

Orchard Care Homes.Com Limited






Nesfield Lodge

Inspection report

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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	

Overall summary

This inspection took place on 23 November 2015 and was unannounced.

Our last inspection took place on 6 October 2014, at that time we found the service was not meeting the regulations relating to consent. The registered person did not have suitable arrangements in place to show they were acting in accordance with the Mental Capacity Act (MCA) 2005. On this visit we checked and found that the home was meeting the required standard.

Nesfield Lodge provides care for up to 44 people. There were 39 people living at the home at the time of the inspection. At the time of the inspection, the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Summary of findings

People we spoke with told us they enjoyed living at Nesfield Lodge and were very complimentary about the staff who supported them. They told us they felt safe, enjoyed the food and received good support with their health needs. The home had recently introduced a new device called ODE. (This is an innovative new product for use around the home, using fragrances to promote appetite to offer discreet reminder of mealtimes throughout the day this has been created for people living with dementia, including alzheimer's.) The home had been using this with two people in order to help them put on weight. Through the provider's auditing systems we saw both people had an increase in appetite which subsequently meant they had both put on weight.

People consented to care and had the freedom to make their own choices. People were relaxed in the company of staff. Staff interactions were friendly, respectful and caring. Visiting relatives were happy with the standard of care and told us the service was well led.

People's individual care plans included information about who was important to them, such as family and friends. We saw people had varied individual interests they engaged in and were supported to be involved in a lot of activities in the home.

Staffing levels were sufficient to ensure people were supported with all their care needs and activities. The home had a variety of activities within the home and in the community to ensure that people were stimulated throughout their day. This included a five pet 'hen coop' area directly outside the ground floor lounge. This

provided a source of enjoyment for several of the people living at the home, especially one person who spent a significant amount of time outside when previously they had been reluctant to do so. This meant that the home was providing a stimulating and meaningful activity to people in the home.

Staff understood how to safeguard people and knew the people they were supporting very well. Medicines were managed consistently and safely through an online system.

People lived in a safe environment. Rooms were decorated to individual taste and people could choose what items to keep there. The homes décor was vibrant, light and had meaningful pictures, many with textured finishes. People used the textures and hand rails to help find their way around the home.

Information for people was displayed in the home, this included leaflets about people's rights, standards people should expect and customer surveys results.

Staff we spoke with told us they were well supported by their colleagues and management. The staff received appropriate training, supervision, appraisal and observations around their practice which meant that staff had the right skills and knowledge for their role.

Everyone we spoke with was complimentary about the registered manager. Staff told us the home had made positive changes over the last year. People had the opportunity to comment on the service and influence service delivery.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were confident people living at the home were safe. They knew what to do to make sure people were safeguarded from abuse.

The staffing levels and skill mix of staff were appropriate to meet the needs of people who used the service.

Staff managed medicines consistently and safely.

Good



Is the service effective?

The service was effective.

The registered manager and staff demonstrated an understanding of how to apply the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Staff had regular supervisions, observations of their practice and an annual appraisal.

People's nutritional needs were being met. Where it had been identified people had lost weight these concerns were referred to a healthcare professional. The home was also using a stimulating appetite device when supporting people in the home who had lost their appetite.

Good



Is the service caring?

The service was caring.

People were happy with the care they received and were very complimentary about the staff who supported them.

Staff knew the people they were supporting well and were confident people received good care.

We saw examples of staff treating people with kindness, compassion and promoting dignity.

Good



Is the service responsive?

The service was responsive.

Care plans were in place and showed that families and people who used the service were involved in the care plan reviews.

There was good communication within the home between management, staff and people who used the service.

Activities were accessible for all the people in the home. Activities were based around people's needs.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People who used the service, visitors and staff spoke positively about the deputy managers and the registered manager.

The home had good support links with the local community and charities.

The home had systems in place to monitor the quality of service provision.

Nesfield Lodge

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 was planned to check whether the provider was 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 23 November 2015 and was unannounced. The inspection team consisted of one adult social care inspector, a specialist advisor with a background in nursing and an expert by experience with experience in mental health. 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, 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 also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted health professionals and the local authority.

During our visit we spoke with eight people who lived at Nesfield Lodge, nine visiting relatives, a district nurse, eight members of staff, two deputy managers and the registered manager. We observed how people were being cared for. We looked at areas of the home including some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and to the management of the home. We looked at five people's care plans.

