

Folcarn Limited

The Old Lodge Nursing 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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This visit was unannounced, which meant the provider and staff did not know we were coming. At the last inspection in October 2013 the provider met all the requirements we looked at.

The Old Lodge Nursing Home is registered to provide accommodation and support for 42 adults who may have a physical, medical or dementia related condition. On the day of our visit, there were 39 people living in the home, one person was in hospital.

Summary of findings

There was a registered manager in post. They were on annual leave on the day of our visit but visited the home whilst we were there. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People who used and visited the service were happy with the care provided and we observed staff treating people with care and compassion. The staff were kind and respectful to people when providing support. We saw staff smiling and laughing with people and joining in activities in the home.

Visitors were welcomed and participated in daily events. People told us they could visit at any time and were always made to feel welcome.

People were dressed in their own style and if they needed support, staff helped people to take pride in their appearance. People were supported to have their personal care needs met.

People told us of ways they chose to spend their day. People were supported to participate in their hobbies and interests which included, attending religious services, going shopping and cake decorating.

People were protected from the risk of receiving unsuitable or unsafe care. Records were updated to inform and guide staff about changes to people's care. Procedures to protect people from the risks associated with medicines were in place to ensure people received their medicines safely.

The registered manager had a training plan in place to ensure staff received the training they required to meet people's individual needs. Staff received support from the management team to develop their skills and use their knowledge to enhance the lives of people who used the service. They did this by learning from previous situations and keeping up to date with best practice.

People knew who to speak to if they wanted to raise a concern and there were processes in place for responding to complaints. People we spoke with told us they were happy with the service provided and how staff provided their support.

The legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed. Some people who used the service did not have the ability to make decisions about some parts of their care, treatment and support. The Mental Capacity Act 2005 and the DoLS set out the requirements that ensure where appropriate decisions are made in people's best interests, when they are unable to do this for themselves. Staff had an understanding of this and had received training on the systems in place to protect people who could not make decisions, and where restrictions had been placed upon people the necessary documentation for a DoLS authorisation was in place.

Healthcare professionals we spoke with told us the care and attention given to people who used the service was excellent. They all confirmed they would be happy for their relatives to live there.

The staff spoke well of the manager and the way the service was managed. They said they received the support, training and time they needed to deliver the necessary care and support to people.

There were suitable and sufficient systems in place to ensure the service was managed safely. People who used the service were at the heart of decision making and the care was centred around individual's needs.

Records showed that we, the Care Quality Commission (CQC), had been notified, as required by law, of all the incidents in the home that could affect the health, safety and welfare of people.

The registered manager regularly assessed and monitored the quality of the care at the home. Appropriate and prompt action was taken to make improvements to the care when required.

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.

All the people and relatives we spoke with told us they felt safe because they knew and trusted the staff.

There was attention to detail and people spoke highly of the staff team. The service checked staff were suitable to work with people and trained them in safeguarding.

Staff understood their responsibilities to protect people from harm and the risks of harm. We saw information to confirm safeguarding concerns were referred to the local authority as required.

The service acted in accordance with the requirements of the Mental Capacity Act 2005. Some people who lived at the home were deprived of their liberty and the necessary information was available to demonstrate this was in their best interest.

We saw there were enough staff to care for and support people according to their needs. People told us they had the equipment they needed.

Good



Is the service effective?

The service was effective.

Care staff received training that was appropriate to people's needs. They had regular opportunities to discuss their practice and personal development with their manager. The training plan included training for care staff in dementia, end of life care and understanding equality and diversity.

Risks to people's nutrition were minimised because the service took advice and guidance from experts in nutrition to inform their menu planning. People had a choice of meals and snacks and drinks were available whenever people wanted them. People told us they discussed their likes, dislikes and preferences at regular meetings.

People told us staff talked with them about their health needs and supported them to see their doctor and other health professionals when they needed to.

Care staff monitored the health of people who were not able to communicate because of their complex diagnosis. Staff made decisions to ask other health professionals to visit them when they had any concerns about their health.

