Folcarn Limited

The New Lodge Nursing Home

Inspection report

114 Western Road
Mickleover
Derby
Derbyshire
DE3 9GR

Tel: 01283734612

Date of inspection visit:
05 March 2018
06 March 2018

Date of publication:
08 May 2018

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?	Outstanding

Summary of findings

Overall summary

The New Lodge Nursing Home had a registered manager. 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.

The New Lodge Nursing Home accommodates up to 28 people in an adapted building. At the time of the inspection 27 people were using the service. People using the service have an identified nursing need, which includes people living with dementia, a physical disability, head or brain injury or neurological condition or disease.

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

The New Lodge Nursing Home was registered by the Care Quality Commission on 28 October 2016. This is the service's first inspection since being registered. The service was inspected on 5 and 6 March 2018 and was unannounced.

People using the service and family members were overwhelmingly complimentary about the service. They praised staff for the compassion and kindness shown to their relatives and to themselves, which included the respect and consideration shown to those who had died and the events which took place to remember those who had died.

Family members had confidence in the knowledge and skills of staff, and the positive impact this had on care. Family members spoke of the collaborative approach of the staff and other health care professionals and the positive impact it had on care. Family members told us the service provided was tailored to people's individual needs and that they had complete confidence in the staff, whom they trusted and felt safe with.

Information we received from external stakeholders, which included health care professionals was positive. They spoke of the collaborative approach adopted by the nominated individual and registered manager in seeking the best outcomes for people using the service by working in partnership with them.

Staff demonstrated a commitment in the implementation of the values of the service and their determination in delivering personalised and high quality care. Staff's knowledge of people's individual needs was comprehensive and understood by staff, who provided people's care and support based on their individualised care plan.

The open and inclusive approach adopted by the nominated individual, registered manager and staff, meant people using the service and family members were confident that they could raise any concern they

had. The registered manager had investigated concerns that had been made. Any information gathered following these investigations were used to improve the service provided and shared with staff.

The management structure of the service meant there was strong, clear and visible leadership. All staff had specific areas of responsibility and worked consistently with the values of the service in the delivery of high quality and personalised care. There were robust systems to measure the quality of the service, and opportunities were provided for those using the service, their family members and staff to comment upon and influence the development of the service.

The building and equipment was maintained and clean to promote people's safety. Staff had received training on how to identify potential abuse and knew how to alert the appropriate person or external authority should they have any concerns.

Risks to people were identified promptly and effective and robust plans were put in place to minimise these risks, involving relevant people, such as people's family members and other professionals. Comprehensive information was in place to guide staff, in the most effective approach when using equipment. Information to support people safely with on-going health related conditions was documented. People were supported to take their medicine by staff and medicines systems were robust.

We found there were sufficient staff who had undergone a robust recruitment process to be employed to meet people's needs. The nominated individual and registered manager were committed to the development of staff, through on-going training and supervision and had set up for the benefit of staff the 'staff forum'. Staff were encouraged to develop to their full potential and were provided with opportunities to progress in their chosen career in care.

People's needs were assessed and regularly reviewed to ensure people received effective care. Staff encouraged and supported people to eat a healthy diet. Where people had their nutritional needs delivered by a route other than by mouth, comprehensive and detailed risk assessments and care plans were in place. People's dietary requirements along with their likes and dislikes with regards to food and drink were recorded. The cook provided 'home made' meals. People were supported to access a range of health care professionals and staff worked in partnership with external agencies to ensure and promote people's well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrict way possible. The staff team supported people to make decisions about their day to day care and support. They were aware of the Mental Capacity Act (MCA) 2005 ensuring people's human rights were protected. Where people lacked the capacity to make their own decisions, we saw decisions had been made for them in their best interest and where appropriate family members were involved in decisions about their relatives care.

People were treated with kindness and their individuality respected. Staff promoted people's dignity and all interactions between staff, those using the service and family members were positive to ensure the best outcome for people.

Opportunities were provided for people to take part in activities within the service and the wider community. People were seen taking part in an art and craft session, whilst others who were in their room listened to music or watched the television. Family members were actively involved in the organising of events within the service and shared ideas as to activities their relative would wish to take part in within the wider community, which included day trips.

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.

People were safeguarded from abuse as robust systems and processes were in place, which were understood and adhered too by all staff. A robust system of staff recruitment was in place to ensure people were supported by suitable staff.

People's safety was monitored, with comprehensive risk assessments and care plans providing clear information for staff as to how people's safety was to be promoted.

People's needs with regards to their medicine were identified within their care plans and medicine management systems were robust.

Policies and procedures were adhered to ensure the premises were clean. Staff followed guidance to protect people from infection.

