

S J Pittman Limited

Lodore Nursing Home

Inspection report

9 Mayfield Road
Sutton
Surrey
SM2 5DU

Tel: 02086423088

Date of inspection visit:
27 November 2019

Date of publication:
02 January 2020

Ratings

Overall rating for this service

Requires Improvement 

| | |
|----------------------------|---|
| Is the service safe? | Requires Improvement  |
| Is the service effective? | Good  |
| Is the service caring? | Good  |
| Is the service responsive? | Good  |
| Is the service well-led? | Requires Improvement  |

Summary of findings

Overall summary

Lodore Nursing Home is a residential care home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. Lodore Nursing Home can accommodate up to 36 people in one adapted building, specialising in supporting people with end of life care.

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

Safe medicines management processes were not always followed. Robust procedures were not in place to account for stocks of all medicines and to check people received their medicines as prescribed. Formal audits were not in place to regularly review all areas of medicines management. This put people at an increased risk of harm.

There were sufficient staff to meet people's needs and provide them with timely support. Safe recruitment practices were in place to ensure suitable staff were employed. Staff were knowledgeable about safeguarding adults' procedures and any concerns identified were shared with the management team and the local authority safeguarding adults' team. Risks to people's health and welfare were regularly reviewed and management plans were in place about how to support people safely. Staff learnt from any incidents that occurred and checked with people and relatives that they were satisfied with how an incident was handled.

People were supported by staff that had the knowledge, skills and experience to undertake their duties. Staff received regular training and supervision to ensure they were up to date with best practice guidance and well supported in their roles. Staff used recognised best practice tools to assess people's care needs and develop their support plans. People received food and drink that met their nutritional needs and dietary requirements, taking account of their health, cultural background and religious preferences. People had access to healthcare professionals to ensure their health needs were met. Staff liaised with professionals in a timely manner and incorporated the advice given into people's care plans. 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. A safe, clean and homely environment was provided.

People were treated with respect and dignity. Relatives told us they were thankful for the service the staff provided and they did not need to worry about their family members as they knew they would be well looked after. People were treated with kindness and compassion. Staff involved people in their care. They offered them choices throughout the day and respected their decisions. Staff respected people's individual differences and supported them in line with their life choices, their cultural background and their religion. Staff supported people to be as independent as possible.

People received personalised care that met their needs. Staff were knowledgeable about the people using their service including their life history, what was important to them as well as their care and support needs. Care plans detailed people's care needs and we saw these were regularly reviewed and updated in line with

any changes in their health. The service specialised in end of life care. Staff discussed with people and their relatives their end of life wishes and how they wanted to be supported in their final days. Staff protected people from social isolation. There was an activities programme in place. As many people spent time in their rooms because of their health needs, activities were provided in both people's rooms and the communal areas. At the time of the inspection, most information at the service was provided in a written format. Staff confirmed that if required information could be made available in other formats, in line with the accessible information standard.

People, relatives and staff were regularly consulted about their views of the service through meetings and completion of surveys. Any areas for improvement identified were acted upon. The staff were aware of their regulatory duties and their duty of candour. They were open and honest about the service and any incidents that occurred were discussed with those involved, their relatives and the local authority. The management team worked well with other agencies and managers from similar services. They shared experiences to support each other in continuous improvement and in case of an event that stopped the service there were business continuity plans in place.

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 Good (published 8 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach of regulation in relation to the management of medicines.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Lodore 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 and an Expert by Experience undertook this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lodore Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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 had received about the service since the last inspection, including notifications received about key events that occurred at the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the operations manager, registered manager, nurse, care workers, domestic staff and kitchen staff. 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 three people's care records and multiple medication records. We looked at two staff files in relation to recruitment, staff rotas, supervision and training records. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We liaised with a representative from the local authority and viewed the findings from their recent quality monitoring visit.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Staff did not always ensure safe medicines management practices were followed. For one medicine we found there were not sufficient processes in place to review stocks of medicines and ensure the person received this medicine as prescribed. There was a risk of significant impact on the person's health if they did not receive this medicine as prescribed.