Good



Is the service caring?

The service was caring.

All the staff we saw were attentive to people's needs. We saw staff were kind, compassionate and thoughtful in their interactions with people. People told us staff encouraged and supported them to maintain their independence and enjoy their life.

Outstanding



Summary of findings

People told us they enjoyed shopping trips and day trips that staff organised for them. We saw that staff treated people with respect and promoted their independence. Relatives told us they could visit whenever they wanted to. They told us their relations were happy and well looked after.

Other professionals considered the registered manager and staff offered outstanding care, treatment and support.

Is the service responsive?

The service was responsive.

People's care records were regularly reviewed and updated when their needs changed. People told us they were involved in discussing their treatment option and were supported to maintain their health.

People and their relatives were encouraged and supported to provide feedback about the care and support offered. Changes and improvements in care were made in response to people's feedback.

People were encouraged to participate in social and leisure based interests which protected them from the risk of social isolation.

Information on how to complain was available, people felt confident in talking to the staff if they had any concerns.

Good



Is the service well-led?

The service was well led.

Everyone we spoke with told us the staff were very good and their views on the quality of the service were valued. Reviews of care included people's physical, emotional and psychological health. Staff told us they liked working at the home and felt supported by the registered manager.

The quality assurance system included checks that the premises and equipment were maintained appropriately. Handover records between staff shifts were checked by the registered manager and the provider to make sure that staff understood their responsibilities.

There was a proactive management team who offered regular opportunities to reflect on their practice with all the staff.

People who lived at the home were supported by a team of people who constantly strived to adopt best practice under the guidance of good practice documentation and experts.

Records were clear, easily understood, up to date and considered. They were used to support decision making and followed best practice guidelines.

The registered manager offered strong leadership and was respected by the staff team.

Good



The Old Lodge Nursing Home

Detailed findings

Background to this inspection

The visit was undertaken by an inspector, a specialist advisor who had knowledge and experience in nursing care, 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.

As part of our inspection process, we asked the provider to complete a Provider Information Return (PIR). This is information we have asked the provider to send us on how they are meeting the requirements of the five key questions. We did not receive the completed document until after our visit as the provider had until 15 August 2014 to complete it.

We spoke with 19 people who used the service, three healthcare professionals and seven visitors. We also spoke with the deputy and registered manager and six other

members of staff. We observed how the staff interacted with the people who used the service. We also observed how people were supported during their lunch and during individual tasks and activities.

We looked at three people's care records to see if their records were accurate and up to date. We looked at two staff files and records relating to the management of the service, including quality audits.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

Without exception everyone we spoke with said they were treated respectfully and felt safe. People told us they felt very comfortable with the staff. One person told us, “The staff give me a feeling of confidence and safety.” A visitor said, “I observe the care on a day to day basis, they are very kind.” Another visitor told us, “I’d rate this far above the others, they care. That’s most important, it’s people that count.”

One person told us that the staff had been ‘creative’ and looked at how they could support them effectively. This was in relation to ensuring different ways of communication were used dependent upon mood and health. We saw that new ideas had been welcomed and the person’s life had been enriched following positive discussions, creative management and open attitudes. The person told us, “What I wanted was managed in a safe way, but I was always involved.”

We saw that people who were cared for in their bedroom had their call bell in reach, one person said, “I have my bell, they always give it to me and I ring it in an emergency. They answer it quickly and I am very pleased with them, they are lovely.”

We talked with staff about how they would raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they would not hesitate to report any concerns they had about care practices. They told us they had also received training to recognise harm or abuse and felt they would be supported by the management team in raising any safeguarding concerns. One member of staff told us, “If I see something that’s not right, I’d report it. I have every confidence that something would be done. Everyone here means so much to us.” A relative said, “I have never heard any negative response from any member of staff to any resident, not from the outset.”

