The Fremantle Trust

Lewin House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 10 and 11 August 2016. It was an unannounced visit to the service.

We previously inspected the service on 7 January 2014. The service was meeting the requirements of the regulations at that time.

Lewin House provides nursing care for up to 70 people. This includes care of older people, people with dementia and rehabilitation. Sixty four people were being cared for at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People expressed positive comments about the care at Lewin House. These included "I'm looked after well, I can't fault them," "Staff treat me well," "They are very pleasant and helpful," "They are patient, lovely staff" and "They look after me in every way." Visitors told us they found staff "Very approachable," "They are kind and compassionate and patient and very courteous to me and my wife" and "I don't think they could improve on the care they give."

People were protected from the risk of harm. There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns. Staff had been recruited using robust procedures to help ensure they had the right attributes to care for people. Although we received mixed feedback on the adequacy of staffing levels, we found there were sufficient staff to meet people's needs during the inspection.

We found risk was managed well, to help people be as independent as possible. Written risk assessments had been prepared to reduce the likelihood of injury or harm to people during the provision of their care. People's medicines were handled safely and given to them in accordance with their prescriptions.

People told us staff were kind and caring towards them. They were cared for by staff who received appropriate support and training to meet people's needs. This included supervision, annual development reviews and an on-going training programme.

We found the home did not always work within the principles of the Mental Capacity Act 2005, to demonstrate how decisions had been made on behalf of people who lacked capacity. Improved recording was needed to show staff complied with conditions attached to authorisations by the local authority to deprive people of their liberty.

People knew how to raise any concerns about standards of care.

The building was well maintained and complied with gas and electrical safety standards. Equipment was serviced to make sure it was in safe working order. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

The service was managed well. The provider regularly checked quality of care at the service through visits and audits. Records were maintained to a good standard and staff had access to policies and procedures to guide their practice.

We found a breach of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to providing care where people could not give consent. You can see what action we told the provider to take at the back of the full version of this report.

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 protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

Is the service effective?

Requires Improvement

The service was not always effective.

Decisions made on behalf of people who lacked capacity were not always made in accordance with the Mental Capacity Act 2005. Records did not demonstrate how staff complied with conditions attached to authorisations to deprive people of their liberty.

People received safe and effective care because staff were appropriately supported through a structured induction, supervision and training.

People received support with their healthcare needs to keep healthy and well.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff protected their privacy.

People's wishes were documented in their care plans about how they wanted to be supported with end of life care.

People were treated with kindness, affection and compassion.

Is the service responsive?

Good

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

People knew how to raise any concerns about standards of care.

People were supported to take part in activities to increase their stimulation.

Is the service well-led?

Good

The service was well-led.

People's needs were appropriately met because the service had an experienced and skilled registered manager to provide effective leadership and support.

The provider monitored the service to make sure it met people's needs safely and effectively.

People were protected from the risk of harm because the registered manager knew how to report any serious occurrences or incidents to the Care Quality Commission. This meant we could see what action they had taken in response to these events.

Lewin House

Detailed findings

Background to this inspection

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

This inspection took place on 10 and 11 August 2016 and was unannounced.

The inspection was carried out by one inspector, a specialist advisor and an expert by experience on the first day. The specialist advisor's area of expertise was mental health in older people, mental capacity and the Deprivation of Liberty Safeguards (DoLS). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We contacted health and social care professionals, for example, the local authority commissioners of the service, to seek their views about people's care.

We spoke with the registered manager, the head of nursing services, the deputy manager, the chef, two nurses and two care staff. We checked some of the required records. These included seven people's care plans, 25 people's medicines records, five staff recruitment files and five staff training and development files.

We spoke with six people who lived at Lewin House and four visitors. Some people were unable to tell us about their experiences of living at the home because of their dementia. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. Comments included "Staff treat me well," "Yes (we feel safe). We're very comfortable here" and "I'm well looked after, I can't fault them." The visitors we spoke with felt their relatives were safe at Lewin House. One told us "If not, I would have something to say." Another added their relative "Never seems stressed." A third visitor said they had some initial concerns "But now it's absolutely great."

People were safeguarded from the risk of abuse. There were procedures for staff to refer to if they suspected or were aware of any incidents of abuse. We saw information was also displayed about how to contact the local authority if there were any concerns about people's care. A poster with information about whistle blowing was displayed by the front door. Whistle blowing is raising concerns about wrong-doing in the workplace. Staff had also undertaken training to be able to recognise and respond to signs of abuse. They were asked if they were aware of any abuse at their place of work as part of annual development reviews.