Robust procedures were not in place regarding the management of medicines. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were securely stored and only staff who had completed relevant training had access to medicines.
- For medicines delivered in blister packs, we saw appropriate systems were in place to review stocks and record the administration of these medicines. We also saw sufficient systems were in place to track stocks of 'when required' medicines and appropriate records were maintained regarding their use.
- Systems were in place for the safe ordering and disposal of medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or discrimination. People and relatives said they felt comfortable speaking with staff if they had any concerns. One relative said, "My first port of call is [the registered manager] to express [any concerns] then I would go to social services. A person told us they felt able to have a "conversation with the staff...staff here are very good."
- Staff had received training on safeguarding adults and were knowledgeable of the processes to follow if they had any concerns about a person's safety. Information was displayed in communal areas about how to 'whistleblow' if staff had significant concerns.
- Staff liaised with the local authority's safeguarding adults' team if they had any concerns about a person's safety or welfare.

Assessing risk, safety monitoring and management

- People felt staff were available to keep them safe. One person told us, "[The staff] say if you need anything just ring your bell". We observed staff responding promptly to call bells. Relatives also confirmed that staff supported people safely and appropriate equipment was available to do this, including hoists.
- Staff regularly reviewed the risks to people's health and welfare and took the necessary actions to reduce those risks. We saw risk assessments and management plans were available in people's care records

detailing how staff were to support the person to ensure their safety. These plans were reviewed and updated in line with any changes in people's health, welfare or capacity to make certain decisions.

- Staff understood what to do if they had concerns about a person's health and there were systems in place to ensure people received timely attention in the event of a medical emergency. There were clear escalation procedures and staff knew how and when to obtain medical assistance.
- There was a regular maintenance programme in place. Health and safety checks were undertaken to ensure a safe environment was provided and that equipment was safe for people to use.

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person said they felt safe because "have all the people [staff] around." They also said, "the staff are so kind...they are fantastic."
- We observed there were sufficient staff on duty to meet people's needs and provide responsive care. The registered manager reviewed people's needs at regular intervals and if their needs changed additional staff were made available to support them.
- Safe recruitment practices remained in place to ensure appropriate staff were recruited to support people who had the knowledge, skills and experience to undertake their roles.

Preventing and controlling infection

- People were protected from the risk of infections. Staff received training on infection control and we observed staff wearing appropriate personal protective equipment (PPE) when supporting people with personal care and at mealtimes.
- Hand washing facilities were available throughout the building and signs were displayed instructing people, staff and visitors about how to maintain good hand hygiene.
- Food hygiene practices were followed, and the service had achieved a 5-star food hygiene rating.
- The environment was clean and tidy. However, we identified on one floor there was a faint malodour throughout the day. The management team told us they would look into this and take any necessary action.
- We observed cleaning being undertaken throughout the home, and domestic staff told us they had sufficient equipment to undertake their duties and ensure a clean environment.

Learning lessons when things go wrong

- The registered manager reviewed information relating to incidents and accidents that occurred at the service. Records confirmed that appropriate action was taken in response to an incident to ensure a person's safety and welfare, and there were prompts on the incident records to ensure people's care records were reviewed and updated after an incident.
- Staff spoke with the person involved in an incident, and their relatives, to obtain their views about how the incident was handled and if any improvements could be made. Staff also shared with the local authority information about incidents to ensure transparency and take appropriate action to prevent recurrence.

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 has remained the same. This meant people were safe and protected from avoidable harm.

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

- When people started using the service, staff liaised with referring agencies, healthcare professionals involved in the person's care and their families to obtain detailed information about the person's needs and how they wished to be supported.
- We saw staff used recognised best practice tools to assess people's needs. Their care and support needs were regularly assessed to identify any changes in a person's health and how they were to be supported.
- This information was used to develop detailed care plans about how people were to be supported and cared for.

Staff support: induction, training, skills and experience

- People were supported by skilled and knowledgeable staff.
- Staff received ongoing training and supervision to ensure their knowledge and skills were up to date with best practice and they were well supported in their role.
- Staff received training from specialist professionals to ensure they had the knowledge and skills to provide care to people with more complex needs.

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

- People received a diet that met their needs and we observed people having access to food and drink throughout the day.
- Staff were aware of people's dietary requirements and provided them with appropriate meals. This included providing meals in line with people's health needs, for example if they required a diabetic diet or a soft diet, as well as considering people's religious and cultural preferences.
- Staff liaised with specialists to obtain advice about how to support people with complex nutritional needs, including those that required the use of a percutaneous endoscopic gastrostomy (PEG) tube. This is a tube that allows food to go straight into the stomach.

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

- People had their health needs met and were supported to have timely access to healthcare professionals. One person told us, "They [the staff] ask if you would like to see the doctors."
- Staff made arrangements for people to be able to access a GP, community dentist and optician to ensure their primary healthcare needs were met. Where people wished to remain with their GP the staff liaised with the practice to organise this. For example, one person had had the same GP for 20 years and wished to stay with that practice when they moved to the service.