People living in the home sometimes needed support to manage behaviour that challenged other people and could potentially cause harm. We saw that staff were trained in managing and supporting people with these needs. Care records provided clear guidelines for staff to understand people’s behaviour and how to respond in a positive and supportive way. We asked two staff about the care one person needed. They were clear about the triggers for

behaviour and how to respond in a positive manner. The staff’s comments reflected what was in the person’s plan of care. Staff described how people’s behaviour was a means of communicating their wishes and needs. We spoke with one health and care professional during our visit who confirmed the staff supported people to manage their behaviour. They told us, “They manage behaviour in a positive way.”

Care and maintenance records documented that all equipment was checked, such as hoists and the types of slings that were to be used for all transfers when dealing with immobile people. People also told us that when they felt unsafe the staff helped them to feel safer. One person said, “I don’t like the hoist but the staff are so reassuring and gentle.” We saw the equipment was in good working order. The staff informed us that plans were in place to ensure equipment was mended promptly so as not to distress or jeopardise the care to people who used the service.

Care records also held information regarding the prevention of falls, and risks assessments were in place. Screening tools to ensure people remained safe in relation to weight, their skin condition and hydration were updated monthly and signed off by the nurse. Premises were well maintained, furniture was in good condition and there was a homely atmosphere. People told us they were happy with their environment.

There were sufficient staff on duty to provide people with the support they needed and to ensure people were not left unsupervised for lengthy periods. Staff were flexible and more staff were made available when needed. For example if people were going out into the community or they had an event at the home which required further staffing. We saw that care staff spent time with people supporting them to take undertake daily independent living tasks and social activities. Relatives and social care professionals we spoke with told us they felt there were sufficient numbers of staff to provide people’s support. One relative said, “Staff are always about, you see them all the time.”

We observed medicines being administered. The infection control management was good and hand gel was accessible. There were wash basins in each person’s bedroom. We saw good hand washing techniques were used when dealing with medicine, and after each person’s administration of medicine. The handling of the tablets was

Is the service safe?

done without touching them and medicine was kept in blister packs issued by the pharmacist. The medication administration records (MAR) were accompanied with a photograph of the person to help minimise errors. The nurse administering checked verbally with people they wanted their medicine and observed these were swallowed. This meant people received their medicine when required, in a safe and suitable manner.

All the records we looked at regarding medicines were well documented, MAR were completed as required and controlled drugs were suitably stored and recorded. Records in place confirmed that medicines were stored at the correct temperature ensuring they met with manufacturer's requirements.

Records we checked confirmed that staff were taking into account the Mental Capacity Act (2005). Care records included an assessment of people's capacity to make decisions. We saw evidence that multi-disciplinary meetings took place to make sure that decisions were taken in people's best interest. We spoke with care staff and senior staff and it was clear that they understood both the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and how they applied in practice. This was confirmed by one of the social care professionals we spoke with. They said, "The manager always makes sure an independent mental capacity assessor (IMCA) is used to ensure the person's voice is heard." They also told us that the home had systems in place to make sure that people's rights and freedoms were respected.

The nursing staff knew how to make an application for consideration to DoLS. Some people who used the service were deprived of their liberty. Discussions took place with the deputy manager regarding the recent judgement by the Supreme Court, and how this had impacted on the provider's responsibility to ensure DoLS were in place for people who used the service. The home had completed 13 DoLS applications from April 2014 since this recent judgement, and were aware of their responsibilities.

There were safe recruitment and selection processes in place. Care staff confirmed they undertook a formal recruitment process that included an interview and a range of pre-employment checks. A check of two staff files confirmed that application forms were completed and a formal interview was held. Records also confirmed that two references were obtained including the previous employer, a health screening took place and a disclosure and barring

check (DBS) was completed. A DBS check includes checking the person's criminal record and the list of people unsuitable to work with vulnerable people. This meant that appropriate checks were completed before staff began work.

The service was clean and well maintained. One person told us, "It's always very clean." A visitor told us, "It is always spotless." The home was clean, warm and inviting, a visitor said, "It is welcoming I'm assured my relative is well cared for. Infection control is well managed and bed sheets and clothes are spotless. There's no odour, ever."