People were protected from the likelihood of injury or harm during the provision of their care. Written risk assessments were contained in each person's care plan folder. We read assessments to reduce risks associated with people's likelihood of developing pressure damage, helping people with moving and handling and prevention of falls, as examples. Where risk assessments identified a need for two staff to support people, the service ensured two were allocated. For example, where people needed a hoist to reposition. One person told us "They have to use a hoist to move me. The staff are very competent, usually two at once. If a new one comes, I ask if they have been trained. I've had no falls."

We received mixed feedback on whether the home was adequately staffed. A visitor told us "I think it is adequate. He is taken care of well." Another said "Sometimes they have fewer staff. There are lots of new ones. They are very pleasant and helpful." Comments from people who lived at the home included "I do see regular staff but there are not enough of them," "No, there are not enough but they try" and "There could be more. They have a schedule they work to. There is no one to one time really."

Staffing rotas were maintained and showed shifts were covered by a mix of care workers, senior staff and nurses. We observed people's needs were met in a timely way. For example, calls bells were answered promptly. One person told us "They respond quickly to my call bell." Another person told us "They are very good at answering the call bell and are available when needed." A third person said "They are not always very prompt. I did have an incident. It was dealt with very quickly."

On two occasions, we heard the emergency call bell rang. Staff stopped what they were doing and quickly went to the area where the bell originated from. In one example, we saw staff gave reassurance to someone who had fallen. They checked them for signs of injury and took their pulse and blood pressure. An incident form was completed once they were certain the person was unharmed. This showed accidents and incidents were appropriately handled at the service.

The service used robust recruitment processes to ensure people were supported by staff with the right skills

and attributes. Staff personnel files contained all required documents, such as a check for criminal convictions, written references and nursing qualifications. Staff only started work after all checks and clearances had been received back and were satisfactory.

People were protected from the risk of unsafe premises. The building was well maintained. There were certificates to confirm it complied with gas and electrical safety standards. People were protected from the risk of fire through routine checks and drills. We saw emergency evacuation plans had been written for each person. These documented the support and any equipment people needed in the event of emergency situations. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately.

People's medicines were managed safely. There were medicines procedures to provide guidance for staff on best practice. Staff who handled medicines had received training on safe practice and had been assessed before they were permitted to administer medicines alone. People told us they received their medicines when they needed them. For example, one person said "I get my medication at the right time. A trained nurse sees to it." A visitor told us their relative "Has medicines four times a day, it's mostly on time, I believe." We saw staff maintained appropriate records to show when medicines had been given to people, which provided a proper audit trail.

Medicines which required additional controls because of their potential for abuse (controlled drugs) were stored appropriately within the treatment rooms at the home. When a controlled drug was administered, the records showed the signature of the person who administered the medicine and a witness signature. We checked quantities of a sample of controlled drugs against the records. In each case, the correct balance was recorded. This showed safe arrangements were in place for the management of controlled drugs.

Requires Improvement

Is the service effective?

Our findings

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the home did not always do this. For example, in one case the authorisation included the condition 'Any physical intervention, whether to amount to restraint to be recorded in the care plans.' Records showed incidents took place where the person was supported to return to their room to receive personal care. However, there was no evidence recorded as to how this took place. The length of time the person would remain in their room if they continued to be agitated and refused personal care had also not been recorded.

When we spoke with the deputy manager, they were able to explain the procedures used. This included use of verbal persuasion but also involvement of staff to help the person back into their chair. They told us if this was unsuccessful, the person would be left for a maximum of 15 minute intervals before staff tried again. This information was not clearly recorded in the care plan to provide guidance for staff and ensure consistency of approach. Staff had not recorded in any detail how they had managed incidents, to make sure they complied with the condition of the authorisation.

In two of the care plans, we saw family members were noted as having power of attorney. Neither file contained a copy of the power of attorney document to confirm this. We also found the home had not always followed the principles of the MCA by recording how decisions were made in people's best interests.

These were breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who could make decisions about their care told us staff gained their consent before they provided care. Comments included "They will consult me. I was there when they did my care plan along with my daughter," "They always seek consent and I am involved" and "They always ask and have involved us in any decision; we wouldn't have it any other way."

People were supported with their healthcare needs. Care plans identified any support people needed to keep them healthy and well. Staff maintained records of when they had supported people to attend healthcare appointments and the outcome of these. The records showed people routinely attended

appointments with, for example, GPs, dentists, opticians and hospital specialists. People told us "There is a registered GP who comes if needed, (name of opticians) come in too," "I see the GP regularly and we have an optician come in," "It's pretty good. They are watchful. I am diabetic. I see the GP and optician often" and "Whenever I need a GP, they are called."

