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Feltwell 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

Summary of findings

Overall summary

The inspection took place on 07 and 08 June 2016 and was unannounced.

The home is registered to provide accommodation with personal care for up to 37 people older people. There were 29 single rooms and four double rooms. On the day of our visit there were 37 people living at the home, some of whom were living with dementia.

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

People felt safe living at the home. Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm of it they needed to report any suspected abuse.

Systems were in place to identify risks and protect people from harm. Risk assessments were in place and regularly reviewed. Where someone was identified as being at risk actions were identified on how to reduce the risk and referrals were made to relevant health care professionals.

There were sufficient staff numbers on duty to keep people safe and to meet people's needs. Safe staff recruitment procedures were in place which ensured only those staff suitable to the role were in post.

Policies and procedures were in place to provide staff with the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely by trained staff.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff were trained in the MCA and DoLS. Staff sought consent from people regarding their care. Appropriate referrals where in place, along with best interest decision meetings and consent from relatives where appropriate for people assessed as lacking capacity to make specific decisions.

Staff worked well with people living with dementia and had received appropriate training to deal with all elements of providing care services.

People health care needs were assessed, monitored and recorded and referrals for assessment and treatment were made. Where people had healthcare appointments they were supported by staff to attend these.

Staff were caring, knew people well, and supported people in a dignified and respectful way. Staff acknowledged people's privacy. People felt that staff were understanding of their needs and provided support during periods of distress. Staff had positive working relationships with people.

Care was provided to people based on their individual needs and was person-centred. People and their relatives were fully involved in the assessment of their needs and in care planning to meet those needs. Staff had a good knowledge of people's changing needs and action was taken to review care needs.

Staff listened and acted on what people said and there were opportunities for people to contribute to how the service was organised. People knew how to raise any concerns. The views of people, relatives, health and social care professionals were sought as part a quality assurance process.

Quality assurance systems were in place to regularly review the quality of the service that was provided. The management team demonstrated good leadership.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff received safeguarding training and knew how to recognise and report abuse.

There were sufficient staff numbers to ensure that people were safe and their needs were met.

Risk was managed effectively and regularly reviewed to ensure they reflected people's current level of risk.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received training to ensure that they were able to meet people's needs effectively. They received regular supervision.

People were supported to maintain good health and had regular contact with health care professionals. They had sufficient to eat and drink and were involved in menu planning.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures and staff were provided with training. The legislation was being followed to ensure people's consent was lawfully obtained and their rights protected.

Is the service caring?

Good

The service was caring.

People were treated with kindness and dignity by staff who took time to speak and listen to them. Staff were understanding of those living with dementia. Staff acknowledged people's privacy.

People were consulted about their care and had opportunities to maintain and develop their independence.

Is the service responsive?

Good

The service was responsive.

People received care which was personalised and responsive to their needs.

Some activities were available for people and plans were in place for improvements to this.

People were able to express concerns and feedback was encouraged.

Is the service well-led?

Good

The service was well-led.

The registered manager sought the views of people, relatives, staff and professionals regarding the quality of the service and to check if improvements needed to be made.

The management team demonstrated good leadership.

There were a number of systems for checking and auditing the safety and quality of the service.

Feltwell 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 07 and 08 June 2016 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. 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 reviewed this alongside the notifications that had been sent to us, these notifications are required by law. We also contacted social care professionals within the county for their views.

We spoke with six people living at the home and seven visitors. We also spoke with the registered manager, the operations manager who represented the provider, the care manager, six care staff and the cook. We spent time observing care provided to people during the day.

We observed how care and support was provided to some people who were not able to communicate their views to us. To do this, 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 the care records of six people living in the home, training records and staff files as well as a range of records relating to the way the quality of the service was assessed and monitored.

Good

Is the service safe?

Our findings

People living at the home told us that they were cared for by staff who understood their needs and that they felt safe. One person living at the home told us, "Staff look after us alright" whilst a visitor told us, "[Relative] is safer here than at our house".