Staff had access to gloves and aprons to support people with their personal care tasks. Liquid soap and paper towels were available in toilet and bathroom areas and antibacterial soap was placed around the building for all people accessing the service to use. We saw sluice areas and the kitchen were well maintained. We spoke with domestic staff who were able to tell us how they would prevent the spread of infection. We saw that staff had undertaken infection control and food hygiene training. This meant the staff had the knowledge and information they needed to minimize the risk of the spread of infection.

We found that risks to people's health and well-being were appropriately assessed, managed and reviewed. Information included the specific detail of the risk and the steps to be taken by staff to minimise these. Personal emergency evacuation plans (PEEP's) were in place. These plans provided information for staff and emergency services to follow to enable them to support people who cannot leave the building unaided during an emergency situation. Providing a PEEP meant that the required information was available to enable people to be supported safely in the event of an emergency.

The registered manager and staff were continually striving to improve. They said, "You must always listen and take on board what people say. We want to offer the best care we can." A relative told us, "You can't fault it, they want to offer the best and keep people safe and well."

The registered manager ensured other professionals were always involved in decision making, and information was shared with the team. One staff member said, "When anything changes they always let us know and training on new ways and new equipment is always delivered promptly."

Is the service effective?

Our findings

People who used the service, their visitors and healthcare professionals told us the staff at The Old Lodge Nursing Home delivered safe and effective care. One person said, "My visitors tell me how well I look now, I am much healthier and more cheerful." A visitor said, "I've been to a lot of homes, here they are always friendly and I have never seen anyone not treated in the manner they should be."

Each person had a keyworker who is a dedicated member of staff assigned to work closely with them and their families, as well as other professionals involved in their care. They told us the provider ensured they saw the doctor, optician, chiropodist when needed. Meetings were held to ensure the person was receiving coordinated, effective care. We saw minutes of the meetings and saw the person's care and support had been discussed and agreed by the person who used the service. A healthcare professional told us, "They know the people very well. I cover all the people here and I have never had a relative complain. The care records are brilliant because they are informative and kept up to date. I can see that every domain is re-evaluated every month. They are clear, easy to follow and up to date." This meant the needs of the people who used the service were recognised and managed well.

Care records were detailed personalised and regularly updated. We saw examples of frequent repositioning and good usage of low flow mattresses to support pressure sore prevention. We saw eight daily records to show that people's positions were changed at different intervals, and there were no pressure sores noted. People's skin looked healthy and people's feet and hands were warm meaning that circulation was good. One person told us, "They change my position I have not got, nor had any sores."

There was evidence that the nursing staff regularly attended disease specific training such as Huntington disease and three-yearly training on dementia. Nurses also had a lead role such as tissue viability. This link was between nursing home and the hospital and helped to ensure practice was kept up to date. The staff had attended end of life training meaning timely and dignified arrangements at the time of death could be undertaken.

Jugs of water and tea and coffee were on offer throughout the day. People who were being cared for in their bedroom had drinks readily available. We observed that people were

supported appropriately to eat their meals. Staff interacted well with people and were seated at eye level when assisting with meals. People at risk of choking were provided with thickened drinks and soft and pureed meals so that they could eat and drink safely. One person said, "The choices are good and there's enough every day." Another person told us, "They feed me in the way I want. They know I have my vegetables mashed so I can swallow. I get a choice, I like my food and it's really good."

Records were maintained of the food and fluid intake for people, so that staff could monitor that people were eating well. We saw people's weight was recorded on a regular basis so that actions could be taken to ensure people had sufficient nutrition. Where needed the speech and language therapist (SALT) was contacted. One person said, "I have had the SALT in regularly. They are working with me to find the best way to help. They are now referring me to someone else too, just to make sure I get the best treatment possible."

Several people required the use of a hoist to support them to move from one seat to another. We observed people were supported to move by staff. We saw that transfers were completed properly with the required two members of staff. One person told us, "The staff are well trained and know how to do it." This meant the service was effective in delivering care in relation to the moving and handling of people.

