

Country Lodge Nursing Home Limited

Country Lodge Nursing Home

Inspection report

Cote Street
Worthing
West Sussex
BN13 3EX

Tel: 01903830600
Website: www.countrylodgenursing.co.uk

Date of inspection visit:
24 February 2020
25 February 2020
04 March 2020

Date of publication:
24 April 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Country Lodge Nursing Home is a residential care home providing personal and nursing care up to 26 older people. At the time of our inspection visit there were 23 people living in the home. The home is an adapted house with some purpose built areas. There are lifts to enable people to access all areas of the home.

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

People had experienced care that was not monitored adequately, and this had resulted in some risks not being managed effectively. Current good practice that reduced risks to people and respected their legal rights was not embedded. The heightened risks had not had an impact on people, and they were happy with the care they received.

The registered manager and new owners of the home were extremely responsive in reviewing and addressing shortfalls identified. They put in place a robust plan of actions. We have not been able to assess the sustainability of this plan at the time of reporting.

People felt safe and spoke highly of the staff who supported them. The staff understood their responsibilities and how to protect people from abuse. There were enough staff to meet people's needs and keep them safe.

There were organised activities, informal chats and entertainment which provided people with meaningful things to do with their time. People were supported to maintain contact with friends and family members.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not support this practice within the framework of the Mental Capacity Act. Staff respected people's choices and preferences.

People were cared for by staff who knew them well and were kind and compassionate. Staff were committed to the home and wanted to provide the best care they could. People had built strong relationships with staff and appreciated the familiarity they had.

People were supported to eat and drink safely. Recording related to hydration was not adequate.

People received care and support in a way that met their personal needs and enabled them to live the way they chose to. The recording of some aspects of care was not up to date.

Rating at last inspection

The last rating for this service was good (published May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

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

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 not always effective.

Details are in our effective findings below

Requires Improvement ●

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 ●

Country Lodge Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and a specialist advisor with clinical knowledge and experience.

Service and service type

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

There was a registered manager running the home at the time of our inspection. The registered manager 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 looked at the information we have received from, and about, this service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they

plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

During the inspection visit we spoke with nine people who lived at the home, five visiting relatives, seven members of staff and the owners/providers. Throughout the visit we were able to observe staff interactions with people in the communal areas.

We looked at a selection of records which included;

Minutes from meetings.

Five people's care records

Medication Administration Records (MARs.)

Health and safety records

Policies and procedures

A sample of accidents and incident records.

After our inspection visit, we spoke with the registered manager on 4 March 2020. We also received information from the provider including feedback from a further 12 relatives and 3 people and actions they had taken following our 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 changed to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed. The provider took immediate action to rectify these issues.

Assessing risk, safety monitoring and management

- Some risks had not been identified because care practice in the home had not been kept up to date. People who had rails on their beds to keep them safe from falling did not have bumpers on the rails to protect them from entrapment. This was contrary to the home's policy on the use of bed rails. We discussed this with the registered manager and owner and the team were responsive in addressing this within a week of our visits.
- Some identified risks were not managed robustly. One person was using an air mattress that was set to the wrong setting. This meant their skin was not getting the protection the mattress was designed to provide and they told us this mattress was uncomfortable. There was no system in place to record the appropriate setting and check that it was set correctly. The registered manager and provider addressed this immediately and put a robust system in place to prevent reoccurrence.
- People were supported by staff who understood the majority of the risks they faced. Most people had current risk assessments covering risks including falls, keeping skin protected and eating and drinking and care plans described the actions needed to reduce these risks. Some risk management was not person centred. Most people had charts in place to monitor bowel action. This is important information, but the charts were not used effectively to monitor and when discussed most of the people did not need this information gathered. The registered manager and providers told us they were reviewing everyone's risks and would ensure the plans in place were person centred and effective.
- People had emergency evacuation plans in place detailing the support they would need in an emergency.

Using medicines safely

- People told us they received their medicines as prescribed. One person said, "They look after those for me." Another person told us, "I get my tablets on time."
- Staff administering medicines had been assessed as competent to give medicines and had a yearly refresher in their training.
- Guidance around when to give medicines that were given when needed (PRN) was not recorded to support effective and safe administration. The provider and registered manager liaised with their local pharmacist and protocols were put in place following our visit.
- It was not possible to review from the records in place when medicines had been offered later due to someone being sleepy. We were assured that this was the case and that changes had been made to reduce the risk of this being overlooked.

Systems and processes to safeguard people from the risk of abuse

- People said they felt the service was safe. Comments included: "I feel safe here." and "I feel safe – there are quite a few people floating around." A relative commented, "I think she feels safe, yes, very much so, in all manners: physically and emotionally."
- People were protected from the risk of abuse. Staff had received training in relation to safeguarding adults. They understood their responsibility to report any concerns to the registered manager. They were confident action would be taken if they raised a concern. They also knew where information was kept in the home about whistleblowing and which other agencies they should report concerns to.

