Nathu Limited

Nene Lodge Retirement Home

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

We inspected Nene Lodge Retirement Home on 15 October 2014. This was an unannounced inspection which meant that staff and the provider did not know we would be visiting.

Nene Lodge Retirement Home provides accommodation for up to 52 older people who require nursing or personal care. There were 45 people living in the home when we carried out our inspection some of whom experience dementia related needs and complex care needs.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

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 and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act, 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. At the time of the inspection no people had their freedom restricted.

People who lived in the home told us that they were happy with the care they received. They felt safe living in the home and there were consistently enough staff to meet their needs. Staff treated them with kindness and respected their privacy and dignity.

Staff we spoke with understood what people's needs were and their preferences. We found that they received training which enabled them to provide care which met people's needs.

Staff were supported to develop their skills and received feedback on their performance from the registered manager and the provider.

We found that people were provided with a choice of nutritious meals. When necessary, people were given extra help to make sure that they had enough to eat and drink.

We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals such as a GP and a chiropodist.

People we spoke with and their relatives told us that they were aware of how to raise any issues or concerns. They told us that the registered manager and the provider were always available to talk with and took action to address any concerns in a timely manner.

The registered manager and the provider assessed and monitored the quality of the service provided for people. This included regularly asking people who lived in the home and their relatives for their views and opinions on the care they received and acting on any concerns raised.

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.

The provider had safeguarding policies and procedures in place and staff were able to tell us about these.

There were consistently enough staff on duty to meet people's needs.

There were up to date risk assessments in place which ensured that people were kept as safe as possible from harm.

Good

Is the service effective?
The service was effective.

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards. Staff received appropriate training, and had an understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff received on-going training which ensured they had the skills and knowledge to provide effective care for people.

People were given a choice in the food and drinks offered to them and they had access to a healthy and nutritious diet.

Good

Is the service caring?
The service was caring.

Staff were caring in their approach to the care they provided and supported people to be as independent as possible.

People received care in a way that respected their rights to dignity and privacy.

Good

Is the service responsive?
The service was responsive.

Care plans were up-to-date and included information on people's needs, preferences and risks to their care.

A complaints policy and procedure was in place and people told us that they would know how to complain.

People had access to a range of social activities and were encouraged to pursue their hobbies and interests.

Good

Is the service well-led?
The service was well led.

There were systems and processes in place for monitoring the quality of the service.

Good

Summary of findings

Staff told us that they felt supported by the management team and they would be happy to raise concerns and issues with them.

Nene Lodge Retirement Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected Nene Lodge Retirement Home on 15 October 2014. This was an unannounced inspection which meant that staff and the provider did not know we would be visiting.

The inspection team consisted of an inspector who was accompanied by an expert by experience who had experience of older people's care services. 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 home, what the home does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home and we spoke with two health care professionals.

During our inspection we spent time talking with eight people who lived in the home and four relatives who were present on the day. We also spoke with the provider, the registered manager, four care workers, and a member of the catering staff. In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed care and support in communal areas and reviewed a range of records about people's care and how the home was managed. This included the care plans for six people, staff training and recruitment records and arrangements for managing complaints.

We also looked at the quality assurance audits that the registered manager and the provider completed which monitored and assessed the quality of the service provided by Nene Lodge Retirement Home.

Good

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe living at Nene Lodge Retirement Home. One person told us, "Yes, I feel very safe living here." All of the relatives we spoke with felt that their parents were safe living in the home. One relative told us, "When [my relative] was living at home I worried all the time. Since they have been here I feel so much better. I leave here and know that they are safe and well looked after."

We looked at people's care plans and saw that possible risks to people's wellbeing had been identified. Risk assessments and care plans were in place and they had been reviewed on a regular basis and amendments made when people's care needs changed. For example, the risk assessments and care plans described help and support people needed if they an increased risk of falls, they had reduced mobility or were likely to develop a pressure ulcer.

Staff we spoke with demonstrated they were aware of the assessed risks and management plans within people's care records. They told us how they used this information on a day to day basis to keep people safe. For example, staff told us how they supported people to take everyday risks which included safely spending time outside in the garden areas.

The home had effective systems for ensuring concerns about people's safety were managed appropriately. We looked at records which showed that any concerns had been recorded promptly to other external agencies such as the local authority. The provider told us how they had established good links with the local authority safeguarding team and used them as a resource to ensure that staff had access to up to date material should they wish to raise a concern.

Staff we spoke with said that they had received training in how to maintain the safety of someone who lived in the home. They were clear about who they would report their concerns too and were confident that any allegations would be fully investigated by the registered manager and the provider. They also told us that where required they would also escalate concerns to external bodies which included the local authority safeguarding team, the police and the Care Quality Commission.