The staff were supported to undertake training that met the needs of people who used the service. For example dementia training had taken place in June 2014. We spoke with a family member whose relative was being supported to manage their dementia. They said, "They do understand her dementia, they talk in a kind way. I can tell by her eyes that she is comfortable with the staff." A healthcare professional we spoke with told us, "This home contact the local authority to access any training that is needed."

A student nurse told us the three week induction was done well with the nurse educator. This was a person who worked alongside new staff. They felt at home and well supported. Staff timetables were based around supporting people appropriately.

Staff we spoke with and records we looked at confirmed the staff received regular supervision and team meetings were held regularly. One member of staff said, "If we

Is the service effective?

identify any training needs matron (the registered manager) will arrange the training for us.” This meant the staff were offered the support they needed to meet the needs of people who used the service.

We looked around the home to see if it was suitable for the needs of people who used the service. We found that bedrooms had been personalised and people were encouraged to bring items of importance with them. One person said, “I wanted more space so I changed rooms. I have brought all the furniture I liked and all the pictures I

wanted.” Another person told us, “I like to look at all my things; they bring back such lovely memories.” We saw there were areas of the home that could be used to hold private meetings and quiet rooms were also available.

We saw some bathrooms were cluttered with equipment such as hoists, wheelchairs and personal protective equipment for staff. This meant people who used the service may not have the most pleasant bathing experience. Staff told us this could be difficult at times. The provider was in the process of building another storage area so that this problem could be alleviated. This demonstrated they listened to the staff and were taking action to improve the situation.



Is the service caring?

Our findings

People who used the service told us the staff were caring and respectful. One person said, “Caring? Yes.” Another person said, “The staff do have time to sit and chat. I would say I have a lot of friends here, I’m not on my own.”

People who used the service looked well cared for. People were dressed smartly, one person told us, “I like to look nice and always choose my own clothes.” Another person told us, “They all know all my idiosyncrasies.” They told us the staff had outstanding skills and looked at them in their own right. “I am so happy here, the staff listen to me and I am valued.” By speaking with people who used the service we were able to see that people’s care was tailored to meet individual needs, wishes and preferences.

People told us that all their likes and dislikes were discussed so that their plan of care reflected what they wanted. We saw these differed from person to person meaning people’s individual needs were listened to and supported

People who used the service told us they had access to a hairdresser every week. One person said, “I love to get my hair done, its important to me.” Another person said, “They always make sure I choose the jewellery I want to put on.”

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. One person said, “I feel really well cared for. They listen. I am not expected to conform.” Another person said, “If I don’t want to get dressed I don’t have to. They know me well but always ask to check first.”

We saw recent thank you cards which offered a wealth of information demonstrating the staff were caring. One person had written, ‘Thank you so much for making [person’s name] life’s last moments so good. You were all so very kind and I know [person’s name] loved being there. They often said the staff were so friendly and kind and took good care.’ Another one read, ‘We would like to thank you for the care and attention and excellent reception after the funeral at your home. Without all the wonderful staff and your kindness I would not have got through the last few months.’

The staff understood how people wanted to be supported and ensured people’s privacy and dignity. They knocked on

doors before entering, took their time and made sure people were offered choice on all occasions. This was confirmed by people who used the service. One person said, “This place is exceptional, they go the extra mile.” We saw that when equipment was used people were offered a blanket to cover their legs. The staff ensured clothing was adjusted when people were repositioned.

People told us they could see visitors in their own room, communal areas or quite lounges. Visitors we spoke with stated they were always able to speak with the staff in confidence and that they were discreet when sharing information. Other people who used the service also stated that the staff would help to accommodate their needs. For example taking them out to the shops to promote independence or adding an activity or food request to support the individual’s requirements.