Staffing and recruitment

- Staff were not rushed during our inspection and were able to support people when requests were made. Some people told us they sometimes waited for staff if they rang their bells. Call bell records indicated that people were attended to quickly when they called for staff support. Other people told us, "The staff come quickly." We noted that one person could not reach their call bell, and another was not working. Checks were immediately put in place to ensure that this was addressed and did not reoccur.
- No changes had been made to the recruitment process in the home since the last inspection. There was a low turnover of staff and we spoke with a recent recruit who confirmed the checks that had been made prior to their recruitment.

Preventing and controlling infection

- People lived in a home which was clean.
- There were gloves, aprons and gel around the home for staff to use. The correct use of protective equipment, such as gloves and aprons when providing personal care helps to protect people from the spread of infections

Learning lessons when things go wrong

- Staff had recorded accidents, incidents or concerns and the actions they had taken. Senior staff reviewed these records and monitored for trends, to ensure lessons could be learned.

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 changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The management of some risks related to eating and drinking was not robust. One person had a care plan stating they needed a soft diet and an open beaker. This was not being followed and staff told us this was not their current need. The deputy manager told us they would contact the speech and language therapists straight away to review the person's plan. Other people had fluid records in place to monitor if they were drinking enough. These records were not consistently completed and were not effective tools for monitoring hydration. Records did not show that people were offered more drinks when their intake was low. The provider and registered manager provided information explaining that the nurses had been assessing people's hydration but not recording this, they also sent us a plan to put in place a champion in the team to promote hydration.
- People said they mostly liked the food and could make choices about what they had to eat. The new chef met with people at a resident's meeting. They made assurances about changes that people wanted to see.
- People's dietary needs and preferences were clearly documented in the kitchen to ensure they received food they liked safely.
- People chose if they wished to eat in their rooms or in the dining room.

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.

- Mental capacity assessments had not been completed appropriately. Where consent was required to support a person with personal care or continence care, a mental capacity assessment had not been used to determine if people could make the specific decision involved. The staff team had not been aware that they could make these assessments, because until recently the people living in the home had always been able to consent to their care. This meant where people did not have capacity the decisions made about their care had not been made following the best interests decision making framework that focusses on finding the least restrictive action. The impact of this was mitigated by a large proportion of people living in the home having capacity to make decisions about their care and staff understanding the importance of offering choice. We saw examples of how discussions had led to the least restrictive option for a person being identified. The registered manager told us they would liaise with their local authority and ensure the home's paperwork reflected assessments and decisions made in line with the law.
- The management team had a clear understanding of their responsibilities in relation to DoLS, however one person had an authorised DoLS that had expired, and no further application had been made. This was addressed immediately.

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

- People's individual health and social care needs were assessed before they moved in to the home.
- Assessments were comprehensive and reflected people's wishes and preferences. Information was gathered about people's lives and the things that mattered to them.

Staff support: induction, training, skills and experience

- People told us that staff had the skills and knowledge they needed to do their jobs well. One person said, "The staff are wonderful." Relatives told us that staff had the skills they needed to support their loved ones.
- Staff told us they were up to date with training. New staff told us they had been well supported and that they had two weeks of shadow shifts to make sure they had the skills and knowledge they needed to support people.
- Staff felt supported by their colleagues and the registered manager. Staff all commented on how good their colleagues were and told us they could ask questions if they were unsure about any aspect of their work. .

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

- Country Lodge Nursing Home is an adapted residential home and whilst some parts of it are purpose built the older parts of the building present some challenges. There was a comprehensive schedule of environmental improvements which had been started. People's views were sought before changes were made.
- People's rooms were personalised with items of furniture, pictures, photos and ornaments.
- There was a well-maintained garden that people told us they enjoyed using.

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

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- Oral care was provided as described in people's care plans. People told us they were helped to clean their teeth if they needed this help.
- Referrals were made to external professionals and people's care plans were updated as required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- Staff were seen to speak with people with kindness and humour when appropriate. People spoke fondly about the staff and feedback from relatives highlighted both the kindness and compassion of the staff team and the way they heard them speak with people. The registered manager and providers were committed to ensuring this was the experience of people. They told us they were introducing role play to reinforce the importance of the values of the home in treating people with dignity and respect.
- People valued their relationships with staff they had got to know well. Staff also valued these relationships.
- Staff did not always know important information about people's pasts that had been documented. The registered manager and providers put a system in place to ensure the information was used by staff in their day to day work. This was important because it focussed on the person rather than the care and support they needed. There were some changes needed to language used in the home for the same reason. For example, care needs were described as problems in care plans and aprons were called 'feeders' by staff in communal areas in front of people. Most people wore these matching aprons when they ate. This practice did not support individuality.
- People's relatives and friends were able to visit when they chose. A relative told us they, and their family, were made welcome in the home. Another relative described how supportive the staff had been to them at a difficult time.