We saw that information was available for staff about whistle-blowing if they had concerns about the care that people received. Staff we spoke with were able to tell us which external bodies they would escalate their concerns to.

We observed staff administer medicines to people and saw that they asked the person for their name to confirm they had the correct person before handing them their tablets. Staff remained with people whilst their took their medicine and signed the administration records afterwards. We looked at four medication administration records (MAR) for people who lived in the home and noted that there were no gaps seen on the MAR charts. This gave us assurance that people received their medicine when they should and were kept safe and protected by the safe administration of medicines.

We saw medicines were stored safely in a locked medication room. The registered manager was responsible for ordering, receipt, disposal of medicines and stock rotation and balance. We saw records which confirmed that medicines were checked on a monthly basis and that there had been an external audit from a visiting pharmacist within the last six months. These checks demonstrated that the provider had processes in place so that people received their medicines safely.

Staff employed by the provider had been through a thorough recruitment process before they started work at the home to ensure they were suitable to work with vulnerable people. We looked at six staff recruitment files and found the process included completion of an application form with a full work history, a formal interview, references, identity checks, professional qualification checks and a disclosure and barring check. A local induction was in place and the four staff spoke with confirmed that they had found this covered everything they needed to know before they started in their new role.

People who lived in the home and their relatives also confirmed that there were enough staff to meet their needs. One person told us, "I never have to wait, they [staff] always come when I need help. A relative we spoke with told us. "There is always someone around when I visit and one thing we notice when we come to visit is that there are never any call bells ringing for long periods."

Good

Is the service safe?

We saw that people received their care and support in a timely manner. We observed that call bells were answered promptly and that staff responded quickly when people required assistance in either their bedrooms or in the communal areas of the home.

We asked the registered manager and the provider how they managed the staffing levels within the home. They told us that staffing levels were kept under review and adjusted when people's needs changed. We spoke with care staff who confirmed that this happened. One member of staff told us, "There are enough of us to care for people. If we need help or a person in the home is not too well, we just have to ask and [the registered manager and the provider] will roll their sleeves up and help us. We have such a good team that we help each other and will cover any emergencies etc."

Good

Is the service effective?

Our findings

People who lived in the home received effective care and support from well trained and well supported staff. One person told us, "The staff always seem to know what's going on with me and tell [my relative]."

We spoke with the registered manager and the provider about their understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards. The MCA is used to protect people who might not be able to make informed decisions on their own about the care or treatment they received. Where it is judged that a person lacks capacity then it requires that a person making a decision on their behalf does so in their best interests. We found that the registered manager and the provider had an awareness of the act and what steps needed to be followed to protect people's best interests. In addition, they knew how to ensure that any restrictions placed on a person's liberty was lawful.

We were told that none of the people who currently lived in the home were being deprived of their liberty or had any restrictions in place which included one to one supervision to keep them safe.

Staff we spoke with and records we looked at, confirmed that training in the MCA 2005 had taken place within the last year and that further training sessions were planned to update staff about what steps needed to be followed to protect people. Staff we spoke with demonstrated an awareness of the act and the processes to follow to protect a person's best interests.

We saw that measures were in place to ensure that people received a healthy and nutritious diet.

People we spoke with told us things like, "I can't fault the food, there is always enough and it's very tasty," and "I enjoyed my meal, I always do." A relative we spoke with told us. "Since [my relative] has been here they have put on weight the food is so good. I had to go out and buy some new clothes. [My relative] likes a snack with their evening drink and they always get offered a sandwich and biscuits."

We observed people having lunch and noted that the meal time was relaxed and a social event in the day as the majority of people who lived in the home were encouraged to come to the dining room. However, people could dine in the privacy of their own bedroom if they wished to do. We observed people chatting with each other and people were encouraged to dine at their own pace.

We observed that staff supported and assisted people where necessary to eat their meal. For example, staff cut up a person's food when they were struggling and offered to stay with them whilst they ate their meal.

The care records we looked at recorded people's food preferences and any specific needs. We saw that assessments had been carried out and kept up to date in relation to people's dietary needs. In between meal times people were offered drinks and biscuits and we observed that there were jugs of juice in each communal area so that people had access to a drink when they wished.

Food charts were in place to monitor people who had specific needs related to their dietary update and we observed staff completing these following the lunch time meal. We spoke with staff and asked them what action they would take if they had concerns that a person was not eating well. They told us how they would offer alternatives which included supplements and that they would escalate this to either a senior member of care staff of the registered manager. Staff demonstrated that they had a good understanding of the nutritional needs of the people they cared for.