Is the service effective?

Good

The service was effective.

A robust and holistic approach to the assessment of people's needs was in place. This meant that when people moved to the service they received effective care and support which was tailored to meet their individual needs and circumstances.

Staff were actively encouraged to develop and learn and were supported through on-going supervision and support. Staff accessed training relevant to the need of people ensuring their needs were met.

Staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People using the service and family members and health care professionals were involved in decisions about people's care and support.

Is the service caring?

Good

The service was caring.

The values of the service were fully endorsed by staff which extended to when a person died by remembering and honouring their time spent at the service.

People using the service and family members commented as to how staff showed kindness and care.

Staff had a comprehensive understanding about people's care which was provided in a caring and sensitive manner.

There was a proactive approach to involving people using the service and their family members in any decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

Staff were committed to the promotion of people's well-being and took an interest in their personal histories. People had the opportunity to take part in activities as organised by the activity organiser. 'Friends of the New Lodge' were active in organising events.

People's care plans recorded their views, including people's wishes with regards to end of life care.

People and family members were confident to raise concerns. Concerns received had been investigated and used to further develop the quality of the service.

Is the service well-led?

Outstanding

The service was exceptionally well-led.

All staff were committed to the implementation of the services shared vision in the delivery of high quality and personalised care.

The managerial structure provided staff with strong leadership and support.

The nominated individual and registered manager had across the service systems and processes to encourage the active involvement of people who used the service, family members and staff. Their involvement and comments on the service provided and the sharing of ideas were used to further develop and improve the care.

A robust system to monitor and maintain the high levels of care and support provided too people were in place.

The New Lodge Nursing 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 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.

We inspected The New Lodge Nursing Home on the 5 March 2018 and was unannounced. We returned to complete our inspection on 6 March 2018.

The inspection was carried out by one inspector, a Specialist Advisor (the Specialist Advisor had experience working and caring for people who have nursing needs) 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.

We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

We contacted commissioners and health care professionals by e-mail requesting feedback about the service.

We spoke with three people who used the service and the family members of six people who were visiting when we inspected. We spoke with the nominated individual (director), registered manager (matron), a

nurse, a senior care assistant, a care assistant, the activity organiser, the cook, the team leader and the quality assurance officer.

We reviewed the care records of four people who used the service. We looked at four staff records, which included their recruitment, induction, on-going monitoring and training. We looked at the minutes of staff meetings involving family members of those using the service. We examined documents which recorded how the provider monitored the quality of the service being provided. We also attended the 'Friends of The Lodge' meeting, which took place on 5 March 2018.

Good

Is the service safe?

Our findings

Comments from people using the service and visiting family members were consistently positive when speaking about being safe. They shared with us their views as to whether they or their relative felt safe and why, and what it meant to them. "Everything feels safe. They [staff] watch you. I haven't fallen since I came here." "It's absolutely safe. The attention [person's name] gets is good. Bodily the care is excellent. I have never seen staff behaving in a bullying way."

The registered manager responded appropriately when areas of concern were brought to their attention to ensure people's safety and welfare was promoted. Notifications were submitted to the Care Quality Commission (CQC) about potential abuse and safeguarding referrals made to the local authority. The registered manager provided information required to the local authority and other agencies involved in the investigation of safeguarding concerns. This was to assist them with their investigations and had attended meetings where required.

Staff had received safeguarding training and other training relating to safety, such as action to take in relation to incidents or accidents, such as people having a fall. They understood what procedures should be taken if they suspected or witnessed abuse. This included contacting outside agencies such as the police, CQC and local authority safeguarding teams. Safeguarding was also included as an agenda item in staff supervisions.

Risk assessments were undertaken on a range of issues to promote people's safety and welfare when they first moved into the service. These were regularly reviewed and involved the person or a family member. People were aware of the steps taken to reduce potential risk. One family member told us. "My [relative] husband has a bedside mat to keep them him safe." Risks assessed included areas associated with the moving and handling of people. Where people required equipment, such as a hoist to move them safely, the risk assessment detailed the equipment required and how it was to be used.

Risk assessments identified the action to be taken to reduce potential risks. For example, For example, people's fluid intake was encouraged and monitored. And a person who was at risk of choking had their fluids thickened. We saw staff checking written guidance when preparing people's drinks. To further promote people's safety, half hourly checks were made by staff for those people who remained in their own room. Each person had a clip board in their room containing documentation that recorded details of each 30 minute check. This included recording fluid and food intake and output and the re-positioning of people to alleviate the potential risk of pressure damage to people's skin.