Supporting people to express their views and be involved in making decisions about their care; respecting and promoting people's privacy, dignity and independence

- People were encouraged to decide how they spent their day. People told us they chose whether they spent time in their own company or with groups. Those who made the choice to spend time alone were visited and checked on regularly. Where people wanted to spend time in communal areas they were supported to do so and usually offered a choice of where they sat.
- Staff asked people for their consent before any care was delivered and offered assistance in a discreet and dignified manner. People said they felt respected and liked by staff.
- Staff knew people's individual preferences well and told us they wanted people to be cared for as they would want a relative of theirs cared for. They told us this was the way the home worked.
- People told us staff encouraged them to retain skills. They described how staff did not take over personal care tasks which they could do for themselves. Care plans included information about the skills people had.

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's needs were met through good organisation and delivery.

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

- People appreciated care and support delivered by a core team of staff who knew them well. People felt cared for. Relatives fed back about the way staff responded to their loved ones needs and made changes when these were flagged with them.
- Care records contained, risk assessments, likes and dislikes, medical history and medicine details.
- Staff were able to describe the support they and their colleagues provided to people. People told us this support changed to meet their needs. One person described how they got more support if they felt poorly. Another person described their communication with the staff and the efforts the staff had made to ensure they had equipment they felt comfortable with.
- Staff communicated with each other to ensure they understood people's current needs. They were confident they were aware of any changes and regularly interacted throughout the day to share information.

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.

- People's communication needs had been assessed and details of their needs were recorded. For example, information about the use of hearing aids and glasses was recorded. People were wearing clean glasses and had their hearing aids if they chose to use them. Where people used technology to communicate this was available to them and we saw that the registered manager was responsive to communication that was directed to them.

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

- People told us they enjoyed a range of activities. They were involved in discussions about how they wanted to spend their time and plans were made based on their preferences.
- People told us they enjoyed activities or spending time chatting with staff. People commented that staff did not always have time to chat when they wanted to. We fed this back to the owners who immediately addressed the number of hours available for the provision of activity. One person told us they were not always told about activities and we saw that this was the case. This was addressed immediately, and we heard following our visit that they had chosen to join an activity.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was available to people and visitors.
- People and relatives knew how to make complaints should they need to and told us they were comfortable to raise concerns. People and relatives made comments such as, "I would feel comfy to talk to any of them."
- Complaints were recorded and responded to promptly. One relative had not received an acknowledgement, this was found to be due to a technological glitch. The owners explained the actions they had taken and provided an immediate apology for the delay in communication.

End of life care and support

- People, who chose to, had plans in place which recorded their decisions about how they wanted to be cared for if their health deteriorated.
- Staff in the home had received acknowledgements of their kindness, thoughtfulness and consideration when people were at the end of their lives. Comments reflected the compassion of the team, such as, "It meant so much to know (person) left this world with such dignity. Your compassion is wonderful."

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 changed to requires improvement. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was well established and respected in the home. Comments were made such as '(Manager's name) runs an excellent team." They acknowledged however the issues identified during our inspection and were committed to making the changes necessary. The new owners were also committed to change and submitted a robust and detailed review and action plan after our visit to the home. We have been unable to review the sustainability of the plan at this time. However, all the issues identified by the inspection team were addressed and a more comprehensive and person centred approach to care planning and monitoring was instigated. The plan included more partnership working to ensure that best practice was shared in the local area and that this knowledge would benefit the staff and people living in the home.
- The staff all appreciated the open working culture that they described existed in the home. Staff commented that they found the registered manager and their colleagues to be supportive. One member of the team commented that they felt this was a home where corners were never cut. They commented on how all their colleagues worked well together.
- The whole team were committed to ensuring people felt at home. Feedback from people indicated that they were largely successful in achieving this.
- The registered manager monitored and reviewed all incidents within the home and ensured that any trends were identified and acted upon.
- Audits had been successful in identifying some areas that needed action. Actions had been taken when this was the case. These changes had included environmental changes.
- The registered manager had ensured that statutory notifications were made appropriately to the Care Quality Commission (CQC). A statutory notification is information about the running of the service and people's experience of care and safety that is legally required to be submitted CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- The staff team worked in partnership with health and social care professionals to promote people's health and wellbeing.
- People and their relatives were asked about their views of the service. People told us they felt listened to by staff and managers. There were regular opportunities for relatives to share their views informally and an annual survey was sent out. The last results had been positive.

- Staff told us they were able to share their views and felt listened to.

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 new provider was present in the service. They were committed to working in an open and transparent way with people, relatives and professionals.