they should be administered. The MAR sheets showed people were offered their medicines when they

needed them and in accordance with their prescriptions. When medicines were not administered, the reason was clearly recorded.

There was written guidance for staff about when to administer time-critical medicines and medicines that were prescribed 'as and when required', such as pain relief medicine, to make sure they were administered according to people's individual needs. Records showed that the staff regularly checked medicines were administered in accordance with people's prescriptions and care plans. They checked the amount of medicines recorded as 'administered' matched the amount remaining in stock. The pharmacist also checked that medicines were managed and administered safely. The registered manager took action in accordance with any recommendations that resulted from the pharmacists checks.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People received the care, support and treatment they needed to maintain their health and wellbeing. Care staff received training in the Care Certificate, which covers the fundamental standards of care. Staff had training in other subjects related to people's individual needs, such as dementia care and in the Mental Capacity Act 2005. New staff always worked with experienced staff during their induction to the service, so they could get to know people's individual needs and abilities.

Staff told us they had regular opportunities to discuss and reflect on their practice to improve the quality of the care people received. Staff met at shift handover meetings, team meetings and one-to-one meetings with their line manager. Staff were confident they had the training they needed to be effective in their role. For example, a member of staff said, "When I had training on preventing bedsores, we were shown how to do blanch tests, (which check the blood flow to the skin), and if I was concerned I would get the nurse to have a look." The registered manager told us they were able to support nurses to maintain their professional status and competence through the re-validation process, because the registered manager and provider were registered nurses.

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 manager and staff understood their responsibilities under the Act.

The registered manager completed risk assessments for people's understanding and memory, to check whether people could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. Where people lacked the capacity to make an informed decision, the registered manager had applied to the supervisory body for the authority to restrict their choices and freedom in their best interests to keep them safe. The manager involved people's representatives and healthcare professionals in making best interest decisions on their behalf.

We saw staff encouraged and enabled people to make their own decisions about their day-to-day care and support and staff respected their right to decide. We heard staff asking people, "Can I help you with that?" and "Can I put your feet up?" For people who lacked the capacity to understand the risks associated with their choices, staff acted in people's best interests. For example, if people's choices about their personal hygiene created a risk of damage to their skin, their care plan explained the actions staff should take to minimise the risks. We saw staff followed the guidance calmly and kindly, to minimise people's anxiety. The actions staff took in people's best interest were beneficial to their health and well-being, because they minimised the risks associated with people's reduced mobility.

A relative told us the food always looked and smelled appetising. They were confident their relative had enough to eat because, "[Name] is never hungry. I bring them snacks, but they don't want them." The menu showed a choice of main meals and of puddings. The cook told us they had a conversation with people and their relatives about their dietary likes, dislikes and preferences and they used this information to plan the menus.

People's care plans included information about their specific dietary needs, such as cultural preferences or soft foods only, and any allergies, which were listed in the office. The cook asked people for their lunch choices in the morning, using pictures of meals to assist people's understanding, and accepted that people might change their mind when their meal was put in front of them. At lunch time staff sat beside people and assisted them if they were unable to eat independently. When one person declined to eat lunch and asked for their preferred food instead, staff prepared the requested food and brought it to them.

Staff monitored people's appetites and how much they drank and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition or dehydration. Staff followed the healthcare specialists' advice and made sure people were offered food and drinks of an appropriate consistency, soft or pureed meals and thickened drinks, according to their needs. The cook told us they added high calorie ingredients, such as full cream milk, evaporated milk or yoghurt, to one person's porridge because they chose to eat a restricted diet and were at risk of poor nutrition.

Staff were observant to changes in people's moods and behaviours and understood when changes might be a sign of ill health. A member of staff told us, "Some people can't tell you what is wrong, but you can tell by little changes in their behaviours that something is not right." Staff shared their observations with the nurses, who made sure people saw their GPs to check whether the changes were symptoms of changes in their health. Staff made sure people were supported to maintain their health through regular appointments with healthcare professionals, such as dentists and physiotherapists.

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they felt staff cared about them. The rating continues to be Good.

People were disinclined to speak to us, because we were strangers, but we saw they were happy speaking with staff. A relative told us, "The staff are really nice, friendly, great." We saw most people were happy spending time in the communal areas for most of the day, watching and talking with staff, as they might in their own homes. Staff were kind and compassionate in the way they interacted with people and frequently reassured people physically, by touching their arms and hands, which promoted their wellbeing. Staff looked directly at people when they spoke and checked the person understood them throughout their conversations. We saw most people trusted staff's judgement and matched staff's mood. For example, people smiled and laughed when staff did.

The registered manager and activities coordinator had spent time talking one-to-one with people and their relatives about their childhood and previous lives. They had created individual 'life stories', which were included in people's care plans and 'my childhood' records, which were kept in the activities folder where staff could read them. The information enabled staff to better understand people's moods, motivations and concerns. Staff demonstrated understanding when people displayed signs of anxiety and supported each person in the way that best relieved their anxiety. One person liked to walk around the house continuously. They were always accompanied by friendly staff, talking with them and holding their hand, while they made sure the person did not come to harm or cause harm to others.

The registered manager understood the importance of adopting different approaches for people and care plans included guidance for staff that was focused on the person's individual behaviour and mood. When one person was being assisted to eat in their room, we heard staff persuaded them to eat by speaking softly and encouragingly, explaining how nice the food was. For one person who expressed their frustration by swearing, shouting or throwing things, their care plan explained clearly that staff should not try to 'persuade, encourage or prompt' the person, as this would frustrate them more. We saw staff engaged effectively with the person, in accordance with the guidance.