People who were being cared for in bed looked well cared for. We observed that their bedding was clean and people looked comfortable with the use of appropriate equipment such as pillows and pressure mattresses. A relative told us, “In all the time I have been coming I have never seen a speck of food on my relative’s clothes or bedding. I know they are spot on here, everything is managed so well and people are cared for as people, all differently. They take the time to really find out about the person.” A healthcare professional said, “Both staff and the manager are easily accessible. They are always happy to help and take time out to speak to people by name with courtesy and politeness.” Another professional said, “I would place my own relative here. It is good care with caring staff.”

The manager worked hard to ensure a high quality service was delivered. They had ensured role specific training was implemented to improve the service. We saw trained staff had an end of life accreditation meaning people who had passed away did not have to be seen a doctor immediately. This offered people and their families a less invasive process and promoted dignity with dying.

The nursing staff were aware of new end of life care practice and that recently different practices had been abandoned. Best practice is to provide individualised care rather than a pathway. We saw end of life was personalised to the person’s needs and wishes. The nurse told us that if it was the wish of the person that the family were involved in the end of life care pathway they would be asked to contribute. Relations could stay overnight and an extra room was made available. The care plan reflected all the



Is the service caring?

areas of daily living, sensitive to the pending death with specific attention to hydration (or not) and nutrition, pain relief and quality of life and comfort. From training records we saw that care staff had attended the end of life course. This meant the staff could offer a comfortable, dignified and pain free death.

We spoke with one person whose relative had passed away they told us, "My [relative] was so well cared for. The staff were compassionate and understanding. I was also involved every step of the way."

The Old Lodge Nursing Home had been awarded the end of life Quality Award by McMillan in 2011 and more recently in November 2013. This meant they had been commended on the care they delivered and that they had supported people as individuals at the end of their lives.

People told us the manager was always available if needed and was kind and caring. A social worker we spoke with on the telephone said, "The manager has always ensured everything is ready for a meeting or a review, you can tell she cares about each and every person. They want to get the care right and will always speak out for the person to make sure they get the care they need. It really is a very good home; I would place my mother here."

Is the service responsive?

Our findings

People who used the service told us they felt listened to. One person said, “They meet all my needs and respond well to any questions I have.” Another person said, “We have found a way to communicate, I'm liberated.” A visitor told us, “You can't fault it, communication is great, it's all the little things they do to respond to people's needs that make it special.”

We saw that people who used the service were supported to maintain relationships with others. People's relatives and those acting on their behalf were able to visit the service freely and no restrictions to this were evident. One person who used the service told us, “My family and friends are made welcome when they visit.”

One person told us how they were able to express their wishes by telling us they did not like curry and on curry nights the kitchen would cook an alternative meal. Another person told us how they were supported to take part in a religious service on a weekly basis. We saw people of varying faiths were appropriately accommodated by the home to meet their individual needs. One person said, “I love to read the paper, it is always delivered.” This meant people were supported and encouraged to live the life of their choosing.

People we spoke with told us they enjoyed the hobbies and interests provided, one person told us, “They are just brilliant here, they do extra things like painting my nails and we went out for a meal. There is bingo as well; I won a prize which made me feel really good.” Another person told us, “They listen and they always ask if things could be done better. I don't take part in any activities, I don't want to but I go outside whenever I want.” We saw evidence the provider had a flexible approach to ensuring people could undertake the hobbies and interests they wanted. This included going out into the community as well as undertaking hobbies and interests in the home.

People had detailed care records relating to all aspects of their care and support needs. They contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. In one care record we saw consideration was given to the person's mental state and anxieties, the care plan read, ‘Explain all interventions prior to implementation to prevent anxiety and agitation. Ensure that glasses are utilised to facilitate

communication and arrange an appointment with the optician as deemed necessary’. Another plan read, ‘Ensure good circulation and liaise with the tissue viability nurse and/or GP if there are any concerns.’ This meant care records were comprehensive and the provider was responsive to people's individual needs. One visitor told us, “I have seen such a marked improvement.” Another visitor said, “Excellent care, we come ad hoc and at all times. Everything is spot on and everyone is well cared for.”