Staff were able to tell us what the procedures were at the home if they felt someone was at risk of harm. They told us that they had the training, knowledge and the confidence to report any concerns to their senior manager. The care records we viewed showed where staff had concerns and we saw where information had been escalated. Additionally, the registered manager told us of the procedures that they followed to refer any concerns to professionals and we saw this had occurred when needed.

The majority of people living at the home were living with dementia; this meant that staff could sometimes be dealing with behaviour that challenged others on a regular basis. We saw that risks to people's safety had been assessed and there was guidance for staff on how to reduce these risk to help keep people safe. Staff told us that they were confident to support the people living at the home. They told us that they had sufficient information in order to meet the needs of people with behaviour that challenged others.

People were supported to take risks to maintain their independence, whilst any known hazards were minimised to prevent harm. One staff member told us, "People need to be free and independent at home so risk needs to be monitored to encourage that". For example we saw that one person liked to have a cigarette. This was risk assessed to ensure that this person could still have a cigarette but was monitored by staff to ensure the person did not burn themselves.

Some people living at the home were at risk of developing pressure areas due to being supported in bed. We saw that in these instances, this risk had been assessed and that actions had been taken to minimise the chances of developing pressure areas. This was achieved by using appropriate equipment and regularly assisting people to change their position. Staff were able to tell us the different types of equipment that people had and how often they needed to support people to change position to reduce this risk.

There were arrangements in place to keep people safe in an emergency and staff understood these. We saw that each person living at the home had a personal evacuation plan and the registered manager told us the fire alarm was tested weekly. We saw the relevant fire risk assessments and policies and procedures for staff to follow.

There was a dedicated staff resource for maintenance and the staff involved in this explained the processes for health and safety checks, and showed us records of audits undertaken. These were all up-to-date and relevant service engineers called when needed, to keep equipment well maintained.

People who lived at the home told us that they were happy with staffing, and visitors confirmed this as well. One person told us, "There is always a member of staff" and visitors told us, "Never seen staff shortage". People told us, "Call bells are answered quickly" and a visitor told us that, "I seldom hear any call bells".

Through our observations at the visit we saw staff were quick to respond to people and answered call bells promptly. We saw that staff stayed and spoke with people when they requested support and did not just check the person and leave.

Staff told us that they felt there were enough staff to meet people's needs and the registered manager confirmed that staffing levels were based on people's individual needs. The rotas that we viewed confirmed this.

The service followed safe recruitment practices, which included the appropriate criminal record checks, references and eligibility to work in the UK. The registered manager told us about the recruitment process and staff confirmed this to be the process they experienced. The staff records we checked confirmed this.

We saw that there were safe medicine administration systems in place and people received their medicines when required. Medicines were stored securely for the safety of the people who lived in the home, and administration records were up-to-date, clear and concise. We observed staff discreetly asking people if they wanted their medicines and telling them what it was for before giving it to them. We also observed that staff did not rush people if they were taking their time to take the medicines and were gentle and encouraging. Staff told us that they had received medicines training and were confident with the process and what they should do if a medicines error occurred.

Good

Is the service effective?

Our findings

People and their visitors spoke positively about the staff at the home. They expressed confidence in their abilities and felt that they were trained to meet their needs. One visitor told us, "The girls look after [relative] and do everything they should".

The registered manager showed us the records for staff training that had been completed and this was up-to-date. The training that the registered manager considered to be mandatory had taken place and additional training based on people's individual needs had been accessed by staff where needed. Staff confirmed to us that they had received appropriate training. This meant that staff had access to effective learning so they could undertake their caring roles.

When staff applied for a role with the provider, the registered manager informed us that they invited the applicant to visit the home. This was to show potential staff member what working at the home involved before they continued with their application. The registered manager also told us that new staff were enrolled in the care certificate and that staff could work towards formal qualifications in care. Staff new to care also undertook a four day face-to-face training programme in addition to the care certificate. Staff confirmed this to be the case. The care manager told us that they used observations to check staff competencies. Staff told us that they found all their training to be supportive of their roles which helped them to care for the people that lived at the home.

The registered manager and the care manager told us that they undertook regular meetings with staff to talk about their roles, and we saw evidence that this had been carried out. The registered manager told us that they used these meetings to discuss training needs, and staff confirmed that they did not need to wait for formal meetings if they needed to talk to management about any specific issues.