Is the service safe?

Our findings

All the people we spoke with at this inspection said they felt safe in the home. These were some of the comments people made, “I do feel safe, I’ve never heard or seen anything to worry me, temper, violence or anything.” Another person told us, “I feel safe I know a lot of people and we all look after each other and if someone is doing something silly we tell them [staff].” We spoke with a person’s relative who told us, “Safe yes. There’s many a time we come and there is someone wandering around in the garden looking for his wife and I see that the staff keep an eye on him.” They added, “There’s always someone sat in the kitchen area.”

Staff we spoke with said there were enough staff to meet people’s needs. One staff member told us, “We have enough staff most days but there are times, of course, when you wish you had more.” Another staff member told us, “Yes day to day, yes enough adequate staffing.”

Our observations and discussions with people who used the service and staff showed there were sufficient staff on duty to meet people’s needs and keep them safe. The registered manager said the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. This was confirmed by our observations during the inspection. We spoke with one person’s relative who told us, “Enough staff yes, I’ve never known there being no staff around.” However another relative said, “They could do with more staff.”

We observed staff supporting people during the day in various rooms, this involved movement and support to and from wheelchairs. On these observations, all were undertaken in a safe appropriate manner, and clear explanations were given to the people.

We looked at the recruitment records for five staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and

knew what to do if they witnessed any incidents. One staff member told us safeguarding was about keeping yourself and people safe from any potential harm. All the staff we spoke with said they would report any concerns to the deputy or registered manager. Staff said they were confident the registered manager would respond appropriately. The service had policies and procedures for safeguarding vulnerable adults and these were available and accessible to members of staff. Staff said they were aware of how to whistle blow (report concerns inside and outside of the organisation) and confirmed they covered this on their training and that the procedure guide was located in the office. This showed staff had the necessary knowledge and information to help them make sure people were protected from abuse.

We looked in people’s care records and saw where risks had been identified, there were assessments in place to ensure these risks were managed. For example, care records showed assessments were carried out in relation to pressure care, food, nutrition and medication.

Staff demonstrated their knowledge of the home’s emergency procedures and said they had taken part in fire drills. Staff said they were trained in first aid awareness and felt confident to deal with emergencies. They knew how to report accidents and incidents. Staff showed a good awareness of risk management and could describe individual risk management plans for people who used the service. Staff said there were good management plans in place such as those to maintain weight.

We checked the systems in place regarding the management of medicines within the home. We found all five of the records we looked at were accurate. This meant people in the home had received their medicines as prescribed.

We looked at five random medication administration records (MAR) sheets found them to be accurate in terms of stock held. Each MAR had a digital photograph of the individual person for identification purposes. Any incidents of non-administration or refusals were noted on the electronic MAR sheets. This meant it was clear if people had not taken their prescribed medicines.

We inspected the storage room and saw there was enough storage for the amount of medication within the home. We saw ordering systems ensured people did not run out of their medicines. We observed staff administering people’s

Is the service safe?

medication. Staff did this in a sensitive way giving people time to understand what was happening throughout. Staff appropriately administered and recorded controlled medicines. Controlled medicines are prescription medicines that are controlled under the misuse of drugs legislation.

The home had an up to date medication policy in place, which spoke about the 'safe medication administration procedure' and also around training required for the staff who administered medication. Staff received training and also a medication observation every year. These were evidenced through staff files we looked at.

During our walk around the premises we saw the home was very clean and tidy. We looked at various areas of the home including the communal lounges, dining room and

bathrooms. We also looked at some people's bedrooms which were clean, tidy and personalised. We found the home was maintained very well throughout. People told us they felt the home was clean. One person said, "It's kept very clean." Another person said, "Look how clean it is." A visiting relative said, "It's not long had new furniture in the lounge and the dining rooms." The registered manager told us there were two domestic staff that covered seven days a week. We looked at the maintenance records and saw all necessary checks had been carried out within timescales recommended and in relation to the home's policy. Cleaning schedules were in place for the domestic staff in the home and we observed staff cleaning on the day of our visit. The deputy managers and the registered manager checked the cleaning schedules weekly and addressed any issues or repairs.

Is the service effective?

Our findings

Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. People told us they could get up and go to bed when they wanted. One person said, “You seem to be able to get up when you want- I get up about eight ish and go to bed about half past nine.” Another person said “I can go lay down when I want.”