We spoke with a member of the catering team who told us that they worked with the provider to ensure that people received a full and varied diet. People were offered a range of alternative foods if they did not want what they had chosen. We observed one person at lunch that didn't like the dessert on offer and noted they were offered an alternative.

We spoke with two healthcare professionals who were visiting the home. Both told us that they had no concerns about the care that people reviewed. One told us, "I have been coming here for around 18 months and I have nothing but praise. People are referred to me appropriately and staff are always around to assist me. People who live here are well cared for and looked after. Another told us, "I have been visiting the home for seven years. It's always the same, I would give it 10 out of 10. People who live here are happy. If I need to follow anything up with the staff or the manager, I can always find them and its sorted out straight away."

Good

Is the service effective?

Records showed that people had access to appropriate healthcare services such as GP's, opticians, dentists and chiropodists. People we spoke with, and their relatives, told us that staff made sure they saw an appropriate healthcare professional whenever they needed to. The registered manager told us the local GP practice attended the home once a week so people could see the GP in a timely manner.

We saw evidence that staff received training, supervision and an annual review of their performance. Records showed training was provided in subjects such as end of life care, skin care for pressure areas, first aid training and infection control. This meant that staff were appropriately trained and supported to meet people's individual needs.

We spoke with the registered manager and the provider who told us how staff received supervision every two months. The supervision sessions consisted of two parts, a discussion and a practical session. We saw that there were set topics for the discussion session which included the MCA 2005 and DoLs, infection control and equality and diversity.

Staff we spoke with told us that they found these sessions useful and that they helped them to develop their skills. The observational part of the session was carried out by the registered manager and this involved them working with a staff member and observing whilst they supported a person with their care. Staff we spoke with told us how this helped them to continually improve their performance.

Good

Is the service caring?

Our findings

People who lived at the home, and their relatives, told us they were very happy with the care provided. All of the people that we spoke with told us that staff were kind and caring.

People we spoke with told us, "I really can't fault the care. I am very well looked after and the staff are wonderful" and, "It really is my home. I know all the staff well and they are so caring and always smile and nothing is too much trouble."

Relatives we spoke with told us, "I looked at a lot of places before placing [my relative] here and what struck me when I first visited was the friendly staff. I really could not recommend it highly enough". Another told us, "I couldn't ask for better for [my relative]. The girls [staff] are wonderful and I know them all well. I am more than happy with care and I didn't have to think about where to put [my relative], it was always here."

There was a homely and welcoming atmosphere within the home during our visit. We observed the relationships between people who lived there and staff were positive and caring. We also saw staff supporting people in a patient and encouraging manner when they were moving around the home. For example, we observed a member of staff support someone to walk down to the dining room for lunch, allowing them to walk at their own pace.

We noted that staff respected people's privacy and dignity. All of the people that lived in the home had their own bedroom that they could use whenever they wished. We saw that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care.

We asked staff and healthcare professionals about the 'mum test' and if they would want a member of their family to live in the service. They all told us that they would. Several staff told us that they had had relatives live in the home. One said, "[My relative] lived here and it could not have been better." A healthcare professional told us, "The staff are so friendly and really seem to care. People always look well cared for, clean and tidy and in clothes that match. The mum test?, well I would live here so that says it all."

People could choose where they spent their time. There were several communal areas within the home and people also had their own bedrooms. We looked at people's bedrooms and saw that they were spacious and that people had been encouraged to bring in their own items to personalise them. One relative we spoke with told us, "When [my relative] moved in it was lovely that we could bring their own things with them. It made all the difference for them to have their own belongings around them and make it feel like home."

There was also space within the home where people could entertain their visitors and have meals with them, and also a small kitchen area where they could make their own drinks. There were well maintained courtyard areas, gardens and access to a patio area which was easily accessible for people. People we spoke with told us that they enjoyed sitting in these areas.

Good

Is the service responsive?

Our findings

People who lived in the home and their relatives were involved in assessing and planning for their individual care needs. The registered manager and the provider told us how people and their relatives were encouraged to visit the service before they moved in. This would give them an idea of what it would be like to live in Nene Lodge Retirement Home.

People and their relatives had been given the appropriate information and opportunity to see if the home was right for them and could respond and meet their needs .One relative we spoke with told us, "Before [my relative] moved in we came to have a look around and were given lots of information by the owner and the manager. We met some of the staff and also had a look at the bedrooms on offer. Even on that first visit, they were asking about [my relatives] care and what they liked and didn't like. Now when I visit they always update me on [my relative] and what has been going on. I feel really involved in their care."