Staff told us about the induction that they received when they started their roles. Staff received shadow shifts with existing staff before carrying out their roles alone. Staff told us that they felt supported during induction and it helped them to get to know the people that lived at the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We 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 were being met. We found that some people had a

DoLS in place and some were still being processed. Of those people that had a DoLS in place the registered manager and staff knew and understood the restrictions placed on this person. The registered manager confirmed that best interest meetings were carried out for those people awaiting an application and we saw this to be the case in records we viewed. Where people at the home did have capacity, their care records showed this and what decisions that people liked to make themselves and how staff should support this. Staff were able to give us examples of those people that made decisions for themselves and how to support them. Within care records we saw that consent to care had been recorded either by the person living at the home, or with support from an advocate.

People living at the home told us that they were happy with the meals. One person said, "The food is wonderful, we have casseroles, roast and lovely vegetables" and a visitor told us, "The food is fabulous". People told us that their individual needs were catered for, for example one person told us, "My food is pureed, it's done – no one makes a fuss about it".

We saw at lunchtime people were given a choice of two main meals. We saw that where people required their food to be mashed; this was done at the table with the person. Staff told us that if someone did not like either of the choices they would get them an alternative and staff gave us examples of this and what options they gave to people.

Most people were able to enjoy their meal independently, and adapted equipment was used where necessary to help the person maintain their independence. Where people required the support of staff this was done in a calm and encouraging manner that still promoted individual independence. We saw that one person was having trouble opening their mouth to eat and staff therefore, fetched a smaller spoon which helped the person.

At the time of our visit it was very hot and we saw staff encouraging people to drink plenty. Some people did not have a drink that was easily accessible as they were not sat near a table; however staff offered them drinks regularly.

We saw in care records that where people were at risk of poor nutrition they were supported to maintain a healthy diet and were encouraged to have higher calorie choices. We saw that people's weights were monitored regularly and appropriate referrals had been made to professionals where people needed additional support. We saw evidence that people's likes and dislikes were recorded and continually updated. For example, one person did not like tea or coffee at breakfast, but liked hot chocolate instead, and this was catered for.

People living at the home were supported with their healthcare and we were told by a visitor that, "[Relative] see's the doctor and has their feet done". At the time of our visit the chiropodist was visiting, and told us, "Staff are always connected to people – they know them and how to engage with them to allow me to give them foot care. Including the kitchen staff who assisted by bringing food to distract them whilst I carried out the foot care".

We saw in care records there were interaction with the GP and GP matrons, and also district nursing teams, and each visit was recorded. We saw evidence of optician appointments and prescriptions. Staff told us that they felt confident that they would know what healthcare professionals to call if they needed to.

Good

Is the service caring?

Our findings

People living at the home were positive about the staff and the care provided. One person said, "They are wonderful, it's the truth, the girls are lovely" and another told us, "Carers are marvellous, they make you feel worthwhile". A visitor further confirmed this, they said, "It is very good, nice meals, all the carers are very kind and they welcome visitors", whilst another said, "They treat people as humans and the staff are dedicated".

We saw staff interact with people who lived at the home and observed that they were respectful, caring and encouraging. For example one person told us, "When my relative died in December they would come and sit and talk to me about it, they were very nice". We saw that staff understood people living with dementia and gave them encouragement, for example one person was 'lost' and looking to go home. A staff member stopped what they were doing and reassured the person and then went for a walk with them. This alleviated the anxiety of the person and the staff member encouraged the person to talk about some flowers to further reassure them. Additionally we saw that when a person cried out a staff member was there promptly and after asking what was wrong, went down to the person's level, made eye contact and held the person's hand.

Staff told us that it was very important to know about a person to be able to talk to them and make life meaningful. For example we saw that when staff sang songs with people, they made reference to a song that one person sang on their honeymoon. This showed us that staff cared about the detail of people's lives and made reference to them regularly. We observed that there was a lot of laughter from people living at the home and staff, and that staff interacted both on a one to one basis but also with larger groups.