Risk assessments also took into account people's health conditions. For example, records of a person who had epilepsy contained clear information for staff as to the action they should take should the person experience a seizure. This included information as to the administration of medicine via their PEG, and the person being placed in the 'recovery position' to promote their breathing. The person's plans provided information staff were to take should the person's condition not improve, which included contacting emergency services.

When people behaved in a way that may challenge others, staff managed the situation in a positive way, protecting people's dignity and rights. A member of staff spoke with empathy and an in-depth awareness of a person, who due to their personal experiences could become anxious. They told us how, as their keyworker they had developed a positive and trusting relationship to reinforce with the person they were safe at the service.

The provider engaged external contractors to maintain and service equipment, which included electrical and gas systems, the fire system and equipment used to support people in the delivery of their personal care, such as hoists and other mobility aids. All systems had a certificate to evidence they had been assessed as safe at the time of the inspection. Individual personal emergency evacuation plans (PEEPS) were in place, which provided guidance on the support people would require should they need to evacuate the service in an emergency.

There was a business continuity plan developed for the service which detailed how the service would continue to run effectively should there be an unplanned event such as a fire or flood. A 'grab file' was in place, which contained information to be used should the service need to respond to an emergency by ensuring key information was readily available. For example, information included the contact names and details of staff, names of people using the service, information as to their medical conditions, medicine and known allergies. Along with key information as to people's next of kin and contact details.

People using the service and visiting family members did not raise any concerns relating to staffing levels at the service and told us how they requested assistance from staff. A family member said. "I think there are enough staff and I've never been aware of any staff shortage." Another family member told us. "I've seen a resident ask to go to the loo and staff came very quickly." And a person using the service said. "We just call and they come."

We found there to be sufficient staff to meet people's needs. There was a visible presence of staff throughout the day; the atmosphere was very calm and unrushed throughout the inspection. Staff had time to spend with people in delivering personal care and support, but also in engaging them in conversation in topics of interest to them.

People were safeguarded against the risk of being cared for by unsuitable staff through the provider's recruitment procedures. Recruitment files we looked at contained evidence that the necessary employment checks had been completed before staff started to work at the service. These included application forms with a full history of employment, identification documents and a check with the Disclosure and Barring Service (DBS). The DBS carry out criminal record and barring checks on prospective staff who intend to work in care and support services to help employers to make safer recruitment decisions. For nurses, a check of their Nursing and Midwifery Council registration was carried out. All staff who delivered care had a further DBS check carried out every three years.

People using the service and visiting family members were confident in how medicines were managed. People told us. "I get help with painkillers. Nurses give me medicines regularly. I have never missed any." "My husband always got his medicines. The doctor came and changed them so that he had less after he'd discussed it with me. I saw the medicines charts and it was all well documented." "They [staff] give him medicines) at breakfast and teatime. The nurse put them in his mouth because he can't move and can't understand. I've seen his MAR (Medicine Administration Record) sheets." Another family member told us. "Sometimes she was reluctant to take them (medicines) and had difficulty swallowing them. So the nurse gave her medicines in liquid form."

People told us that should they experience pain or discomfort then nurses administered medicine to manage this. A person using the service said "The nurse writes down what medicine she gives me if I have pain." Another person told us "If I am in pain they staff try to make me better. It works for me. I can get paracetamol."

Where people did not have the capacity to consent to the use of some medicines best interest decision meetings had been held involving people who were involved in their care. The outcome of these meetings had identified staff would be responsible for the administration of people's medicine in specific circumstances as being in the person's best interest.

The provider had a medicines policy. The policy referenced the National Institute for Health and Care Excellence (NICE) of good practice, we observed the nurse administering some of the lunchtime medicines. We found the MAR's were clearly written, with the dosage, frequency and any specific instructions and had been signed when medicine had been administered. People in some instances were prescribed PRN medicine (to be taken as and when required). Where PRN medicine had been prescribed, a clear protocol had been put into place to ensure the medicine was consistently administered. People's medicine was regularly reviewed with the prescribing practitioner and any changes were acted upon. Medicines were kept safely and were stored in line with guidelines. Medicine stock levels were regularly undertaken and we found safe systems were in place for the disposal of medicines, with records being kept.

A nurse administering a person's medicine spoke about the person's medication having been reviewed, and that a number of the medicines were no longer given. They informed us this had had a positive impact on the person, as the person no longer displayed behaviour that could be challenging.

We found New Lodge Nursing Home to be clean when we visited, there were hand gel pumps situated in various locations throughout the service and staff were observed routinely using these throughout the day. The medicine trolley had an individual hand gel dispenser, and it was observed this was routinely used in practice prior to administering medicine and again after administration to prevent contamination and cross infection. Staff were observed using protective personal equipment (PPE) when delivering personal care and support and when handling food or drink.