- Staff liaised with specialist healthcare professionals when required. Staff told us they had good working relationships with other healthcare professionals and joint working had enabled them to support people with their health needs. We were given an example where staff liaised with the diabetes nurse and the dietetics team to obtain advice about how better to support a person with their diabetes. This focused on their medicines as well as supporting them with their diet to stabilise their blood glucose levels.
- We saw that advice and guidance provided by specialist healthcare professionals was incorporated into people's care plans to ensure they received coordinated and consistent care.

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.

- Staff were aware of their responsibilities under the MCA and supported people in line with the principles within the Act.
- Staff were able to tell us who had capacity to make decisions and what decisions they were able to make. We observed staff respecting people's decisions and we saw documentation that confirmed that staff respected a person's decision to refuse certain aspects of their care when they had the capacity to understand the associated risks to their health.
- Where people did not have the capacity to consent to certain aspects of their care, staff appropriately involved those with Lasting Power of Attorney (LPOA) and best interest assessors.
- Staff arranged for deprivation of liberty safeguard assessments to be undertaken when they felt this was required to maintain a person's safety.

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

- Lodore Nursing Home is an adapted house that provides a welcoming and homely feel. People were encouraged to bring in items to personalise their rooms.
- There were a range of communal areas for people to use. However, if people wished to spend their time in the privacy of their bedroom then this was respected.
- Some areas of the service required updating due to general wear and tear. The operations manager told us there was a refurbishment and redecoration plan in place, which included replacing the carpets throughout the service.

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 safe and protected from avoidable harm.

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

- People and their relatives told us they were well looked after and staff were polite and friendly. One relative told us, "We're very happy with it [the service]. All the staff are really nice...It's great for us and takes away the worry."
- People and relatives also confirmed people were treated respectfully and supported to maintain their personal care. One person said, "They talk to you every night and give you a clean nightie." A relative told us, "Mum is always clean and looked after."
- Staff respected people's individual differences. Staff were knowledgeable about people's life histories and preferences, and supported people in line with those. Staff provided support in line with people's cultural backgrounds and respected their religious preferences. Staff organised for faith leaders to visit the service for prayer and to hold holy communion with those that wished to partake.

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

- Most people we spoke with felt involved in their care and able to make decisions about how they were supported. One person told us, "They [the staff] are here to give you what you want." Another person said, "You have a choice [about what time you get up] ...They like you to be up by 8 o'clock but you can request a lie in." A third person said, "I tell them what I want."
- Our observations confirmed that people were supported to make choices. Staff respected a person's decision and supported them in line with their wishes.
- Staff understood how each person communicated, including use of non-verbal communication. This enabled people to have their wishes and preferences understood by staff.

Respecting and promoting people's privacy, dignity and independence

- Most people felt staff respected their privacy and dignity. However, one person said, "There's no privacy I ask to draw the curtains they say no, I say yes, you got to do what they want you to do." Despite this comment we observed privacy curtains in the bathrooms and people's doors were closed when they were receiving personal care.
- Staff supported people to maintain their independence as much as possible. However, if people required assistance then this was provided promptly. One person told us, "If they see me reaching for things they come and help."
- We observed that information about people was not always kept private and confidential. We observed care records and medicine administration records being left out and people or visitors could have accessed them. We spoke with the registered manager about this who confirmed after the inspection they had spoken to the whole staff team and reiterated the importance of keeping all records confidential.

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 has remained the same. This meant people were safe and protected from avoidable harm.

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

- People were provided with personalised care that met their needs.
- Staff were knowledgeable about the people using the service and were able to describe to us a person's needs and how they wished to be supported. Staff were also able to describe what interested people and what was important to them.
- Care plans detailed how people wished to be supported and the level of support they required from staff. These plans were regularly reviewed to ensure the information reflected any changes in people's needs.

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.

- At the time of our inspection the majority of the information at the service was provided in a written format. We spoke with the registered manager about this who said written information would be read to those that could not read it, and they would be able to get information in other formats should it be required.
- Some people we spoke with were not sure what time it was and we identified there was not much information around the home to help orientate people to date, time and plans for the day. We discussed this with the registered manager who said they would take on board this feedback.

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

- During assessments, staff gathered information about what was important to people. This included identifying key individuals in their lives. People were supported to keep in contact with their families, this included those that lived locally as well as having regular contact through skype or letters to family that lived abroad. One relative told us, "[The registered manager] has been superb emailing and phoning."
- Specific care plans were in place to reduce the risk of people becoming socially isolated. There was an activity programme at the service. Many of the people using the service at the time of our inspection were unable to leave their bedrooms. Staff told us, and we observed, activities took place in people's rooms to reduce isolation.