Staff told us that they felt it was important to not rush people when they were supporting them. We saw this to be the case when a staff member gave medicines to a person. The medicine needed to be taken with food and the staff member encouraged the person, and made sure they had finished the food they were eating before supporting them to take the medicine.

The operations manager also spent time with people living at the home. When they audited the visitor records they took note of who had not had a visitor for a period of time. They would then go and spend half an hour with this person to give them a different person to talk too. We saw during our visit that people knew the operations manager and they knew the individuals. People living at the home felt this was good for people that had not had a visitor and gave variety to people's day.

A visitor to the home told us, "They won't make [relative] do anything they do not want to do". Another visitor confirmed this with, "The people here are able to do what they want to do – it is very person centred".

We observed that staff gave choices to people throughout the day. For example we saw that at lunchtime there were two choices of main meals and in the afternoon ice creams were offered as it was a hot day. Staff asked people about their personal care before they carried out any tasks.

We saw that daily records showed what care people received from staff. Within these records there was a

high level of attention to detail as to what tasks people would like to manage themselves. Additionally we saw that one person often liked to walk around with no shoes or socks and this was detailed in their care record. There was detail around why this was the case so staff knew why it was important.

Staff told us that they tried to encourage people to remain independent and that they felt this was important. For example they told us that they would offer a flannel to someone to wash themselves and only support if they asked for it. Staff told us that each person had a key worker and this was to ensure the care record was regularly reviewed with the person and that the person had the opportunity to be involved.

Staff told us that they spoke to people living at the home about different things they liked to do or eat. The cook told us that a staff member had brought a war book in, and they had spoken to people living at the home about it. As a result they would be having a war day and food from the period.

A visitor to the home said to us, "Yes, they are always respectful" and we observed this to the case. Staff explained to us how important it was to talk to people when delivering care and what good care should look like. For example staff told us that they would knock before entering a room and close doors when delivering care.

We observed that staff asked people discreetly when people required personal care, and gave the option to return to their room or use the communal facilities. During our visit we saw that one person was looking for the bathroom, and staff immediately stopped what they were doing and supported this person. At lunchtime we saw that staff asked people if they required an apron before giving them a meal, if they confirmed they did this was gently placed around their neck.

We saw in some care records that people shared rooms. Where this was the case we saw the relevant discussions had taken place with people and appropriate risk assessments were in place. We observed a shared room, and we saw that a screen was in place to give privacy to each person, and all people's belongings were named. In some instances people wanted to stay in their rooms without interruptions from other people that lived at the home, and therefore wanted their door locked. We saw that these people had their privacy observed, and their door was locked and the key out of reach. Rooms were fitted with a lock that opened on the inside by turning a handle so that the person could leave their room when they wanted too.

Good

Is the service responsive?

Our findings

We reviewed the care records for people that lived at the home. Records were concise and showed attention to detail. People received care that was based on their individual needs and preferences. Care reflected personal goals for people living at the home, and also where staff had worked with professionals to find solutions to situations which arose. For example one person had recorded in their plan that they did not like to take tablets in the evening, even though they had prescribed medicines to take at this time. The care record explained how staff had worked with the pharmacy team to find an alternative medication that could be taken in the morning, and the person was much happier with this arrangement.

Some people told us they were able to undertake some tasks themselves, this was important to them and was reflected within care records. We saw in care records that when a person moved into the home an initial assessment was carried out to form the care plan. This was carried out with the person and then this was built upon as people's needs changed. For example we saw detailed in one plan that the person liked to wash their own face and that staff were to hand the flannel to that person. Recently this person had been unwell and required support with this, which we noted in the care record. Staff confirmed this, and also told us that on the days when the person could not carry this out, they still asked before carrying out the task.

Staff told us that they felt it was very important to get to know a person and about their lives, so they could understand the person better. It also supported to prompt conversation and help alleviate any distress. We saw that records included life history section and these were completed and were specific to that person. Staff asked relatives to give further information about people's lives to continue to build on life histories

The registered manager told us that at the time of our visit there was not a formal activities co-ordinator at the home. One person living at the home told us, "The activities are alright" and a visitor told us, "Activities, seems okay, the music is popular and they have pet visits". A visitor told us that, "[Staff] used different tactics with different people to get them to join in".