Nurses were allocated individual additional roles and responsibilities, which included infection control; this ensured practices for the management of infection control were up to date and shared. The registered manager had attended an infection control forum and as a result had put in place a notice board, providing information as to good practice, which was visible to staff, those using the service and family members. We observed the service was regularly cleaned throughout the day on an on-going basis by dedicated staff.

The nominated individual and registered manager took appropriate actions as a result of learning from incidents, these included changes to people's specific care and how it was communicated to family members. Also generalised changes were made, which required staff to record other aspects of the care provided, at each care intervention, by commenting on the appearance of people, such as the condition of their nails to ensure they were clean and observing people's skins for potential redness.

Good

Is the service effective?

Our findings

The assessment process was holistic, focusing on the person's life story as well as their medical and care needs. A family member spoke of the assessment process with regards to their relative. "His clinical and human story was done in tandem, throughout the assessment, which was very robust."

People were involved in identifying the assistance they would like prior to support commencing including recognising any particular needs in relation to protected characteristics as defined by the Equality Act 2010. This included areas such as support with their physical and social needs. Assessments were used by the registered manager to identify what care and support a person required to ensure that the service could meet their needs.

The nominated individual and registered manager had a proactive approach to the development of staff, with an extensive training programme, which supported staff development. This had resulted in a number of staff being internally promoted into senior positions, and some staff leaving the service and enrolling at university and studying to become a nurse. A member of staff we spoke with was in the process of completing a Leadership and Management course to progress their career. They planned to commence an accredited mentorship training programme to enable them to mentor nursing students who were put on placement at the New Lodge Nursing Home by local universities. Whilst another member of staff was undertaking a NCFE (Northern Council for Further Education) in Team Leading, which is a national educational award.

To assist staff learning from their attendance at training events, the registered manager had developed four brochure's, which focused on specific topics; For example, 'partnership working with relatives' and the 'ethics of caring'. They told us these were kept in the staff room, and were accessible to staff, should they wish to further develop their knowledge and understanding.

People using the service and visiting family members expressed confidence in the skills and knowledge of staff and reflected upon staffing numbers. They told us. "Staff bring skills and they pick up if something isn't quite right with people. I have seen staff at training sessions here." And. "I think staff have the skills to work with me. I've got no bruises or ulcers and they look after my skin.".

All staff spoken with demonstrated that they had excellent knowledge of those using the service, with regards to their medical needs and conditions, the care and support required along with a comprehensive understanding of people's preferences and wishes. This was underpinned by the training staff received, in topics which reflected the needs of people. For example, respiratory care, end of life care and stroke awareness.

A nurse told us that the care provided was evidenced based, and that staff accessed both national guidance. For example from the National Institute for Health and Care Excellence (NICE) of good practice and local policy and procedures and was supported by on going learning and development. Staff benefited from supervisions, providing an opportunity for staff to discuss their role, and share good practice. There were

processes in place to support nurses with the revalidation to maintain their Nursing and Midwifery Council (NMC) registration.

Staff said they felt supported by their colleagues and management and that they had received an induction and there was an ethos of learning and development within the service. A nurse told us that nurses were allocated individual roles/responsibilities, such as audits. We were told there were champions within the service in a range of topics, which included End of Life Care, Infection Control and Tissues Viability. Staff with these roles were responsible for keeping up to date by attending events and keeping up to date with good practice, which they shared with their colleagues.

We received overwhelmingly positive comments about the food. People told us. "The food couldn't be better. We have proper mealtimes and there is always tea and biscuits coming around if you want." "The food here is wonderful. The cook works hard." "The food is very good. There's plenty to eat and you get a choice. There's plenty to drink as well." A family member told us. "Sometimes we bring food from our home for [relative]. The home here also gives them food specific to their culture." The nominated individual told us. "We are led by people's choice (on food). They went onto tell us about the specific food provided by the cook, which reflected people's culture and religion.

Meals were prepared and cooked on site and meals were 'homemade'. The cook spoke passionately about their commitment to deliver high quality food to people, which they enjoyed. A menu was in place, which was varied and took into account people's dietary needs and preferences. For breakfast, people could choose from a range of cereals, toast or cooked breakfast. Snacks, including biscuits, fruit and homemade cakes served with drinks were offered throughout the day. People's choice as to when and where they ate their meals was respected.

People ate in a relaxed environment and at their own pace, calm music played in the background. Where people received support, one to one care was provided, with staff sitting with the person, providing encouragement and general conversation.