We received positive feedback from a healthcare professional about how the home managed people's healthcare needs. They told us "I've got no concerns about care here, it's the best home I go to." They told us staff followed any recommendations they made and people appeared well cared for.

People received their care from staff who had been appropriately supported. New staff undertook an induction to their work and were also enrolled onto the nationally-recognised Care Certificate. The Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way. The induction included training for staff such as safeguarding people from abuse, moving and handling and dementia care. Staff attended refresher courses through a programme of on-going training, to keep their skills up to date. Additional training was also available. For example, one member of staff told us they had completed a Business and Technology Education Council (BTEC) award in dementia care.

We looked at a sample of staff development files. These showed staff met with their managers for supervision, to discuss their work and any training needs. The frequency of this varied. Supervision was supplemented with unit meetings and staff meetings. There was a system of annual appraisals to assess and monitor staff performance and development needs.

We observed staff communicated effectively about people's needs. Relevant information was documented in daily notes and handover records and shared with the next shift.

People were supported with their nutritional needs. Care plans contained assessments of people's likelihood of malnutrition. Weight was monitored and people were referred to the GP if there were concerns about weight loss. Records reflected actions to support people such as "Continue to offer high calorific protein meals and milkshakes."

The home's chef met with the clinical nurse lead to discuss people who were at risk of malnutrition and plans were put in place to increase their calorie consumption. For example, by the use of fortified food and drinks. The chef told us they had also looked at the needs of people who wandered and who got up from the table at meal times. Individual food bags were to be introduced, which contained high calorie snack foods. People could then carry these around with them as they walked around the building.

We saw people received appropriate support at mealtimes. People were given enough time to enjoy their food and eat at their own pace. There was a choice at each mealtime, with additional options if people wanted something different. People provided positive comments about the standards of food. These included "Lovely food," "The food is pretty good," "Food is very good," "Food is excellent" and "It's very, very good."

Good

Is the service caring?

Our findings

We received positive feedback from people about the caring nature of staff. Comments included "Mainly they are kind and considerate," "They are patient, lovely staff," "They are very approachable," "They are kind and compassionate and patient and very courteous to me and my wife" and "They look after me in every way."

We read a letter from someone who stayed at the home for a short period of time. They thanked staff for "The excellent care received during this time." They went on to say "The nursing staff, without exception, gave me every care and attention throughout. Their kindness was of the highest order at all times."

A relative told us staff had a "Particularly caring attitude." They gave the example of "Little things like popping in with a cup of Ovaltine and a biscuit when she is in bed, which she would like but would never ask for but they think to give it."

People told us staff were respectful towards them and treated them with dignity. For example, one person told us "When I'm in the bathroom they keep the door closed. If I'm in my room, no one comes in without knocking." Another person told us "They will ask before they come in." Visitors also felt their relatives were treated with dignity and respect during the provision of their care.

Staff said they recognised the importance of respecting people's privacy and dignity. For example, they talked about making sure people were covered when they assisted them with personal care and that the curtains were closed. One member of staff said they always knocked and waited a moment before going in to someone's room and asked if they could help them. They said "Showing respect is what it is all about."

Staff we spoke with were knowledgeable about people's histories and what was important to them, such as family members, how they liked to be supported and their likes and dislikes. We observed staff from all departments within the home engaged with people and took an interest in them. For example, we saw a member of the housekeeping team encouraged someone to join an activity. They knew the person liked singing and told them what the activity involved. As an added incentive, they mentioned the activity involved the 'hokey cokey.' We later saw they offered the person a banana when they said they wanted something to eat. In both examples, the member of staff smiled and laughed with the person and received smiles and laughter in return.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance and they had signed agreements to say they understood not to discuss their work on social media. Care plans and documents which contained sensitive information were kept in locked rooms.

People's visitors were free to see them as they wished. Visitors said they could come to the home when they wanted, without restrictions.

The atmosphere within the home was calm during the two days of the inspection. People appeared happy

and contented. They had been supported to look clean, smart and care was taken of their hair.

We saw people had been encouraged to personalise their rooms and make them homely and comfortable. This included pictures, photographs, plants and a budgie.

The home was spacious and allowed people to spend time on their own if they wished. People could spend time in their rooms or shared areas of the building. There were additional seating areas around the home on both floors where people could sit and enjoy some quiet time. Staff had made these areas themed so they provided interest to people. For example, Hollywood and tropical island areas.

People and their relatives were given support when they made decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed. We read a compliment from a relative which praised staff for the end of life care given to their family member.