We saw that there was visiting entertainment at least three times a week, and on the other days staff did one to one or group reminiscing or singing. People could also ask for things to do, for example we saw that one person wanted a puzzle and this was fetched for them. We observed people had knitting and the registered manager showed us some of the people's art work around the home. Staff were able to tell us about activities and we observed staff singing with people in the afternoon. The registered manager told us that they wanted to improve activities and this was a plan for the near future.

One person at their care review had told staff how when they were younger they would visit the home and play music for people that lived there. They told staff that they wanted to do that again. The person's relative had spoken with the registered manager and this person was having a musical instrument brought to the home. Initially they would have this in their room, but the person and the registered manager hoped that it would be moved to the lounge so that this person could play for the people living at the home.

People told us that they knew how to complain. One person said, "I have no complaints" and a visitor

confirmed this with, "I have no complaints as usual". One visitor told us that they had raised a concern at their previous visit and this had since improved. One visitor told us, "I would speak with [registered manager] or [care manager] if I did see something wrong". Staff told us that they felt confident to pass on concerns raised by people to the management team and these would be dealt with.

The registered manager told us that at the time of our visit there were no open complaints and we saw that previous complaints had been dealt with in a prompt manner. Relatives were encouraged to speak to staff on a regular basis, and they had a formal satisfaction survey annually. We saw that this had been carried out and the majority of comments were positive, with things such as, "Couldn't do better" and, "I could not be more pleased".

Good

Is the service well-led?

Our findings

People living at the home and their visitors told us that could talk to the registered manager or the care manager at any time, and that they had an open door policy. One visitor told us, "[Care manager] runs a good team the residents are treated like family". They said they could make suggestions about the home, activities and care in a number of ways. This included directly speaking to managers; satisfaction questionnaires and within care reviews.

Staff sought the feedback of relatives by sending a monthly newsletter to update them on what was going on at the home and what activities. We saw this to be regularly sent and each month the newsletter contained a request to relatives to speak to the registered manager with any suggestions or views. Staff encouraged continual engagement with people that lived at the home.

Staff confirmed that they could also talk to the registered manager or care manager at any time, and they always felt supported. One staff member told us, "I love it here, love work, team are fantastic and the management are lovely – support you completely". Another staff member confirmed this and said, "[Care manager] is a really good manager and the welfare of residents is their priority as well as ours".

Staff could tell us about the core values of the service, which included quality care. The registered manager confirmed that these underpinned formal supervisions and this meant people received care from caring and knowledgeable staff.

The registered manager told us that part of their role was to oversee the competencies of the staff and this was undertaken through observation of care delivery, how staff conducted themselves and determining through supervision how they would deal with different situations.

People living at the home and staff were very positive about the registered manager and the support they received to carry out their roles. They confirmed that they had regular staff meetings, and the care manager produced audits of medicines and care planning for the registered manager. All staff told us that the registered manager was very hands on and would support if a person needed anything.

The registered manager told us that it was important to them to invest in their staff and ensure staff retention was high. We saw that a number of staff had been working in the home for a number of years and morale was high. The registered manager explained that they encouraged staff to access all training and actively changed things when staff felt something was not working.

The registered manager also had appropriate steps in place to manage staff that did not meet the standards they had set for delivery of care. Staff knew how to contact senior management for support and if the registered manager was away from the home there was a clear line of accountability for staff to access.

The registered manager was able to tell us about the key challenges the service may encounter in the future, and they had a business continuity plan in place. There were policies and procedures in place that were

regularly reviewed which supported staff to have access to information if they needed it.

Appropriate health and safety audits were undertaken as were fire safety audits, which were overseen by the operations manager. The registered manager confirmed that there was maintenance 'walk round' to regularly check the premises and emergency evacuations plans were in place. We saw that where issues had been raised this had been rectified and the actions taken were appropriately recorded.

Additionally to this we saw that the service carried out quality audits for areas such as medicines and care reviewing, and annually a quality assurance tool was used to ensure these audits were working. The home had created this assurance tool around the Care Quality Commission (CQC) reports. The registered manager had reported all relevant incidents to the CQC and other relevant agencies when required.