People's nutritional risks were assessed monthly, and any concerns were acted upon, which included liaising with external health care professionals such as Speech and Language Therapists (SALT). SALT provided detailed individual guidance for each person, which staff adhered to. People had care plans specific to their dietary needs.

A number of people using the service received their nutrition via an alternative method, known as a PEG (percutaneous endoscopic gastrostomy) which means their nutrition is passed via a tube directly into the stomach. A health care professional who worked with staff to support those receiving nutrition via this method responded to our request for information via e-mail. They wrote. 'The staff communicate effectively and in a timely manner with our team, any complications/ potential complications are identified quickly and appropriate action is taken to address the issue, whether for a misplaced tube or concerns regarding weight loss/gain. Any advice/ recommendations we give are always correctly implemented.'

Care plans for those receiving their nutrition via a PEG were comprehensive. We observed a nurse administer a person's lunchtime feed via their PEG. We noted the nurse followed the procedure as detailed within the persons care plan, which included obtaining the person's consent. An information leaflet entitled 'How to Use and Care for Your PEG Tube was included in people's care records providing additional guidance for staff.

People using the service and visiting family members shared their views about whether in their opinion staff

worked together as a team and how staff worked with health care professionals to provide the care and support they needed. A family member told us. "The home linked well with the hospital for appointments and involved me in that as well." A person using the service said. "They (staff) are very approachable if you want anything and are very friendly with each other."

A family member spoke of improvements to their relative's mental health and how their well-being had improved as their relative had gained confidence in the staff's ability to look after them. They said staff had liaised with external health care professionals, which had included seeking psychiatric support. A second family told us a physiotherapist visited their relative and that staff followed their guidance when delivering and encouraging their relative's independence.

Each person using the service was registered with a local doctor, who visited the service weekly and upon request. A range of other health care professionals also visited, which included district nurses. People's records showed where staff had concerns about people's health and well-being appropriate referrals were made to the relevant health care professional.

All but one bedroom at The New Lodge Nursing Home was for one occupant, each bedroom had been decorated to reflect people's individual needs, both in terms of the equipment and its personalisation in representing people's interests. For example, one person who had been in the armed forces had a bespoke picture relating to this, which included a three dimensional picture that had light bulbs to illuminate and enhance the picture. In addition, to enhance people's familiarity, people's rooms included pictures of their relatives and friends showing hobbies, holidays and work, which had been mounted to form a large collage. Corridors and the dining room contained nostalgic pictures to help those with cognitive impairment. The dining room to the rear of the service overlooked the garden which was accessible to those with a mobility impairment. There were two communal lounges to the front of the service, which providing space for people to meet collectively, and to receive visitors if they didn't wish to see people in their own room.

People's care was delivered with their consent and in their best interests as told to us by those using the service and visiting family members. A person told us. "They don't do anything without agreement. I choose my clothes and what meals I like." A family member said "My son can't talk anymore and is not aware. The staff here talk with him and they feed him gently. They turn him in his bed regularly. He has no ulcers or sores." A second person said "Staff are helpful to me and they explain what they are doing."

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. Where 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation process for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any condition on authorisations to deprive a person of their liberty were being met. The registered manager told us 24 DoLS applications had been submitted. The PIR stated that twelve people using the service had active powers of attorney with the authority to take decisions about a person's care. We found copies of these authorisations were available in people's records, and in these circumstances staff liaised with the person with all decisions relating to their care and treatment.

Mental Capacity Assessments and Best Interest Decision Forms were in place across a range of topics, which included the promotion of people's safety by the use of bed rails and belt straps on chairs and the for the delivery of care, such as medicine, nutrition via a PEG and for the delivery of personal care. Each document was clearly written and detailed, with all sections of the form being completed.

Good

Is the service caring?

Our findings

People using the service and visiting family members spoke positively about the approach of staff towards themselves or their relative, speaking of the respect, understanding and compassion shown. A person told us. "They all seem good at their job. Very pleasant and treat me very well. All of them are kind and gentle." A family member said. "It's the lovely care they give." A second person said "Staff here are kind. They know what I need." Another family member said "We know the staff and they are considerate." Whilst another family member told us. "All the staff are very approachable and friendly. They treat residents very well and seem highly trained."

External stakeholders, whose views we had sought, were consistent in praising the services of The New Lodge Nursing Home and the service it provided. Written responses included the following comments. 'As a team we find that the staff at The New Lodge are very caring towards the residents, and have a good knowledge of every aspect of their care requirements, the home has a friendly feel, and there is always a warm welcome, at the same time the staff maintain a professional approach. From my experience all residents are treated in a way that reflects their diversity. The privacy and dignity of the residents are always considered and respected.'