Good

Is the service responsive?

Our findings

People had their needs assessed before they received support from the service. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. Care plans were personalised and detailed daily routines specific to each person. Staff were able to describe to us the support needed for the people they cared for.

In feedback to the registered manager, we mentioned staff handwriting in care plans was sometimes difficult to read. In one case, we asked a member of staff what something said and they thought it referred to restricting fluids for the person. This was not the case, but an example of how different interpretation could lead to inconsistency in people's care. The registered manager agreed to look into this.

There was evidence care plans had been reviewed and updated. For example, we saw the moving and handling risk assessment had been updated for someone who had sustained an injury. Review meetings also took place with people and their family members to discuss their care.

Visitors told us they or their relative had been involved in planning their care. Those we spoke with considered the service was responsive to people's needs. Comments included "I believe her needs are met," "I don't think they could improve on the care they give" and "He is well cared for."

The service supported people to take part in social activities. The activity programme was displayed around the home. One person told us "They have flower arranging, bingo etc. It seems to work well." We asked a relative what they thought about activities provided at the home. They said "It's lovely, they try and engage him." People were looking forward to a summer party later in the month. A healthcare professional told us "There's always lots of activities going on here."

We saw activities took place on both days of the inspection. This included a sing along, an entertainer, gentle exercises and watching the Olympic Games. Flags and bunting had been put up in the shared lounge where activities took place. The service had a purpose built hairdressing salon and a hairdresser visited four days a week.

Several people had newspapers delivered. There were books available in the entrance area for people to pick up and read.

In one part of the home, which provided care to people with dementia, there were three dimensional pictures on the wall. People had been supported to make these as part of the activities programme. There were also tactile pictures and other items like jewellery and hats for people to touch, feel or carry. There was a picture with net curtains at the end of one corridor set up to look like a window. We observed one person returned to this point during a walk. They told us how they had bought the net curtains.

The service was responsive to people's needs. The registered manager showed us they had removed cupboard doors in the kitchen areas so people could easily see and find a cup or plate for themselves. They

had also ordered glass fronted fridges to help people see and access food. The kitchen areas had been modified to include island units where staff could face people as they prepared food.

We observed staff responded to people's needs. For example, we saw a member of staff made a person a cup of tea and biscuits because they noticed they were cold. When the person fell asleep in the chair, they decided not to move them as they commented they had not slept the night before and were probably exhausted.

There were procedures for making compliments and complaints about the service. We saw complaints were dealt with promptly and responded to. People said they knew how to make a complaint. Typical comments were "We've had no complaints so far" and "Never had to." Visitors told us they also knew how to raise any concerns about people's care if they needed to.

Good

Is the service well-led?

Our findings

The service had an experienced and skilled registered manager. We received positive feedback about how they managed the service. Comments included "The management make a point of showing themselves. Staff seem very happy," "I think it is well managed," "I think the staff are quite happy working here" and "They do their best." One member of staff described the registered manager and head of nursing services as "Good management." They added the registered manager "Definitely will listen to what you have to say." They said they felt valued and respected by their manager and commented they were "One of the best managers I have ever worked for."
Another staff member felt there was "A good standard of care here." When asked if they felt valued by their manager they said " Yes, I think so."

Staff were supported through supervision and received appropriate training to meet the needs of people they cared for. We observed staff, visitors and people who used the service were comfortable approaching the registered manager to ask for advice, pass on information or just have a chat.

The records we looked at were well maintained. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, restraint, whistle blowing and safe handling of medicines. These provided staff with up to date guidance.

The service's philosophy of care was displayed in the entrance area. It included values such as choice, fulfilment, privacy and social interaction. We found staff upheld these values in how they supported and interacted with people.

The provider and registered manager had created a culture where people could report concerns and mistakes. For example, staff were advised of how to raise whistle blowing concerns during their training on safeguarding people from abuse and were asked about concerns in their development reviews.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. The registered manager had informed us about relevant incidents and from these we were able to see appropriate actions had been taken.

The provider monitored people's care. The head of nursing services and other staff from the provider's headquarters visited the service to assess standards of care. There were also themed audits and manager's audits to check how the service was performing. For example, on infection control, management of medicines, safeguarding and safety. A comprehensive audit of the service was carried out by the provider in May 2015 and found Lewin House was performing well.

We found there were good communication systems at the service. Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings. This helped ensure people's well-being was monitored appropriately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment of service users must only be provided with the consent of the relevant person. If the person is unable to give consent because they lack capacity, the registered person must act in accordance with the Mental Capacity Act 2005. Regulation 11 (1)(3).