We saw people were asked for their consent before any support interventions took place. People were given time to consider options and staff understood the ways in which people indicated their consent. We observed two care workers encourage a person to come from the lounge to the dining area. We saw this was done in a good humoured, friendly but respectful manner. The person and staff were laughing together. We saw the person was given a choice of seat and that staff were patient when the person changed their mind several times.

The 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). At the time of our inspection two people were subject to DoLS. The discussions we had with the registered manager informed us that a further 35 applications had been submitted and awaiting decisions.

We spoke with staff about the Mental Capacity Act 2005 (MCA). They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions. For example, choice of clothes and meals and what activities they would like to participate in. Staff said they used a number of ways to

assist people to make their own decisions which included verbal communication and pictures of different activities. Staff we spoke with confirmed they had received training on the MCA and our review of records confirmed this.

Care plans showed information regarding people's capacity to make decisions. Capacity assessments had been completed and gave details of who had been involved in this process. They also showed that the principles of the MCA had been applied and decisions agreed were in people's best interests. For example, voting, personal care, finance and medicines.

Records showed arrangements were in place that made sure people's health needs were met. Each person had a care plan which included details of their medication, details of visits to or visits by professionals which demonstrated people had regular check- ups with GPs, dentists, chiropodists and consultants. Staff were aware of the systems in place for people to be reassessed should their needs change. We spoke to a visiting district nurse who told us she felt the team had a good working relationship with staff at the home. She told us, “With some people we tell staff our concerns and they monitor them and put these in the care plan, for example the turning regime.”

People who used the service or their relatives said staff were prompt in seeking medical assistance for them or their family member. A relative said, “It's fine, no problems. If anything happens they contact us straight away.” The person went on to say, “Once my family member had an infection and the doctor would not come out to her, just provided her with antibiotics over the phone. The staff weren't happy. They asked us if we minded changing doctors, the staff looked after that for us, we didn't have to do it. We changed doctors and he came out straight away when she had a chest and urine infection.” This demonstrated the provider was effective in ensuring people were supported with their health needs.

People had care plans in relation to their preferred food and drink, and details of any dietary requirements were included. Information about allergies were clearly recorded. We saw food and drinks were available for people throughout the day and we observed staff encouraged people to eat and drink and have snacks to maintain their hydration and nutritional needs.

Is the service effective?

Staff told us menus were put together based on the known likes and dislikes of people who used the service. We looked at the menus and saw there were a good variety of options available for people. On the day of our visit some people chose to eat in their own room. We saw they were offered a choice of what to eat and given assistance, if they required this. One person we saw was very reluctant to eat and we were impressed by the kindly, gentle, patient manner in which the staff encouraged the person.

We looked at staff training records which showed staff had completed a range of training sessions. One staff member said, "I am happy with all my training." The training record showed staff were up to date with their required training. If updates were needed they had been identified and training

booked to ensure staff practice remained up to date. Training included: medication, food safety, dignity in care, dementia awareness, safeguarding awareness and mental capacity.

Staff said they received one to one supervision. Staff also received infection control, safeguarding and medication observations annually. The staff had all received an appraisal in 2015. Staff said they found the supervisions useful in supporting them in their role. Staff said they got good support to enable them to carry out their role well. One staff member said, "Home from home, brilliant home to work in." Another staff member said, "Support is there with everyone."

Is the service caring?

Our findings

Everyone we spoke with told us they enjoyed living at Nesfield Lodge. People told us staff were caring and the home provided a nice environment. One person told us, "It's a very good place; it helps us get rid of all our worries. It's a nice place to be." Another person said, "Staff are very nice they work ever so hard here, the girls." A visiting relative said, "Staff are really good." Another visiting relative told us, "The male carers, my family member loves them, she likes all the staff but as soon as they [male carer] come on she's all smiles."

Without exception all the interactions we saw between people and staff were undertaken in a kindly, caring but not over familiar or patronising manner. At no time did we see any interaction being limited to the carrying out of tasks but rather we saw staff took opportunities to connect with people and took the time to talk.

We saw the deputy manager giving medication to a person in the lounge. We saw at the time the person was reading a newspaper and the deputy manager took time to talk to the person about events in the newspaper before raising the subject of medication. We saw the deputy manager explained what he was doing and what the medication was for before handing the person the medication and a glass of water. We saw the deputy manager spent time after administration, talking to them again about the newspaper and ensuring that all medication had been taken before leaving. This demonstrated staff were responsive and caring around people's needs.