We saw recent thank you cards and letters which reflected the very positive experience of people using the service and their family members. These expressed their acknowledgement of the kindness and caring approach of staff.

People using the service and visiting family members told us of their involvement in decisions about their care and support. A family member said. "My husband had a care plan and I could look at it anytime. I wrote a full resume of his past with all of his likes and dislikes." A second family member told us. "This morning the physiotherapist came to see my son. The manager had told me about it and I was here. So I know what is happening and who they see." A second person said. "The family visit when they want. They talk to staff on how I am getting on."

Staff we spoke with confirmed they always had time to provide high quality care, spending time with people to deliver personal care, but also to spend time talking with people, sharing a laugh and joke and being their when they needed emotional support. There was a commitment to caring on an individual basis. People's daily routines varied and there was no expectation that a routine had to be followed.

People using the service and visiting family members told us how staff promoted their privacy and dignity, and supported their independent. A person told us. "Staff knock on my door. They wash me in private. They clean everything." A second family member said. "People are treated with dignity. They (staff) don't shout out about people's problems. They respect people's privacy." Whilst other family members said. "We are treated with respect. There are no problems with respect for our faith." And "…..sometimes if he wanted Communion the local priest would come."

A significant number of staff were 'dignity champions'. Dignity champions support the view that being

treated with dignity is a basic human right, and that care must be compassionate and person centred. Staff considered people's privacy and dignity in all areas of care and support. For example, a person was asked by the nurse, dispensing the lunchtime medicines, if they required their 'powder medication'. The nurse informed us this was the agreed communication style between the person and staff to ask if they required a laxative when they were in the presence of other people. A further example was a member of staff knocking on a person's door before entering, introducing themselves and used the person's preferred name. The member of staff gently woke the person to inform them they had brought their afternoon drink. The member of staff brought a chair to the side of the bed and some napkins and assisted the person. The person required full assistance as they had difficulties with swallowing. We noted the call bell had been left within their reach, so the person could summon assistance if required.

Our discussions with the registered manager and staff fully reflected the provider's values and how they were embedded into every day practices, which included when people were receiving end of life care. The registered manager told us how, when a person had died, they had a 'guard of honour' as they left the building. They told us staff and family members would line up either side of the entrance to see the person leave the service, and be transferred into the hearse. The registered manager told us. "It's the least we can do, to see them leave on their final journey."

We saw a significant number of letters and cards, which were displayed within a frame on the wall, from family members whose relative had died, praising the staff for the care and support provided to their relatives whilst at The New Lodge Nursing Home.

An event referred to as 'Stars on the Tree' is held annually at Christmas. Each person who has died at the service is remembered, by having their name written on a star, which was hung from the Christmas Tree. A local Vicar presides over a service held at the New Lodge Nursing Home, where all those whose names appear on a star are remembered. The meeting of the 'The Friends of the New Lodge' which we attended, referred to the high attendance at the event, and a person attending the meeting spoke of its positive impact on them, by being able to share memories of their relative and how people's attendance had supported them.

Good

Is the service responsive?

Our findings

A family member spoke of their involvement in the development of their relatives care plan. "I am aware of my sons care plan and you can see it anytime. I signed a lot of forms in it. "They respect that I am his mum and discuss everything with me."

We asked people how they kept themselves occupied. One person said, "I do word searches and crayoning books. I do knitting. I make squares with the wool and then put them together. I enjoy doing it. I also watch the telly." Another person commented, "I watch T.V and enjoy music." A family member told us. "My husband likes to talk but lately with his [medical condition] he's begun to imagine things. He wouldn't do anything. They [meaning staff] tried to involve him but he gradually went into himself. I brought a music player and his discs and he enjoyed them" And. "His main love is music. He listens to DVD's and his music. Staff try to get him to the table but he struggles with trying to do painting. Although it's good that he sits with people."

We looked at recently completed questionnaires by family members, who had included additional comments. One family member had written. 'Care at the New Lodge Nursing Home goes beyond my expectations. Personalised care is exceptional with attention to detail that matters.'

We spoke with the activity co-ordinator who had recently been appointed. They told us that when they started in their role they had spent time with each person getting to know their likes and dislikes. The activity organiser told us they were working towards a qualification in the delivery of activities. They spoke of their interaction with those living with dementia, and those who due to their needs were cared for in bed. They told us, "I love interaction with residents and go to their rooms. I hear wonderful stories of their lives. I sit with people, talk with them, engage them in activities using touch and tactile approached." They spoke of the group work they did with people, using arts and crafts, which at the time of our site visit was focused on Easter, with the making of daffodils and Easter cards. People also engaged in bingo, dominoes and scrabble.