Verbal daily handovers took place at the beginning of every shift and we attended the afternoon handover. Staff discussed issues and any changes to people's plan of care. This meant that staff were aware of people's current care needs and delivered appropriate care in a timely manner.

People using the service were regularly consulted about their care and their views and opinions were listened to. Some people were involved in reviewing their plan of care; others who did not want to read their care records confirmed they were involved in the delivery of their care on a daily basis by discussing what they required and when.

We saw evidence that regular meetings were held for people using the service and records from these meetings showed that people were encouraged to express their views and were being listened to. People said they had commented on menu planning and activities and that following the meetings their suggestions had been acted upon.

We heard the deputy manager speak with the GP in relation to two people who they considered required a visit. They were able to offer all the information needed and ensured the GP was clear on the reason for the request. We were aware that one person was in hospital during our visit. All the staff we spoke with knew of this and were updated during the afternoon handover in relation to the person's condition. We saw hospital admission forms had been completed and updates requested as required. We listened to the handover and heard that each person was discussed and the staff were updated and informed of what was required to keep people well. This meant that people received co-ordinated care and the staff were aware of when people who used the service moved between different services.

We saw that where needed people were supported to maintain an upright position to follow medical advice. The

Is the service responsive?

care records clearly explained this and also referred to increased observations. We saw the care record had been regularly reviewed in the light of a changed healthcare need.

Health and social care professionals told us that people's human rights were promoted and they had no concerns about people's safety. One professional said, "The service is so person centred, everything is tailored around the individual, I can't explain how good it is."

The provider and registered manager continually reflected on their practice and this was evident in minutes from meetings held with families, people who used the service and the staff. One person said, "I know they listen." A family member said, "They keep us in the loop if anything changes or needs to be changed." We saw that any issues raised were responded to promptly and the records showed the manager revisited these to ensure they were actioned.

We found that there was a complaints policy and procedure in place at the service. This outlined a clear procedure for people to follow should they need to complain including providing timescales when complaints would be responded to. They gave information to people

on where they could go if they were not happy with the response from the service. The complaints procedure was displayed in the communal hallway and this information was readily available to people who used the service. All the people we spoke with told us they were encouraged to raise any concerns with the staff and this was also always an agenda item at the residents meetings. These were held regularly and we saw minutes to show that people who used the service were supported and encouraged to say how they felt. People were actively encouraged on a daily basis to take risk and make decisions. One person said, "They may advise me but they never tell me what to do."

There was a notice board available to people in the dining area orientating them with time, date, the weather and the daily menu (in written format only.) They had not provided pictorial menus to assist people in making choices. Information boards offered leaflets about advocacy, how to complain and other useful information. We saw records to demonstrate people's views had been listened to and concerns were investigated and responded to. The provider ensured people were aware of advocacy services and promoted their use.

Is the service well-led?

Our findings

People and relatives we spoke with told us they had confidence in the management and staff. There was a positive culture and people told us the registered manager was effective and always wanted to make improvements. They said they felt involved in how the home was run because they were invited to meetings and were asked to take part in surveys. Relatives told us the manager was a visible presence when they visited and would make time to speak with them.

Other professionals we spoke with told us the manager was 'always up to date with current practice.' And had undertaken all the necessary DoLs applications to ensure they were following the correct procedures. They confirmed the manager would speak with them for guidance as and when needed.

The Old Lodge Nursing Home has a history of providing good care and since their last inspection we have not received information to cause us concern.

One person who used the service said, "I give this nursing home a ten out of ten. This is a very good nursing home. There are always enough staff, it is outstanding. They are very understanding to my needs and gentle and respectful." A relative said, "The staff are very nice here. They are kind, they seem to be good to everyone, they work together well." A healthcare professional said, "The leadership in the home is excellent." This meant people considered the home was well managed.