People we spoke with and their relatives told us that they received the care they needed and wanted. One person explained how they needed to receive treatment before they went to bed. They told us that they liked to go to bed at a certain time and how staff had listened to them and changed their routine to accommodate this and now they went to bed at their preferred time. We looked at their care plan and spoke with staff which confirmed this.

We noted how people were given a choice about how they furnished and used their bedrooms. Some people had access to two bedrooms and we observed that people had used one as a lounge area for themselves to spend time in with their spouse and relatives.

Other care plans we looked at demonstrated that plans were written to meet people's individual needs which included mobility, communication, social needs, continence and advanced care planning. Staff we spoke with were knowledgeable about the care that people needed to receive and these plans helped them to reliably provide assistance for people. We saw that regular reviews of people's care plans took place and staff told us that they were involved in these reviews along with the person and their relative.

Relatives and health care professionals told us that staff and the registered manager had kept them informed of any changes in people's wellbeing. One relative told us, "If the GP visits [my relative] they will always let me know and update me." A healthcare professional told us, "If for some reason a resident is not well, they always let me know and will follow up any actions."

We spoke with the registered manager who told us there was a dedicated social activities person in the home who was responsible for planning activities. We looked at records which documented when people had taken part in an activity and noted how they had interacted with other people and staff. We saw that there was a schedule of planned activities for people to participate in if they wished.

People, relatives and staff all made positive comments about the activities which were available. One member of staff told us, "Since [the resident] moved in we have seen such a difference in their co-ordination and that's down to the exercises and activities that they do each day."

We noted that people had access to a mobile library and there was a wide range of books available for people to read. One person we spoke with told us how they loved western films and books and we saw how they had been supported to continue to enjoy this hobby by having these books and films given to them from the library by staff.

People were supported in promoting their independence and community involvement. People were supported to attend church services, flower festivals at the local church and the local school visited on a regular basis. People told us how they were looking forward to the annual Christmas dinner which took place and how this was a great occasion as relatives and friends were invited too.

People told us the registered manager and the provider manager always listened to their views and addressed any concerns immediately. Relatives we spoke with told us, "If I ever have a concern [the provider] is always here. We know them so well we just have a quick chat. Then again, I don't have any concerns."

There was a complaints procedure in place which was displayed in the home for people who lived there, and visitors, to see. People who lived in the home told us they knew how to raise concerns and issues and that they would approach any member of staff with an issue, and they felt comfortable to do that. Records showed there had been no formal complaints since our last inspection.

Good

Is the service well-led?

Our findings

The home had a registered manager in post whose hours were not included in the rota for care duties. Therefore they were able to offer support and advice to staff and also assist with care duties as required.

The registered manager was supported by a team of care staff, domestic and catering staff, maintenance and administration staff. There was also a member of staff who was dedicated to provide social activities for people.

During our inspection we spoke with the provider, the manager and five members of staff who worked in the service in various roles. Staff told us that they felt well supported by the provider and the registered manager. All of the staff told us that they enjoyed working in the service. One told us, "I have worked here for many years. They [the provider and the registered manager] are always here and very supportive. I think the reason it works so well is that they have worked together for over 26 years. It's all about the consistency and continuity."

We asked the provider and the registered manager if they had staff meetings and they told us that staff did not want them. We raised this with the staff we spoke with and they agreed. They told us, "We don't want staff meetings. We have no need of them. We do get together informally and have chats and if we feel it needs raising and discussing further then we speak with [the provider] and have an ad-hoc one". Another told us, "Their door is always open, they are always walking around the home and we see them so often that we just raise anything and it's sorted."

We asked staff if there was a clear line of management in the service and if they knew who they were accountable to. They told us that the registered manager was on site each day and that during the evenings, nights and weekends, both the provider and the registered manager were available if staff needed advice. A staff member gave us an example when they had contacted the registered manager on a weekend to help them to decide if they should request a GP to review a person who lived in the service as their general health had changed.

Throughout the visit the provider and registered manager were visible, chatting with staff, people who lived in the service and relatives who were visiting. People we spoke with and their relatives told us they had confidence in the way the home was run by the provider and manager. One told us; "I see them both every day. Always popping in and saying hello and checking all is ok."

We asked the provider and the registered manager how they assessed and monitored the quality of the service provided within the home. We saw records of annual satisfaction surveys for people who used the service and their relatives. These records showed positive responses and comments from everyone who took part. We saw that audits were carried out on areas which included health and safety, fire and medication and that there were actions plans in place to address any areas highlighted for improvement.