All staff spoken with demonstrated that they had excellent knowledge of those using the service, with regards to their medical needs and conditions, the care and support required along with a comprehensive understanding of people's preferences and wishes. This enabled them to provide person centred care. Evidence of a holistic assessment and the provision of person centred care was documented in the notes we viewed. Provision of the delivery of person centred care in practice was clearly confirmed when shadowing and observing staff interactions with people.

Organisations that provide publicly-funded adult social care are legally required to follow the Accessible Information Standard (AIS) which says services should identify record, flag, share and meet information and communication support needs of people with a disability, impairment or sensory loss. There was a notice board available to people in the dining area orientating them with time, date, the weather and the daily menu. Information on other key topics such as dates of meetings for those using the service and family members were clearly identified. Information to promote quality care and share knowledge to improve people's health and welfare were in place. For example, infection control notice board along with the

benefits of drinking sufficient fluid. All information on notice boards was provided using large print text supported by pictorial symbols to promote understanding.

Where people had limited verbal communication we saw staff using gestures and language that was meaningful to that person. People were given time to consider their options before making a decision and staff encouraged people to express their views and listened to their responses. Where people's or their family member's first language was not English, staff were able to converse with them as they shared the same culture.

People's preferences and choices with regards to their wishes in relation to end of life, where appropriate have been discussed and their views recorded within a care plan. Staff had received training in end of life care. For people who do not wish to be resuscitated, Do Not Attempt Cardio Pulmonary Resuscitation. (DNACPR) forms recorded their wishes, and had been signed by the appropriate health care professional.

A family member, who continued to visit the service as a volunteer, whose husband had died at The New Lodge Nursing Home told us. "Staff knew him and would include him in things and talked to him. His pain was managed well and he was able to say when he was in pain."

To support people in end of life care, 'anticipatory medicines' were prescribed to people to manage their symptoms and pain. People's records included information as to the medicines prescribed and the circumstances in which they were to be administered.

Staff had links with the community based End of Life Co-ordinator. The service was working towards the attainment of the Gold Standards Framework, which is awarded by an external provider once a service has evidenced and embedded their commitment in the delivery of end of life care through the meeting of agreed standards through assessment and continued good practice.

The provider ensured it was following best practice guidance for people. In the provision of care consideration was given to 'Care of dying adults in the last days of life'. This is best practice guidance produced by National Institute for Health and Care Excellence (NICE). The guidance references diversity and equality and how those providing a service need to reflect and consider how it implements the guidance, to ensure good outcomes for all in receipt of end of life care.

People we spoke with were not aware of the complaints procedure, which was displayed in the reception area of the service. However everyone we spoke expressed their confidence that the director (nominated individual) and manager would be available and would listen to any concerns. The PIR detailed that no written complaints had been made within the last 12 months, but 12 written compliments had been received. We saw a significant number of letters and cards, which were displayed from family members, praising the staff for the care and support provided to their relatives.

The registered manager had not received any formal complaints. The PIR referred to three concerns which were verbally expressed. One of these included a room having dead flowers left in it; action taken was to include this as an area to be audited, and records we viewed confirmed this.

Outstanding ☆

Is the service well-led?

Our findings

People spoken with shared their overall view of the service. "I am happy here and I would recommend the home." A family member said, "My son is young and has Alzheimer's. I didn't want him in an old people's home. So, I am lucky I found this place."

The provider had strongly defined values, referred to as the 6C's. Care, compassion, competence, communication, courage and commitment. We found the registered manager and all staff integrated these in to their everyday practices. This was evidenced within the comments we received from people using the service, their family members and the feedback we received from health care professionals, commissioners and through our discussions with staff and our observations.

We looked at recently completed questionnaires by family members, who had included additional comments. Family members written comments reflected the values of the service as demonstrated by staff. 'Outstandingly compassionate, kind approach inclusive of friends and family. Consistently genuine empathetic high listening skills.' And 'The helpfulness of staff has been way beyond my expectations.'

The nominated individual kept under review the day to day culture of the service, which included the monitoring of staff to ensure values of the service were embedded into staff's every day practices. The registered manager and staff had individual goals and objectives, which were aligned to the values of the service, which were reviewed. Staff views were sought about the service in a number of ways, which included meetings and supervision.

The nominated individual and the registered manager evidenced a strong understanding and implementation of their responsibilities. We received positive feedback about the management team from people using the service, family members, staff and external stakeholders. Feedback was used to improve the quality of care people received. For example, following an audit carried out by an external stakeholder, it was identified that a person's family member had spoken of how they wished to improve a specific aspect of their relative's health. This was researched by the registered manager and alternative therapist visited the person, which has made a significant improve to the person's wellbeing.