People told us they were aware of staff recruitment and what was being done to ensure staffing was suitable, sufficient and flexible. New staff were always introduced and people who used the service who were asked and encouraged to comment on their attitude and ability. One person said, "We know the staff on duty and if anyone new starts. We are made aware about recruitment at meetings. We have been asked to attend interviews but I have declined so far."

The manager understood the needs of the people who lived there. People who used the service told us the manager visited them in their bedrooms on a daily basis. We saw the manager engaged well with people, checked they were satisfied and content and asked if any other support was required. One person said, "The manager

always checks everything is right, she sees me every day." This meant the manager had developed and sustained a positive culture and ensured people who used the service had a voice.

The provider ensured they kept up to date with current practice and had a strong emphasis on improvement. They had introduced new ways of working to ensure people received the care they needed. For example further training in end of life care. The deputy manager was able to provide all the information we asked for in a timely manner. We saw regular training, professional development and meetings were held to ensure the staff were aware of current practice. Other professionals told us the home worked in partnership with them and was always striving to deliver the best care they could.

The provider had systems in place for regular checks of the quality and safety of the care people received. They included care planning, medicines systems, cleanliness and infection control, staffing and maintenance arrangements. A person who used the service said, "We are asked our views and things get changed for example we had a new television." This meant the provider continually strived for improvement and ensured people's views were continually sought and considered.

We saw policies and procedures were reviewed and updated. The staff told us they were informed of when occurred and were required to sign to say they were aware of any amendments. This meant that the manager and provider had an effective system in place to ensure information was current and up to date.

We found that people using the service, their representatives and staff were regularly asked for their views about their care and treatment and their comments were acted on. Formal satisfaction survey questionnaires were regularly circulated to each of these groups of people, seeking their views about their care and services provided at the home. We saw action was taken to improve outcomes for people for example a summer house was being built to store items presently in the home.

People told us about resident and family meetings that were regularly held in the home. Minutes of these meetings showed people's views were recorded. This meant the provider responded to how people wanted the service to be managed. A healthcare professional said, "We have constant interaction with the staff team and the manager

Is the service well-led?

runs a tight ship.” Another healthcare professional said, “It’s the best run service I know. Whenever you visit they know why you are there and who you are there to see. You always see people using the service in the office chatting to the manager, she knows each and every one of them exceptionally well.”

Staff we spoke with said they received the support they needed, which included formal supervision. A new staff member said, “I am well supported, there is always someone available to ask. It’s a very good place.” Staff said they were often asked for their views about people’s care and received feedback about any changes or learning from incidents or investigations. One staff member said, “We are so well supported.”

We saw numerous recent comments and one said, ‘During [person’s name] stay they were treated with professionalism and dignity at all times, for which we are eternally grateful. You have assembled a dedicated team who day in and day out deliver good care and attention. I can assure that the quality I have seen at The Old Lodge is unequalled elsewhere, and you should be proud of you achievements.’ This demonstrated people’s families wanted to express their gratitude for the care and attention offered to people who had used the service.

There was an ‘open door’ policy and people using the service were able to enter the office freely and at any time. A social worker said, “The manager is happy for anyone to

enter the office at any time. She puts them first, they will always take precedence. I like to see that, professionals should never come before people who live here and she makes sure that doesn’t happen.”

Relatives told us they were always made welcome and were contacted regularly. The healthcare professionals we spoke with said the manager worked proactively to ensure they were following best practice. They informed us the staff empowered people using the service by listening and responding to their comments. This meant the manager strove for excellence through consultation and reflective practice.

There was evidence of continual monitoring of the service detailing any meetings, complaints, incidents and key risks which had emerged. There was evidence to show the manager wanted to sustain outstanding practice by listening to other professionals and implementing their suggestions. For example care records had been re-evaluated following the recent changes to DoLS. Discreet prompts were available in the office to demonstrate where applications had been made and where further applications or extensions were needed. This meant the provider ensured learning and improvements were regularly reviewed and considered.

Notifications were sent to us when needed. A notification is information about important events which the service is required to send us by law. The manager also contacted us when they needed advise or support. This meant they told us what was required and kept us fully informed.