People were comfortable in their environment. Rooms were decorated to individual taste and people could choose what items to keep there. People had their own

furniture and some had notices on the door which outlined their preference relating to the opening or closing of their door and any requests regarding knocking before entry. People had pictures and their names on the doors and corridors were all different colours. This showed people had a sense of belonging and could find their way to their own bedroom.

Staff talked to us about the care provided at Nesfield Lodge and told us it was good. Staff felt they all worked as a team. Staff were able to give good examples of how they promoted people's dignity and privacy. One staff member told us, "I always ask before doing anything around personal care, I ensure people have their teeth, glasses and any aids they need." They also felt people were encouraged and supported to be as independent as possible.

One visiting relative told us, "The manager said to me; 'If you want you can come up and have lunch with your wife'. I came and had a nice lunch." Another relative said, "We come any time we like sometimes they don't like you coming when they are eating meals but they don't say don't come." Another relative who was having a meal in his relatives room said, "I offered to put a donation in but they wouldn't take it. They phone taxis for me, they are good to me." Another relative told us, "[The manager] told us we could visit any time. Staff are always friendly, make you feel at home, always speak."

Information to help inform people about what was happening in the home was displayed in the entrance. These included leaflets about people's rights, standards people should expect, customer satisfaction surveys results from October 2015 and activities that were taking place that month.

Is the service responsive?

Our findings

People gave us many of examples on how the service responded to their needs. They said staff listened to them and supported them to be as independent as possible. One person said, “Last night we had a quiz and we’re listening to records, it was nice.” Another person said, “There is always plenty going on.” A visiting relative said, “They [staff] do a lot with them. I came in last week and they had school kids in making coloured letters.” Another relative said, “The other day they had music from the war on and it brought [name of person] to life, she was joining in.”

We saw a lot of evidence of people’s continued involvement in planning their care. People and their families had signed to indicate this, along with agreements about going out into the community and specific activities in and out of the home. People and their families told us that they were involved in the care plans. Personal and immediate information was easy to locate in the care plan including details of admission, reasons for admission and underlying health issues which were located in a pre-admission assessment. Assessments generated a number of specific care plans, which were person centred, detailed and specific. For example one person had several falls and previously had a specific plan in place including a bed and a chair sensor. In addition to this the staff had incorporated a 15 minute check period for the person. A capacity assessment had been completed prior to the checks been incorporated.

The home was currently assessing the impact of ODE Aroma as a method of stimulating appetite in people living with Dementia. This trial involves the release of food fragrances from a unit at mealtimes. These fragrances are meal specific and can be varied. We saw that a MCA assessment had been undertaken regarding consent for people participating in this trial. This was an innovative way to promote appetite in a client group in residential care who often have poor appetites, and are at risk of weight loss. It was evidenced at the time of inspection that this had made a considerable difference to two people over the past few months. Both people had an increase in their weight and this was shown to be stable over the last three months. The registered manager stated this method would be used, if appropriate, with other people in the home.

People had very full lives. People were encouraged to be as independent as possible. For example, the deputy manager

told us one person did not enjoy going outside the home and used to spend a lot of time in their bedroom. The person used to have animals in their own home before moving to Nesfield Lodge. The home also had links with ‘Hen power’ which the home supports and looks after several hens in the garden area at Nesfield Lodge. Through staff support and encouragement the person attends the garden every day for hours to feed and clean out the hens. Staff supported the person and also other people in the home to feed and clean out the hens. It was evidenced on the day of the inspection that even though staff were not always outside when people were attending to the hens, they were always looking out of the window to ensure the safety of people. The home had a risk assessment in place to support this. The person told the staff that it was his job to look after the hens. Staff told us that the person seemed a lot happier. This meant the home had responded to the person’s needs and that the person had achieved a great deal of independence and satisfaction in this area.

We were particularly impressed by the way staff included people in tasks in a manner which gave people pleasure and a feeling they were contributing to the running of the home. One person was pairing socks in the kitchen area with a member of staff. They told us “I enjoy doing this I feel I am helping.” In the morning we saw one care worker sitting with a person at a dining table sorting out socks from a laundry basket. That person was engrossed in the task and we saw the person and care worker were chatting and laughing together. The home employed a dedicated activity co-ordinator for 20 hours per week. The activity co-ordinator later told us they would sometimes fold towels with people as they were smiling when helping the staff, the staff told us that they enjoyed this and it was an opportunity to chat with them.