End of life care and support

- The home specialised in supporting people with end of life care. Detailed information was gathered about

people's end of life wishes and how they wished to be cared for. The staff also clarified what illnesses people would like treatment for during the end of their life. One relative told us, "[Their family member] had a chest infection and [the registered manager] rang up and said 'she's on antibiotics is that okay?'. "

- People's end of life wishes were included on the 'coordinate my care' database so healthcare professionals, including ambulance staff, could access the information.
- Staff were aware of when a person was nearing the end of their life and liaised with staff from the local hospice to ensure the person was comfortable and pain free.
- Staff told us they liked to do the "little things" for the person in their final hours including ensuring they were dressed in their favourite outfit and if they wished to have anything specific during this time, for example a particular piece of music playing. As much as possible staff said they tried to ensure people were not left alone during this time. If their family were unable to be present, then staff would sit with the person to ensure they were not on their own.

Improving care quality in response to complaints or concerns

- People and relatives told us staff checked if they had any concerns or complaints. One person said, "[The registered manager] is lovely, he's very helpful... [The registered manager] will always pop in and ask if everything is okay."
- There had been no complaints made since our last inspection.
- We saw the complaints policy had been updated to ensure information was available for people and their families about how to escalate their complaint if they felt they needed to.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Continuous learning and improving care

- Whilst staff undertook checks on the quality of service provision, we found robust formal procedures were not in place to review all areas of medicines management and the lack of documented audits meant there was a risk that any errors would not be identified in a timely manner.
- A six-monthly medicines audit was undertaken by the community pharmacist and the registered manager told us they checked medicines management arrangements on a weekly basis. However, there was a lack of regular formal internal medicines audits and staff had not identified the errors we found in the management of one medicine. The registered manager showed us evidence of action they had taken following our inspection to improve processes to review the quality of all areas of service delivery.
- From speaking with staff, it was clear they were dedicated to continuous improvement and attended regular training and meetings with professionals to improve their learning and update their skills. This increase in knowledge was used to improve practice at the service and the delivery of personalised care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People confirmed staff regularly sought their views about the service and they felt comfortable speaking with staff. One person said, "He's [the registered manager] lovely. I can speak to him about anything. He's really helpful." We also saw the staff had received a number of compliments, including one comment from a relative which stated, "Thank you so much for love, kindness, and incredible skill in making our dad's life so full, warm and peaceful. We will forever be in your debt."
- There were regular meetings with people, relatives and staff to discuss the service and obtain their feedback about the day to day running of the service. We saw regular topics discussed included meals and the provision of activities. Staff also used these meetings to obtain feedback on staff interactions and ensure people felt they were treated with dignity and compassion.
- An annual survey was provided to relatives to gauge their satisfaction with service provision and identify any areas requiring improvement. We saw the findings from the last survey showed 80% of respondents rated the service as good or excellent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager was aware of their regulatory requirements and submitted statutory notifications

about key events that occurred at the service. The previous inspection rating was clearly displayed on the provider's website and at the service.

- Staff were open, honest and transparent. There was a willingness to learn from incidents and improve working practices. They were open to suggestions and took on board advice to improve practice. They understood their duty of candour and were transparent with people, relatives and professionals if a mistake was made.
- The provider's senior management team were visible and often visited the service. Our observations confirmed the provider's operations manager knew the staff, people and their relatives well and supported staff to undertake their role.

Working in partnership with others

- Staff worked in partnership with other agencies to ensure people received coordinated care and support for their health and social care needs. This included liaison with healthcare professionals, the local authority and the clinical commissioning group.
- Five of the beds at the service were dedicated to support people requiring intermediate care following a hospital admission. These individuals were receiving intensive support from community healthcare professionals, particularly the community physiotherapists. Staff liaised with these healthcare professionals to ensure they had up to date information about how to support people with their personal care and their mobility as part of their rehabilitation.
- The registered manager told us they had good working relationships with the manager from a similar service based on the same road. This included an agreement as part of their business continuity plans that if an event that stopped the service occurred they could use each other's facilities in an emergency.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Diagnostic and screening procedures | Robust procedures were not in place regarding the management of medicines. This placed people at risk of harm. Regulation 12 (1) (2) (g). |
| Treatment of disease, disorder or injury | |