Staff told us they were proud to work at the service and be part of a team that worked collaboratively to improve people's quality of life. The approach of the management team of openness and transparency towards the staff ensured all information concerning people's care and welfare was communicated to ensure positive outcomes for people. We received positive feedback from health care professionals in relation to people's care plans.

There was a strong organisational commitment and effective action towards ensuring equality and inclusion across the workforce. The registered manager, management team and staff demonstrated a commitment to continuously improving the service people received and providing information to improve people's health and welfare. For example. An information board, accessible to those using the service, family members and staff emphasised the importance of hydration.

The registered person encouraged staff to attend meetings at all levels, to discuss developments and the quality of the support they provided. Staff were encouraged to share their views and suggestions. Staff told us that they felt listened to and that the instigation of the 'Carers Forum' provided an informal opportunity for them to meet. They told us the forum was used to share best practice and consolidate their learning. They also told us how it was an opportunity to share ideas so as to continually review how they could improve the service they provided. For example, to support a holistic approach to care and to further support the values of the service staff had raised the idea of providing complementary therapies to those using the service.

Staff meetings were also used to provide feedback to staff on any compliments made by those using the service or their family members. This included feedback via on line services, and comments from family members in letters and cards. This positive approach reaffirmed the nominated individual and registered manager's commitment to an open and transparent service, by acknowledging the good practice and care provided by staff.

The registered manager had a good understanding of the requirements of their registration with the Care Quality Commission. All necessary notifications had been made to the CQC and we saw that the duty of candour had been adhered to following any incidents. The registered manager was up to date with recent changes to the CQC key lines of enquiry and staff had been made aware of these. Where necessary, the registered manager had undertaken investigations into incidents, accidents and complaints.

The PIR completed by the registered manager was found to be an accurate reflection of our findings of the site visit. Identified areas for improvement over the next 12 months had started to be introduced, which included the recruitment of staff to reflect the lifestyle of people using the service.

The nominated individual and registered manager had an open and transparent approach to sharing information; this included a forum made up of people using the service and their family members referred to as 'The Friends of the New Lodge'. A meeting had been scheduled, which coincided with our visit to the service, and we therefore took the opportunity to 'sit it' on the meeting. The meeting was well attended, by family members, and included the nominated individual, registered manager and staff with a range of roles which included the activity co-coordinator and cook. The atmosphere of the meeting was friendly and people were actively encouraged to share their views. Events which had been planned the previous year were discussed, which included the summer fete. The cook submitted for comment the menu for the spring and the activity co-ordinator sought ideas for planned trips and talked about ideas already received from their relatives.

Each week an event known as 'Tea with Matron' was held, which provided an opportunity for people to meet with the registered manager, share a cup of tea and a slice of cake and talk about the service and any issues they may have.

People we spoke with were knowledgeable as to how they could influence and comment upon the service. One person told us. "My two daughters came yesterday to a friends' of the New Lodge meeting here and talked about the home." A family member told us. "I know meetings take place and there are lots of notices. There is a carers meeting on the 12th March here. I will try to attend and support the home. I know some day trips are planned." A second family member said. "I am asked for my views. I am a friend of the New Lodge."

People we spoke with had confidence in the leadership and management of the service. They told us. "The home is well managed. I know the manager [registered manager's name]. She says hello every day." Another person said. "Yes, it is well run, I see the manager walking around. She says 'hello' and she's friendly." And "I

think the management of the home is very good. A family member said [Name] is the director (nominated individual). She knows everyone, staff and residents. She observes everything. She spots and correct things day to day. Matron [registered manager] knows her job inside out."

A member of staff told us. "The manager and seniors have an open door policy here. I get supervised regularly by the team leader. There are monthly team meetings."

The nominated individual and the registered manager were keen to continuously learn and improve the service they provided, both kept up to date with developments locally and nationally. Local universities placed students studying nursing at The New Lodge Nursing Home, who were mentored by nurses from the service. This meant there were opportunities for learning on both sides, with students being able to share their learning and understanding.

The nominated individual and registered manager told us there were sufficient resources to ensure on-going improvement and that the owner of the service regularly visited and any request they made for equipment or maintenance was actioned.

A member of the 'Friends of the New Lodge' at the meeting we attended at the New Lodge Nursing Home, informed all those present that the nominated individual and registered manager would be receiving an invitation to attend the Parade of Derbyshire Nurses, Midwives' and Care Gives at St. Peter's Church in Derby through the City centre to the Cathedral for the Annual Florence Nightingale Commemorative Service. Both the nominated individual and registered manager said how honoured they were at being invited.