Care plans included a section entitled, "All about me", which included the person's religion, culture, occupation, family and significant events. The care plans showed that people and their representatives had been asked about how they would like to be cared for and supported. The registered manager had requested the services of an advocate for one person who had no family member to speak on their behalf.

The registered manager had implemented a key worker policy, which meant everyone had a named member of staff to get to know them well, to represent them and to make sure their individual needs were met. There were photos of people's key workers in their rooms, to remind them and to make sure they were familiar with their faces.

Staff promoted people's dignity and independence in the way they spoke with people and by being

considerate in supporting people to dress in clean clothes, with clean glasses and to wear jewellery of their choice. We saw staff treated people with respect through their tone of voice, facial expression and body language. Care plans included information about people's preferences and needs for support with personal care, with clear guidance for staff about the things people could do themselves.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

A relative told us staff knew their relation's individual likes, dislikes and preferences, because they were involved in planning how they were cared for, supported and treated. The relative said, "The care plan was agreed between us and is reviewed with us every month." They told us they had noticed an improvement in their relative's physical health since they moved into the home. The relative said this was a result of staff's persistence with other health professionals to get the right dosage, of the right medicines, prescribed for them.

A member of staff told us getting to know people was the most valuable way to spend time, because they felt better equipped to make a difference to people's lives, in a way which was relevant to the person's individual interests and enthusiasms. Another member of staff told us, "I enjoy talking to people. They have so many stories to tell."

Staff encouraged people to maintain their interest in life and to socialise with others. A relative told us it was obvious staff knew people well enough to know their taste in music. The relative said, "[Name] loves [Name of singer] and I see their toes tapping when staff put that music on." During the morning we saw a person dancing with staff to music that was popular during their earlier years, while other people watched. The member of staff told us, "We had music this morning and [Name] danced. The others watched, but they stayed awake throughout the session. One person's activity can be other people's entertainment." A relative told us, [Name] is happy just sitting in their chair. It's the staff here that make it for them."

Throughout our inspection visit, there was always a member of staff in the lounge with people, drawing them into conversations, checking people interacted safely with each other and providing spontaneous entertainment to keep people's interest. Activities in the morning were led by the activities staff and by care staff in the afternoons and evenings. The activities coordinator told us, "We moved the furniture in the lounge out to the walls to enable exercise and dancing" and "It's about impact on people's lives and physical movement. We tell stories, watch old movies, sing together, do karaoke" and "[Name] loves to see you dance, but won't join in." Additional musical, exercise and sensory activities were provided by visiting professionals, including aromatherapy and hand massage.

The activities coordinator told us they had researched 'how to make a difference' to people's lives and had a discussion with the registered manager. They said they had agreed, "An appropriate level of activity for people who live here" relevant to, "What they can do and what they want to do." The activities coordinator had produced the 'my childhood' records by inviting people to complete them and by talking with people and their relatives. The information people shared enabled staff to personalise the activities. The activities coordinator told us, "We found out [Name] loves maths, so we do a regular maths quiz" and "[Name] stays in their room, but we have one-to-one chats about current affairs." We saw staff supported people to spend time outside in the garden, where they could walk about, take in a different view, play football or 'tidy the

weeds and stones', according to their preferences.

The registered manager responded to complaints promptly. For the one complaint that had been received, they had responded by completing a detailed investigation. The investigation found the complaint had been made due to the complainant's misunderstanding of the impact of dementia on a person's behaviour. The registered manager had kept us informed of the complaint and of the outcome of their investigation.

Is the service well-led?

Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection. The rating continues to be Good.

People and relatives were encouraged to share their views of the service through a survey and a suggestion box in the entrance hall. The registered manager told us they used the results of the surveys to make sure people were happy with how the service was managed and with the arrangements for their leisure time and activities. They had received 11 compliments about the service, in which relatives had expressed their gratitude for the 'kindness, compassion and love' shown to their relative. One compliment referred to the staff as, "[Name's] second family." There were no suggestions for improvements to the service.

The registered manager and staff shared the provider's values to put people at the centre of the service. People's care plans were personalised to their individual needs and included their life history to make sure they were known as individuals. The registered manager knew people well and was able to tell us about everyone's needs and abilities. Staff told us their role was to, "Make a difference" and to "Make people happy."

The manager had been registered with us for one year. They understood their legal responsibilities and sent us statutory notifications about important events at the home. 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.

The service was well-led, because the registered manager and staff were approachable and understood the benefits of delivering a person centred service. A relative told us the staff were kind and caring, the home was always 'spotlessly' clean' and the registered manager and staff were always available when they visited. Staff told us they liked working at the home and felt supported by the manager and provider and were well informed about changes in people's needs. Staff met twice a day at the handover meetings between shifts and had regular opportunities to talk about their practice and personal development at team and one-to-one meetings.

The registered manager spent time with people and worked with staff, which enabled them to observe staff's practice and to 'role model' good quality care. A member of staff told us, "The manager is awesome, they are always ready to step in." The registered manager arranged staff outings and birthday parties, to show their appreciation for staff's effort and loyalty.

The registered manager conducted regular audits of the quality of the service. They checked that medicines were administered safely and they monitored and analysed accidents, incidents, falls and complaints. They maintained a regular schedule of health and safety checks of the premises and equipment. Where issues were identified, actions were agreed and taken to improve. The registered manager met regularly with the provider, who provided guidance and oversight of the service. A member of staff told us, "The owner is here

fortnightly or on the phone regularly for updates and advice."

The registered manager told us they were always trying to improve the quality of the service. They reviewed policies and procedures in accordance with changes in legislation and expert guidance.