One person who told us they did not like mess had been given a simple handheld carpet sweeper and was using this in their room, although there was housekeeping staff available to do this.

The activity coordinator told us they did not have set hours to support the people with activities, they would come in and support people as and when was needed which enabled staff to support people to church some Sundays. They told us “If I have anything planned, a trip say, I work my hours to suit.” And activities arranged included: bingo, games, quizzes, singing, dancing, visits out, and visits from local primary schoolchildren, arts and crafts and animal

Is the service responsive?

petting – including a donkey. We saw the activity co-ordinator took steps to ensure all people on both floors were able to participate in some form of activity. They told us, “I make sure that if I’m on one floor they have something to do on the other floor or if I know residents would like to join in I’ll bring them up or down and mix them in.”

The activity co-ordinator told us they kept records on what activities people undertook and how they participated. We looked at a record book entitled ‘Record of Social, Religious and Cultural Activity’. We saw there were regular entries for all people at the home. The records showed the activity undertaken or declined with brief comment on how the person had interacted.

People told us they would talk to staff or management if they had any concerns. One person told us, “I know where to go if I have a problem but I haven’t any. They’ve been good to me in here up to now.” Relatives we spoke with said they had no concerns about the service.

We saw information about ‘how to make a complaint’ was displayed in the home. A member of the management team told us people’s comments and complaints were fully investigated and resolved where possible to their satisfaction. We saw previous complaints had been resolved and actioned in accordance with the provider’s complaints policy. Acknowledgement to the person was also completed in writing. The registered manager told us they had no ongoing complaints at the time of the inspection.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post at the home.

Our discussions with people who lived at the home and our observations during our inspection showed there was a positive culture and atmosphere in the home and staff were familiar with the people's needs and interests. One staff member said, "I couldn't ask for a better manager." Another staff member told us, "Management is approachable and staff are happy as we are all listened to, staff work well as a team." One visiting relative told us, "The manager is very nice; you can sit and talk to her." Another visiting relative told us, "Yes definitely. From the start the manager is approachable, said I can come any time I want."

Staff meetings were in place and took place every three months. The meetings included discussions around people, care plans and also environmental issues. The home had recently undergone a lot of refurbishment in the home and the staff felt positive about these changes. The registered manager told us the service has 'huddle' meetings which was as and when the registered manager needed to cascade information to staff at the same time. Staff said they were aware of the staff and huddle meetings and found these valuable.

Resident and relative meetings were held in the home and took place every three months. We looked at the minutes of the last two meetings, these included discussions about activities, meals and the overall service. People and their relatives stated they were happy with the service they were receiving. One visiting relative told us, "My sister has been to one a bit ago. I know they have them every now and again."

Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff also received yearly observations on medication, safeguarding vulnerable adults and infection control. These were evidenced in the staff files at the time of the inspection.

Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the registered manager or provider. One staff member told us, "Anything I feel is not right I would go straight to my manager."

We saw the provider had a quality assurance system in place which consisted of audits and required completion on a weekly, monthly and annual basis by the deputy managers and the registered manager. This included audit of accidents, falls, complaints monitoring, pressure sores, weight loss action plan, medication, infection control, care plans, satisfaction surveys, CQC/safeguarding notifications and a dependency tool. The home had maintenance checks in place and at the time of the inspection these were all up to date and evidenced throughout the maintenance file. This showed there were systems in place to assess and monitor the service provision and ensure improvements in the service.

The home had quality visits which were carried out by a compliance officer from the provider's head office. We looked at the last report from October 2015 which looked at five key areas we review during our inspections, caring, effective, responsive, safe and well led. Any actions or outcomes were clearly recorded and dates were set to ensure these were completed. The compliance visits consisted of monthly visits to the home. The registered manager told us they had worked hard over the last 18 months to ensure they were providing a good standard of care.

We looked at the way accidents and incidents were monitored by the service. Any accidents and incidents were monitored by the registered manager and the provider to ensure any trends were identified.

The home had community links with a charity called 'Challenge' which involved working with 16-17 year old as part of the national citizen service. The charity which is a voluntary personal and social development programme, were putting on a drama performance for the home next year. The home supported people to the community network centre where people did various activities including; bingo, church service and a café.